



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

Residential
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:

| Type | Cost per unit | Number of units | Total per line |
|--|--------------------------------|-------------------------|----------------|
| Furnace to 100,000 BTU | | | |
| Furnace larger than 100,000 BTU | | | |
| Electric Furnace / Unit Heater | | | |
| Heat Pump | | | |
| Air Conditioner | | | |
| Water Heater | | | |
| Appliance Vents | | | |
| Fireplace Inserts / Free Standing Stoves | | | |
| Ranges | | | |
| Range Hoods | | | |
| Ventilation / Exhaust Ducts | | | |
| Gas Piping | 1-4 \$5.50, over 4 \$1.00 each | | |
| Permit Fee (Required) | | | |
| Automation Fee (Required) | See Automation Fee Schedule | | |
| | | Total Permit Fee | |

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

Applicant's signature

Date: _____

Application expires 180 days from date of application
Permit expires 180 days from date of issuance or last inspection