



City of Carnation
 4621 Tolt Ave
 Carnation, WA 98014
 (425) 333-4192 Fax: (425) 333-4192

PERMIT # _____

Mechanical Permit Application

Permit Name: _____ Parcel No. _____

Permit Address: _____ Contact phone # _____

Describe the scope of work **in detail:** _____

Building Owner/Developer	
Name:	
Manager/Contact Person:	
Address:	
City:	ST/Zip:
Phone(s):	Fax:

Contractor	
Company Name:	
ID#:	
Address:	
City:	ST/Zip:
Phone(s):	Fax:

Mechanical All mechanical equipment (new and relocated) to be listed below. Equipment not specifically listed will not be included on permit

	A/C
	Air Handlers
	Appliance Vents C Hoods Type I-II
	Boilers/Water Heater

	Compressor
	Evaporator
	Fireplace
	Furnace BTU's _____

	Gas Appliances
	Gas Piping Outlets
	Whole House Vent
	Total Fixtures

TOTAL CONSTRUCTION COST ESTIMATE: \$ _____

Applicant: OWNER OWNER'S AGENT CONTRACTOR CONTRACTOR'S AGENT

I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City Ordinances and State Building Codes. I, hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am owner of said property, the Washington State registered contractor responsible for the work, or I represent the owner or contractor as signified above and I am acting with the owner's/contractor's consent.

Print name _____ Date _____ Signature _____ Date _____

Application expires 180 days after submittal date.

OFFICE USE ONLY (Please do not write below this line)

BUILDING: Occupancy _____ Type of Construction _____ Stories _____ Total Sq. Ft. _____ Valuation \$ _____

Permit fee _____ Plan check fee _____ Mechanical fee _____ Total fees \$ _____

Building Department Approval _____ Date _____

Conditions: _____