

Plumbing and Mechanical Permit Application



Community Development



MINIMUM PROJECT SUBMITTAL STANDARDS FOR COMMERCIAL MECHANICAL AND PLUMBING PERMIT APPLICATIONS.

All **commercial permit applications** shall be accompanied by construction documents, engineering calculations, diagrams and other data shall be submitted in **three (3) sets** with each application for a permit. The construction documents, computations and specifications shall be prepared and designed by a registered design professional. Where special conditions exist, the building official may require additional construction documents to be prepared by a registered design professional, however, the Building Official is authorized to waive the submission of construction documents and other data not required to be prepared by a registered design professional if it is found that the nature of the work applied for is such that review of construction documents is not necessary to obtain compliance with this code. Construction documents shall be drawn to scale and shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that the work conforms to the provisions of the currently adopted code. Construction documents for buildings more than two stories in height shall indicate where penetrations will be made for mechanical systems, and the materials and methods for maintaining required structural safety, fire-resistance rating and fire-blocking.

***YOUR COMMERCIAL PERMIT APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.**

CALL TWO WORKING DAYS BEFORE YOU DIG
1-800-424-5555
www.callbeforeyoudig.com
Utilities Underground Location Center



PLUMBING & MECHANICAL PERMIT APPLICATION

COMMUNITY DEVELOPMENT
525 WEST COTA STREET
SHELTON, WA 98584

PERMIT #

(360) 426-9731

DESCRIPTION OF PROJECT: _____

CALL (2) WORKING DAYS BEFORE YOU DIG 1-800-424-5555 www.callbeforeyoudig.com UTILITIES UNDERGROUND LOCATION CENTER

PARCEL INFORMATION

PARCEL #: _____ LEGAL DESCRIPTION: _____

SITE ADDRESS: _____

PROJECT INFORMATION

IS THIS PARCEL LOCATED WITHIN THE FLOOD ZONE? YES _____ NO _____

RESIDENTIAL OR COMMERCIAL (CIRCLE ONE)

TYPE OF WORK; NEW: _____ ADDITION: _____ REPAIR: _____ ALTERATION: _____ DEMOLITION: _____

USE OF BUILDING: _____

LOCATION OF FIXTURES/UNITS: FIRST FLOOR: _____ SECOND FLOOR: _____ BASEMENT: _____ GARAGE: _____

OTHER: _____

OWNER INFORMATION

NAME: _____ E-MAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____

CONTACT INFORMATION

NAME: _____ E-MAIL: _____

PHONE: _____ ALT. PHONE: _____

CONTRACTOR INFORMATION

NAME: _____ E-MAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____

L&I REG. #: _____ EXPIRES ___ / ___ / ___ CITY LICENSE # _____

MECHANICAL PERMIT FEES

ITEM (CHECK THE BOX THAT APPLIES & ADD QUANTITY ON LINE NEXT TO ITEM)	QTY	COST	FEES
<input type="checkbox"/> FORCED AIR/GRAVITY SYSTEM <100K qty. _____ <input type="checkbox"/> FLOOR/WALL/UNIT HEATERS qty. _____		\$16.28	
<input type="checkbox"/> FORCED AIR/GRAVITY SYSTEM- 100K+ qty. _____		\$20.00	
<input type="checkbox"/> APPLIANCE VENT ___ <input type="checkbox"/> VENTILATION FAN TO SINGLE DUCT ___		\$8.00	
<input type="checkbox"/> BOILER/COMPRESSOR TO 3 HP/ HEAT PUMP *OVER 3 HP REFER TO EXH. B <input type="checkbox"/> REPAIRS OR ADDITIONS		\$15.00	
<input type="checkbox"/> RESIDENTIAL HOOD & EXHAUST DUCTS qty. ___ <input type="checkbox"/> CLOTHES DRYER qty. _____ <input type="checkbox"/> MISCELLANEOUS qty. _____ <input type="checkbox"/> AIR HANDLING UNIT- CFM TO 10K <input type="checkbox"/> EVAP. COOLERS- NOT PORTABLE qty. _____		\$11.70	
<input type="checkbox"/> HEATING/REFRIG./EVAPORATION UNIT COOLING/EVAPORATION UNIT qty. _____ <input type="checkbox"/> AIR HANDLING UNIT- CFM 10K+		\$19.90	
<input type="checkbox"/> SOLID OR GAS FIREPLACE SYSTEMS		\$58.00	
<input type="checkbox"/> GAS SYSTEMS 1 TO 5 OUTLETS <input type="checkbox"/> GAS SYSTEMS- OVER 5 OUTLETS EACH		\$5.50 \$1.10	
*REFER TO TABLE- EXHIBIT B OF SMC 3.01			\$25.85
	TOTAL		
	25% COMMERCIAL PLAN REVIEW FEE		
	TOTAL PERMIT FEES		

