

City of Poulsbo

Building Department

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



Residential Mechanical / Plumbing Permit Application

Application Type: Mechanical Plumbing Combined Mechanical and Plumbing

Type of Work: New Installation Alteration/Replacement Other: _____

PROPERTY INFORMATION

Site Address: _____

Assessor ID Number: _____

Existing Meter Size: _____

New Meter Size: _____

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.*

Check all that apply Applicant* Property Owner Contractor Other:

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contractor License #: _____ Poulsbo Business License #: _____

Check all that apply Applicant* Property Owner Contractor Other:

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contractor License #: _____ Poulsbo Business License #: _____

Check all that apply Applicant* Property Owner Contractor Other:

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contractor License #: _____ Poulsbo Business License #: _____

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: _____

*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 Residential Mechanical / Plumbing Permit Application
- ___ Mechanical / Plumbing Fixture Count Form
- ___ Two (2) copies of mechanical detail drawings (as applicable)
- ___ Two (2) copies of plumbing detail drawings (as applicable)
- ___ Two (2) copies of a site plan if devices are located outside of the building
- ___ Two (2) copies of engineering plans and/or calculations with original stamp/signature (as applicable)
- ___ Two (2) copies of manufacturer's equipment specifications, including efficiency ratings
- ___ Energy Code Compliance Forms (available at 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 | | | | | |