

MECHANICAL / PLUMBING PERMIT APPLICATION

Planning and Development Services

	•	ll parcel(s) information. Attac		s, if necessary.)		
Project Addr	ress:	(Leave blank if address	is not assigned)			
Parcel Numl	ber (Property Tax Acco		o ,			
	, , ,					
	ption					
PROPERTY OV	WNER INFORMATIO)N				
Name:			Email:			
Address:		City:		State:	Zip:	
Phone:			Cell Phone:			
Owner's Autho	orized Agent:		Email:			
		City:				
Phone:			Cell Phone:			
	AL CONTRACTOR I	Information	Construction Value	uation:		
			.,			
		(C:t				
		City:				
			Expiration	Date:/_	/	
	CONTRACTOR INFO		.,			
			Contact Phone:			
		City:				
Contractor's	Registration No.:		Expiration	1 Date:/_	/	
submitted in sup Shoreline regula	pport of this permit appations pertaining to the	d agent of the property owner plication is true and correct. e work authorized by the issu- bility for compliance with sta	I certify that I wi uance of a permit.	ill comply with a I understand th	all applicable City of hat issuance of this permit	
Signature	Property Owner	/_Authori	zed Agent	Date		
ľ	roperty Owner	and/or Authorn	zed Agent			

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MECHANICAL EQUIPMENT AND PLUMBING FIXTURE WORKSHEET

□ Commercial □ Residential

MECHANCIAL/HEATING EQUIPMENT		Count	PLUMBING FIXTURES		Count
Air conditioner			Backflow prevention devices		
Air handler			Bath tub		
Boiler/refrigeration system			Clothes washer		
Duct systems			Dishwasher		
Electric furnace			Drinking fountain		
Evaporative coolers			Electric water heater		
Fireplace, residential			Floor drains / sumps		
Gas clothes dryer			Floor sink		
Gas log, gas insert, and/or gas fireplace			Hose bib		
Gas range			Irrigation system		
Gas water heater			Roof drain / rain leader (except residential)		
Gas-oil furnace /appliance			Shower		
Heat pump			Sink / lavatory		
Miscellaneous fuel burning appliance			Toilet / water closet		
Type I hood			Urinal / bidet		
Type II hood			Waste / grease interceptor		
Unlisted appliance			Water service line		
Used appliance*			Other		
Ventilating fans					
Wood or pellet stove/insert			TOTAL COUNT		
Other			COMMERCIAL PLAN REVIEW		
			School*		
Gas piping (# of Outlets)			Food service*		
			Medical/dental clinic* Other		
MECHANICAL FEE	S	PLUMBING FEES			
Residential fireplace (up to two)	Hourly rate, 1-hour minimum (\$124.00)		Plumbing – Base rate (including 4 fixtures) \$10.00 / fixture over 4	Hourly rate, 1-hour minimum (\$124.00)	
Commercial mechanical	Hourly rate, 3-hour minimum (\$372.00)		Backflow prevention – Base rate (including 4 devices) \$10.00 / device over 4	Hourly rate, minimum (\$	5124.00)
All other mechanical	Hourly rate, 1-hour minimum (\$124.00)		All other plumbing -	Hourly rate, minimum (\$	
Gas piping – Base rate (including 4 outlets) \$10.00 / outlet over 4	ate (including 4 outlets) \$10.00 / outlet minimum (\$124.00)				

PLEASE INDICATE ALL MECHANICAL EQUIPMENT AND/OR PLUMBING FIXTURES TO BE INSTALLED Fees effective 01/01/05 and are subject to change

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