## A LAKEWOOD E

## **Mechanical Permit Application**

Community Development 6000 Main St. SW ♦ Lakewood, WA 98499 Phone (253) 512-2261 ♦ permits@cityoflakewood.us

Office use Permit #:			
Date rec'd:			
Received by:			

•1996•			
PROJECT ADDRESS:	PARCEL #:		
TENANT: Phone:			
APPLICANT: Phone:			
Address (City, State, Zip): E-Mail Address:			
OWNER: Phone:			
Address (City, State, Zip): E-Mail Address:			
CONTRACTOR*: Phone:			
Address (City, State, Zip):  License #:  Exp.			
*Contractor must have a valid City of Lakewood business lic	ense pric		
TYPE OF BUILDING: ☐ Residential or	r 🗆 Co	ommercial	
DESCRIPTION OF WORK:			
VALUATION OF PROJECT: \$	During the plan review process, the building valuation will be evaluated. When necessary, the valuation of construction will be updated.		
MECHANICAL EQUIPMENT	#		#
Furnaces (up to 100,000 Btu)		Appliance vents (if installed separately)	
Furnaces (over 100,000 Btu)		Ventilation and Exhaust (fans & hoods)	
HVAC Unit □ New or □ Replacement		Type I and II hoods	
Air handlers (HVAC) up to 25 ton		Incinerators (domestic)	
Air handlers (HVAC) over 25 ton		Incinerators (commercial)	
Evaporative Coolers		Bath, utility and residential hood exhaust	
Boilers, Compressors, Absorptions systems		Gas Water Heater	
Up to 3 HP		Gas piping	
3 HP to 15 HP		Gas stove, fire place insert	
15 HP to 30 HP		Temperature Controls (Thermostats):	
30 HP to 50 HP		Miscellaneous (list below):	
Over 50 HP			
I hereby certify that the information provided is correct and that th accordance with the laws, rules, and regulations of the State of Wa Lakewood as to any claim incurred as a result of this work.			
Print Name:		□Owner □Agent/Other (specify):	
Print Name.			

Revision: 2/6/20