

MECHANICAL AND PLUMBING APPLICATION



Building Department
 2224 104th Ave E
 Edgewood, WA 98372
 253.952.3299
 permits@cityofedgewood.org

FILE NUMBER: _____

WORK TYPE: RESIDENTIAL COMMERCIAL TENANT IMPROVEMENT

SITE ADDRESS		PROJECT VALUATION
PARCEL NUMBER		
APPLICANT	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
PROPERTY OWNER	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR LICENSE #		EXP DATE
PROJECT DESCRIPTION		

An application for a permit for any proposed work shall be deemed to have been abandoned 180 day after date of filing, unless such application has been pursued in good faith or a permit has been issued.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: _____

Owner Agent/Other

Signature: _____

Date: _____



Building Department
 2224 104th Ave E
 Edgewood, WA 98372
 253.952.3299
 permits@cityofedgewood.org

FILE NUMBER: _____

MECHANICAL AND PLUMBING FIXTURE CHECKLIST

MECHANICAL FIXTURE COUNT (Please indicate the number of each):

<input type="checkbox"/>	Furnace <100k BTU's	<input type="checkbox"/>	Tankless Hot Water Tank	<input type="checkbox"/>	Range
<input type="checkbox"/>	Furnace >100k BTU's	<input type="checkbox"/>	Gas Hot Water Tank	<input type="checkbox"/>	Range Hood
<input type="checkbox"/>	A/C Unit (____ tons)	<input type="checkbox"/>	Gas Fireplace	<input type="checkbox"/>	Type I Range Hood
<input type="checkbox"/>	Heat Pump (____ tons)	<input type="checkbox"/>	Gas Dryer	<input type="checkbox"/>	Type II Range Hood
<input type="checkbox"/>	Air Handler (____ cfms)	<input type="checkbox"/>	Gas Piping	<input type="checkbox"/>	Fuel Tank (Above Ground)
<input type="checkbox"/>	Boiler (____ btu/h)	<input type="checkbox"/>	Wood Stove	<input type="checkbox"/>	Fuel Tank (Under Ground)
<input type="checkbox"/>	Ventilation Fan	<input type="checkbox"/>	Insert (____ Gas/____ Wood)	<input type="checkbox"/>	Other

PLUMBING FIXTURE COUNT (Please indicate the number of each):

<input type="checkbox"/>	Hot Water Tank	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Drinking Fountains
<input type="checkbox"/>	Bathtubs	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Lawn Sprinklers
<input type="checkbox"/>	Tub/Shower Combo	<input type="checkbox"/>	Urinals	<input type="checkbox"/>	Sump Pump
<input type="checkbox"/>	Showers	<input type="checkbox"/>	Washing Machine	<input type="checkbox"/>	Other
<input type="checkbox"/>	Floor Drains	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	

For Additions and Remodels with New Appliance and/or Gas Line Installations, Please include the follow:

1. 2 sets of floor plans showing locaiton of each new appliance
 - Show the BTU of all new and existing appliances
 - Show the length of gas piping from each appliance to the meter
 - Indicated the size of pipe use in each run
 - Indicated the proposed type of pipe to be used
2. L&I inspection and approval required on-site at time of inspection for any alterations, modiations or additions to the electrical system