



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF PERMITS**

STX DISTRICT TEL: (340) 773-1082 STT/STJ DISTRICT TEL: (340) 774-3320

APPLICATION for MECHANICAL PERMIT

(Please Print Clearly)

Parcel Identification Number (PIN) _____

Building Owner: _____

Address: _____ City/State/Zip _____

Contractor: _____

Address: _____ City/State/Zip _____

Type of Construction: New Construction Addition/Alterations/Replacement Demolition Other

Category of Construction:

Single or Two-Family Dwelling Commercial/Industrial Multi-Family Master Builder Other

General statement of the proposed work: _____

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor or Authorized Agent

Date

Signature of Owner (If Owner Builder)

Date

**Mechanical Permit
Application**
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Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar of all mechanical materials, equipment, labor, overhead and profit.

Total Estimated Cost: \$ _____

Description	Fee
Forced Air System – Btu/h M Ea.	
Gravity System – Btu/h M Ea.	
Floor Furnaces	
Wall Heaters	
Unit Heaters	
Gas-fired A.C. Units – Btu/h	
Air-conditioning Units – Hp Ea.	
Refrigeration units – Hp Ea.	
Air-handling Unit C.F.M.	
Evaporative Coolers	
Ventilation Fan	
Range Hood	
Incinerator	
Clothes Dryers	