

# 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

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

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: \_\_\_\_\_



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# 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