

# City of Poulsbo

Building Department

(360) 394-9882 Fax: (360) 697-8269



## Commercial Mechanical / Plumbing Permit Application

Application Type:  Mechanical  Plumbing  Combined Mechanical and Plumbing

Type of Work:  New Installation  Alteration/Replacement  Other: \_\_\_\_\_

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### PROPERTY INFORMATION

Site Address: \_\_\_\_\_

Assessor ID Number: \_\_\_\_\_

Existing Meter Size: \_\_\_\_\_

New Meter Size: \_\_\_\_\_

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### PROJECT INFORMATION

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Construction Value: \$ \_\_\_\_\_

**People Information:** Complete as many entries as necessary to indicate all responsible parties: Applicant, Property Owner, contractor, tenant, etc. Use additional sheets if needed. All contractors and sub-contractors must have a valid City of Poulsbo business license.

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**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

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**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Check all that apply**     Applicant\*     Property Owner     Contractor     Other:

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Name: \_\_\_\_\_ Company: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

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**FINANCING INFORMATION** required if project valuation exceeds \$5,000, per RCW 19.27.095 (may be deferred until issuance)

**Lender administering the construction financing or firm issuing a payment bond** (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project (if owner is self-financing, please indicate)

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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\*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

Owner/Agent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Submittal Requirements**

- \_\_\_ Completed Commercial Mechanical / Plumbing Permit Application
- \_\_\_ Mechanical/Plumbing Fixture Count Form
- \_\_\_ Two copies of mechanical detail drawings (as applicable). Equipment schedule is required on plans.
- \_\_\_ Two copies of plumbing detail drawings (fixture layout and isometric) with fixture units and sizes noted. (as applicable.)
- \_\_\_ Two copies of a site plan if devices are located outside of the building.
- \_\_\_ Two copies of engineering plans and/or calculations with original stamp/signature (as applicable).
- \_\_\_ Two copies of manufacturer's equipment specifications, including efficiency ratings.
- \_\_\_ Energy Code Compliance Forms (available at [www.neec.net/energy-codes](http://www.neec.net/energy-codes))

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## Mechanical & Plumbing Fixture Count

### Mechanical Fixtures

Indicate the number of new and/or replaced mechanical fixtures in this project.

**Fuel Type:**  Gas  Electric  Other:

DESCRIPTION	Qty	DESCRIPTION	Qty
Air Handler ≤ 10K cfm		Fireplace – Gas	
Air Handler > 10K cfm		Fireplace – Woodstove	
Compressor 1-Up to 100K		Furnace ≤ 100K	
Compressor 2-100K to 500K		Furnace > 100K	
Compressor 3-500K to 1000K		Gas Pipe System 4 Outlets	
Compressor 4-1000K to 1750K		Gas Pipe System Ea. Additional Outlet	
Compressor 5-1750K & Up		Heat Pump – Ductless	
Cook Stove		LP Tanks < 2000 Gal	
Dryer Vent		Mechanical Equipment – Misc.	
Duct Change/New		Unit Heat – Floor Mounted/Suspended	
Evaporative Cooler		Water Heater – Fuel Fired	
Fan			

### Plumbing Fixtures

**First column:** Indicate the number of new, replaced and/or relocated plumbing fixtures in this permit.

**Second column:** List all water using fixtures on this water service after the remodel/addition. Public Works needs this information to evaluate whether the current water service size has the capacity for additional fixtures.

DESCRIPTION	Qty	Total	DESCRIPTION	Qty	Total
Backflow Device ≤ 2"			Lawn Sprinkler		
Backflow Device > 2"			Medical Gas System 4 Outlets		
Building Sewer Connection			Medical Gas System Ea. Additional Outlet		
Clothes Washer			Plumbing Equipment – Misc.		
Dishwasher			Roof Drain Inside Building		
Drain/Vent Pipe Change/New			Sewage Ejector Pump		
Drinking Fountain			Shampoo Sink		
Floor Drain			Sink/Lavatory		
Floor Sink/Indirect Waste			Tub/Shower		
Grease Interceptor ≤ 55			Water Closet/Urinal		
Grease Interceptor – Industrial			Water Heater – Electric		
Hose Bib 5 Outlets			Water Pipe Change/New		
Hose Bib Ea. Additional Outlet					