PLUMBING PERMIT FEES

ITEM	QTY	COST	FEES
<input type="checkbox"/> WATER CLOSET (TOILET) qty ___ <input type="checkbox"/> BATHTUB qty ___ <input type="checkbox"/> LAVATORY (WASH BASIN) qty ___ <input type="checkbox"/> SHOWER qty ___ <input type="checkbox"/> KITCHEN SINK AND DISPENSER qty ___ <input type="checkbox"/> DISHWASHER qty ___ <input type="checkbox"/> LAUNDRY TRAY qty ___ <input type="checkbox"/> CLOTHES WASHER qty ___ <input type="checkbox"/> URINAL qty ___ <input type="checkbox"/> SINKS qty ___ <input type="checkbox"/> DRINKING FOUNTAIN qty ___ <input type="checkbox"/> FLOOR SINK OR DRAIN qty ___ <input type="checkbox"/> WATER HEATER qty ___ <input type="checkbox"/> WASTE INTERCEPTOR/GREASE TRAP qty ___ <input type="checkbox"/> WATER PIPING ALTERATION qty ___ <input type="checkbox"/> LAWN SPRINKLER SYSTEM qty ___ <input type="checkbox"/> BACKFLOW/BACKWATER DEVICE qty ___ <input type="checkbox"/> MISCELLANEOUS qty _____		\$7.70	
<input checked="" type="checkbox"/> SEWER		\$16.50	
<input type="checkbox"/> VACUUM BREAKERS (FIRST 1 TO 5) <input type="checkbox"/> VACUUM BREAKERS (OVER 5 EACH)		\$5.50 \$1.10	
			\$22.00
	TOTAL		
	65% COMMERCIAL PLAN REVIEW FEE		
	TOTAL PERMIT FEES		

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction

<p><u>Contractors Affidavit:</u> I certify that I am a currently registered contractor in the State of Washington and I am aware of the ordinance requirements regulating the work for which the permit is issued and all work done in conformance therewith. No changes may be made without first obtaining approval from the Building Department.</p>	<p><u>Owners Affidavit:</u> I certify that I am exempt from the requirements of the contractor's registration law RCW 18.27, and I am aware of the City of Shelton's ordinance requirements for which this permit is issued and that all work done will be in conformance therewith. No changes shall be made without obtaining approval from the Building Department.</p>
<p>Contractor Signature: _____ Date: _____</p>	<p>Owner Signature: _____ Date: _____</p>

CITY OF SHELTON
APPLICATION FOR PERMIT TO INSTALL A SOLID FUEL
Burning Appliance in an existing chimney or stove pipe

General Information

Name _____
Address _____
City of Shelton _____ State _____ Zip _____
Phone _____

Applicant

I, (name), being the Owner, Renter, Other
(Explain), hereby apply for a permit to install a Wood Stove, Insert, Other
(Explain) in an existing Chimney, Stove Pipe at (address)

III. Chimney Sweep

Chimney Flue

1. Type of Chimney: Masonry without Liner Masonry with Liner
 Double Wall Insulated Metal Triple Wall Thermal Single Wall Metal
2. How often is chimney cleaned? _____
3. Cleaned by: Contractor Self
4. Total # of heating units connected to same chimney? _____
If more than one, does chimney have separate flues? Yes No
5. Has there ever been a chimney fire? Yes No
If yes, has the chimney been inspected by a professional after the fire? Yes No

Chimney Connector

Type of Connector: (Check One)

- No connector – factory built chimney attaches directly to unit
 Stove Pipe attaches directly to masonry unit
 Stove Pipe connects to chimney through combustible wall, ceiling or floor. (If this type connection, answer "Protection/Clearance" Question(s) A-D below):
- A. Short insulated factory built wall sleeve/chimney section with at least 8" clearance Yes No
B. Fire-Clay thimble in solid masonry with at least 8" clearance Yes No
C. Metal ventilated thimble with at least 6" clearance Yes No
D. Wall cut back from pipe with at least 18" clearance Yes No

If wall cut back; opening is covered by _____

I hereby certify the Chimney, Stove Pipe Will, Will not accept a solid fuel-burning appliance.

Signed _____ Dated _____