



Application for MECHANICAL PERMIT

Building Services Division

1700 Civic Drive · DuPont, WA 98327

P: (253) 912-5217 · F: (253) 964-1455

www.dupontwa.gov

Permit Number: _____

Application is hereby made for permit to do the following work: Commercial Residential

New Installation Addition Replacement

DESCRIPTION OF WORK:

Project Address:	Parcel Number:
Owner of Building:	Phone Number: ()
Mailing Address <i>(if different from Project address):</i>	

Applicant <i>(if contractor, fill out next section):</i>		Phone Number: ()	
Address:	City:	State:	Zip:
Contact Person:	Email:	Phone Number: ()	

Contractor:		Phone Number: ()	
Address:	City:	State:	Zip:
State Contractor Number:	City Business License:		
Project Contact Person:	Phone Number: ()		

Quantity	Quantity	Quantity	Quantity
Air Conditioner	Exhaust Fan	Package Heater/ AC	
Air Handler	Fireplace/Stove	Range Hood	
Clothes Dryer	Furnace	Refrigeration	
Commercial Hoods	Gas Piping	Unit Heaters	
Duct Work	Make-up Air	Other _____	

SCHEDULE OF FEES	
(OFFICE USE ONLY)	
Filing fee	\$ 30.00
No. of fixtures <i>Residential</i> _____ @ \$10/fixture	\$ _____
<i>Commercial</i> _____ @ \$15/fixture	\$ _____
<i>Subtotal</i>	\$ _____
Plan Review Fee (Due @ submittal) <i>(75% of Permit Fee)</i>	\$ _____
Deposit Rec't # _____	\$ _____
TOTAL	\$ _____

I certify that I am the: Owner Contractor Agent

I hereby certify that I have read and examined this application and state that the above information is correct. I agree to comply with all City Ordinances and State Laws, whether specified herein or not.

***By leaving the contractor information section blank, I hereby certify further that contractors (General or Subcontractors) will not be hired to perform any work in association with this permit.

Applicant / Authorized Agent Signature

Date

Printed Name