



CITY OF EDGEWOOD
2224 104th Avenue East
Edgewood, WA 98372-1513
(253) 952-3299 Fax (253) 952-3537

PROJECT # _____

MECHANICAL/PLUMBING PERMIT APPLICATION and attached Mechanical/Plumbing Checklist

Application Type:	<input type="checkbox"/> Mechanical
	<input type="checkbox"/> Plumbing

Homeowner:	Value of Construction:
Site Address	Parcel Number:
Property Owner(if different):	Phone:
Street Address: _____ City, State & Zip _____	Fax: Email:
Contractor:	Phone:
Street Address: _____ City, State & Zip _____	Fax: Email:
License Number:	Expiration Date:
Contact Name:	Phone :
Street Address: _____ City, State & Zip _____	Fax: Email:

Description of Work:

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE UNDER PENALTY OF PERJURY BY THE LAWS OF THE STATE OF WASHINGTON, AND I AM AUTHORIZED TO APPLY FOR THIS PERMIT.	
Signature: _____	Date: _____
Print Name: _____	Phone: () _____

Expiration of Application: Applications for which no permit is issued within 180 days following the date of application shall expire by limitation. Prior to expiration, the building official may grant an extension for a period not exceeding 180 days upon written request by the applicant as defined in Chapter 15.05.050/15.05.60 Edgewood Municipal Code. No application shall be extended more than once.

STAFF USE ONLY:	
Date Application Accepted: _____	Date Application Expires: _____



CITY OF EDGEWOOD
 2224 104th Avenue East
 Edgewood, WA 98372-1513
 (253) 952-3299 Fax (253) 952-3537

MECHANICAL & PLUMBING FIXTURE CHECKLIST

This checklist must be completed and submitted with the application in order to be accepted for review. For **new appliance and gas line installation, please include the following:**

1. 2 sets of floor plans showing location of each appliance
2. Show the BTU of each appliance
3. Show the length of pipe from each appliance to the meter
4. Show the size of pipe
5. Type of proposed pipe
6. Labor & Industries inspection and approval required on-site at time of inspection for any alterations, modifications or additions to the electrical system.

MECHANICAL FIXTURE COUNT (indicate number of each):

#	TYPE	#	TYPE	#	TYPE
	Furnace < 100k BTU's		Range		Wood Stove
	Furnace > 100k BTU's		Range Hood		Heat Pump (____) Tons
	Gas Hot Water Tank		Barbecues		Ventilation Fans
	Tankless Water Heater				Fuel Tanks (above ground)
	Gas Dryer		Boiler (____) BTU/H		Fuel Tanks (underground)
	Gas Piping # of outlets(____)				
	Gas Fireplace		Air Handling Unit (____)cfm		
	A/C (____) TONS				Other

TOTAL MECHANICAL FIXTURES: _____

PLUMBING FIXTURE COUNT (indicate number of each):

#	TYPE	#	TYPE	#	TYPE
	Sinks		Showers		Hot Water Tanks
	Toilets		Washing Machines		Floor Drains
	Urinals		Dishwashers		Lawn Sprinklers
	Bathtubs		Drinking Fountains		Other
	Tub/showers		Sump Pumps		

TOTAL PLUMBING FIXTURES: _____