



GAS PERMIT APPLICATION
City of Hopewell
Division of Code Enforcement
 300 N Main St., Hopewell, VA 23860
 (804) 541-2226 Fax (804) 541-2318

I understand that all work and materials used in this installation shall conform strictly to the City of Hopewell ordinances and the Virginia Mechanical Code and that this permit will expire if work is not commenced within six (6) months from the date of issuance. This office requires submittal of plans and specifications on all installations.

Project Description: (Describe Work) _____

Address of Work: _____
 (Location) _____

Class of Work (check one): New _____ Alteration _____
Building Use (check one): Residential _____ Commercial _____
 Industrial _____ Other _____

Owner Information:

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Daytime Phone:() - Cell:() -
Email: _____
Contact Person: _____

Contractor Information:

Contractor: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Email: _____
State License: _____ **Expires:** _____
City License: _____
Business Phone:() - Cell:() -
Contact Person: _____

Mechanics Lien Agent: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Estimated Cost (Labor and Materials): \$ _____ **Minimum Permit Fee:** \$25.00 (RESIDENTIAL), plus \$0.04 per square foot, plus current State Surcharge; **Minimum Permit Fee:** \$100.00 (COMMERCIAL), plus 1% of labor and materials, plus current State Surcharge.

It is understood that this is an application for a Mechanical Permit and that work may not begin until the official permit has been issued.

I understand with submittal of this application that all work and materials used in this installation shall conform strictly to the 2012 Virginia Mechanical & Fuel/Gas Code.

Signature of Applicant: _____ Date: _____

Official Use Only

Permit # _____ Permit Fees \$ _____ Check # _____ Cash _____ CC _____
 Sub/Parcel # _____ Lot / Block _____ Zoning _____ Enterprise Zone:
 YES NO
 (Circle)
 Building Official Approval: _____ Date: _____
 Zoning Official Approval (if required): _____ Date: _____