



Building Department
 21630 11th Avenue South, Suite D
 Des Moines, WA 98198
 (206)870-7576 fax:(206)870-6544
 www.desmoineswa.gov

Multi-family / Commercial Mechanical Permit Application

Project Name: _____ **Project Address:** _____
Complex/Park Name: _____ **Unit/Space Number:** _____

Contractor **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____
WA Contractor License #: _____ **Des Moines Business License #:** _____

Building Owner **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____

Scope of Work:

Permit fees for all commercial projects are valuation based. Please be prepared to provide a copy of your bid.

Type	Cost per unit	Number of units	Total per line
Permit Fee (insert project valuation in the box)	See Permit Fee Table	Valuation	
Plan Review Fee (put a check in the box if plan review is required)	See Permit Fee Table	<input type="checkbox"/> check if required	
Other:			
Automation Fee (Required) - See Automation Fee Schedule			
		Total Permit Fee	

Plan review is required for all new or altered commercial and multi-family mechanical systems.

A complete submittal for plan review requires the following items:

1. A completed and signed Mechanical Permit application and all required NREC forms.
2. Two sets of plans containing the following along with any other pertinent information:
 - a) Manufactures installation instructions and listings of all equipment to be used.
 - b) Fuel type, Btu input and output of equipment.
 - c) Layout of supply ducts with CFM levels, return vents, transfer methods, and exhaust ducts
 - d) Floor plans showing location of all existing and proposed added mechanical systems relevant items.
 - e) Piping and Duct insulation requirements.
 - f) Fire and smoke damper locations.
 - g) Commercial kitchen hood, ducting, and makeup air design.
3. All required NREC forms completed per the Washington State Energy Code.

For all work done within the City of Des Moines, please use **Location Code 1709** in reporting and/or remitting to the State all related sales and use taxes

Applicant: **Owner** **Owner's Agent** **Contractor** **Contractor's Agent**

I hereby certify that I have read and examined this application and know the same to be true and correct, and agree to comply with City ordinances and State laws regulating the performance of construction. I certify that I am either the owner of the property described on this permit application, the Washington State licensed Contractor responsible for the work, or I represent the owner or contractor as signified above, and am acting with the owner's/contractor's full knowledge or consent.

Print name of Applicant
 Date: _____

Applicant's signature
Application expires 180 days from date of application
Permit expires 180 days from date of issuance or last inspection