

Essex County Virginia  
Electrical, Plumbing, Mechanical Gas, Generator  
(Commercial)

Applicant Name: \_\_\_\_\_

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

E-911 Address: \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Phone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

E-911 Address: \_\_\_\_\_

Tax Map # \_\_\_\_\_)

Proposed Use: \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

Electrical Amps \_\_\_\_\_ \$ \_\_\_\_\_ Plumbing \$ \_\_\_\_\_ Mechanical \$ \_\_\_\_\_

Gas or Generator \$ \_\_\_\_\_

**Building Contractor Information**

License No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**Electrical Contractor Information**

License No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Plumbing Contractor Information

License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Mechanical Contractor Information

License No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Gas Contractor Information

License \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Building Inspector / Official \_\_\_\_\_

Date: \_\_\_\_\_