



**King William County**  
180 Horse Landing Road #4  
King William, Virginia 23086  
Phone: (804) 769-4969 Fax (804)769-2235  
Permit Email: [permits@kwc.gov](mailto:permits@kwc.gov)

## RESIDENTIAL MECHANICAL APPLICATION

Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Associated Permit Number \_\_\_\_\_ Tax Map # \_\_\_\_\_

HVAC/Unit Type \_\_\_\_\_ Unit Size \_\_\_\_\_

Dryer Vent \_\_\_\_\_ Wood Burning Appliance \_\_\_\_\_

Other \_\_\_\_\_

**COST OF CONSTRUCTION:** \$ \_\_\_\_\_

ISSUANCE OF THIS PERMIT SHALL NOT BE HELD TO PERMIT OR TO BE AN APPROVAL OF A VIOLATION OF ANY PROVISION OF COUNTY ORDINANCES OR STATE LAWS. I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION AND USE.

**APPLICANT/AUTHORIZED AGENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Office Use Only

Building Fee \$ \_\_\_\_\_ + State Levy \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_