



Address:
100 3rd Ave SE
Pacific, WA 98047

Phone & Fax:
Ph: (253) 929-1100
Fax: (253) 887-9910

Website:
www.pacificwa.gov

MECHANICAL / PLUMBING PERMIT APPLICATION

PROJECT INFORMATION *(must be completed)*

Application is for: <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing Check all that apply: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> New <input type="checkbox"/> Replacement	PERMIT NUMBER:
Job Site Address: _____ Zip: _____ Lot #: _____ Subdivision Name: _____ Parcel #: _____ SCOPE OF WORK: _____ _____ _____	PARENT PERMIT #:
DATE RECEIVED: 	

PROPERTY INFORMATION

Within a flood hazard area? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Served by an on-site septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes? Health Dept approval attached: <input type="checkbox"/> King <input type="checkbox"/> Pierce Co
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OWNER <input type="checkbox"/> Check this box if this the primary contact Name: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	CONTRACTOR <input type="checkbox"/> Check this box if this the primary contact Company Name: _____ Contact: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ UBI#: _____ Pacific Bus Lic #: _____
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ARCHITECT <input type="checkbox"/> Check this box if this the primary contact Company Name: _____ Architect: _____ WA State ID #: _____ Exp. Date: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	ENGINEER <input type="checkbox"/> Check this box if this the primary contact Company Name: _____ Engineer: _____ WA State ID #: _____ Exp. Date: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
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APPLICANT REPRESENTATIVE *(if not listed above)*

On behalf of: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Engineer Company Name: _____ Address: _____ Email: _____	Representative Name: _____ City: _____ State: _____ Zip: _____ Phone: _____
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PLUMBING (for New Construction only. For other, please complete the Plumbing Application)

#	Fixture Type	#	Fixture Type	#	Fixture Type
	Bathtub		Sinks: Kitchen / Bath / Laundry		Other:
	Clothes Washer		Toilet		Other:
	Dishwasher		Water Heater (Electric)		Other:
	Hose Bibb		Water Service	Total # of Fixtures: _____	

MECHANICAL (New Construction only. For all others, submit a separate Mechanical Application)

#	Fixture Type	#	Fixture Type	#	Fixture Type
	A/C - Heat Pump		Furnace BTUs:		Water Heater (Gas)
	Boiler		Gas Piping (# of outlets)		Other:
	Fans		Vents	Total # of Fixtures: _____	

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. Any permit issued in error may be revoked at any time by the Building Official, per IBC [A] 105.6

SIGNATURE

PRINTED NAME

DATE