

Mechanical Permit Application



*“Building A Stronger Community
TOGETHER”*



Community & Economic Development



MINIMUM PROJECT SUBMITTAL STANDARDS FOR MECHANICAL AND PLUMBING PERMIT APPLICATIONS.

ALL PERMIT APPLICATIONS SHALL BE ACCOMPANIED WITH PLANS DRAWN TO A RECOGNIZED SCALE AND SPECIFICATIONS OF THE COMPONENTS THAT WILL BE USED. THE PLANS SHALL BE DRAWN WITH STRAIGHT LINES DESIGNATING THE AREAS AFFECTED BY THE PROPOSED WORK. THE PLANS SHALL IDENTIFY ALL FLOOR, WALL, CEILING OR ROOF SYSTEM INSTALLED OR MODIFIED IN THE PROJECT. THERE SHALL BE A CLEAR DESIGNATION OF THE ROOM OR SPACE THE WORK WILL BE DONE IN AND THE ELEVATION THE COMPONENT WILL BE INSTALLED AT.

YOUR PERMIT APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Please complete all sheets provided in the permit application and submit three (3) sets of plans demonstrating code compliance for the construction and installation of your project as required above.



City of Shelton
Mechanical Permit Application
525 West Cota Street, Shelton, WA 98584
Phn: 360/426-9731 Fax 360/426-7746

Permit No. _____

Residential

Commercial

Site Information

Site Address _____

Parcel No. _____ Legal Description _____

Owners Information

Owner _____ Phone No. _____

Owner Address _____ City _____ State _____ Zip _____

Contractor Information

Contractor Name _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Contractor Reg. No. _____ Exp. Date _____ City Bus. License _____

Architect/Designer _____ Phn. No. _____ Engineer _____ Phn. No. _____

Mailing Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

License No. _____ License No. _____

Project Information

Type of Work:
 New Addition Alteration Repair Move Remove

Describe Project:

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.

Owners Affidavit: 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.	Contractors Affidavit: 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.
Owner Signature: _____ Date: _____	Contractor Signature: _____ Date: _____

Mechanical Permit Fees

No.	Permit Fees	Cost	Fee
	Forced Air/Gravity System – 100K	\$16.28	
	Forced Air/Gravity System – 100K+	\$20.00	
	Floor/Wall/Unit Heaters	\$16.28	
	Appliance Vent	\$8.00	
	Boiler/Compressor to 3 HP/Heat Pump	\$15.00	
	*Over 3 HP Refer to Exhibit B		
	Air Handling Unit – CFM to 10K	\$11.70	
	Air Handling Unit – CFM 10K+	\$19.90	
	Evaporative Coolers – Not Portable	\$11.70	
	*Ventilation Fan to Single Duct	\$8.00	
	Hood & Exhaust Ducts Res/Com	\$11.70	
	Clothes Dryer	\$11.70	
	Solid or Gas Fireplace Systems	\$58.00	
	Repairs or Additions	\$15.00	
	Gas Systems 1 to 5 Outlets	\$5.50	
	Gas Systems over 5 Outlets ea.	\$1.10	
	Miscellaneous	\$11.70	

*Refer to Table – Exhibit B of SMC 3.01	Basic Permit Fee:	\$25.85
	25% Commercial Plan Review Fee:	
	Other:	
	Total Permit Fees:	

Use of Building:	Number of Dwellings:
Changes Use To:	Change Use From:
Type of Construction:	Occupancy Group:
Division:	Size of Building (total sq. ft.)
No. of Stories:	Maximum Occupancy Load:
Use Zone:	Fire Sprinklers Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Application Accepted By: _____ Date: _____	Plans Checked By: _____ Date: _____
	Permit Issues By: _____ Date: _____

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

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 _____