



**Permit Center**  
 210 Lottie Street  
 Bellingham, WA 98225  
 phone: 360-778-8300  
 fax: 360-778-8301  
 www.cob.org

## Mechanical Permit Application

*Two sets of plans are required, except for work in single family & duplex buildings.*

<b>Office Use Only</b>	Permit Number(s)	_____		
	Project Name	_____		
	Rec'd Date / Rec'd By	_____	/	_____
	Permit Type	<input type="checkbox"/> STFI	<input type="checkbox"/> QRP	<input type="checkbox"/> Standard <input type="checkbox"/> Major

### Property Information

Site Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### Project Information

Fuel Type:  Gas  Electric  Wood  Other: \_\_\_\_\_

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

### Building Information

Reference the **entire** building, not just the portion affected by this permit

Residential, # of Dwelling Units \_\_\_\_\_  
 Commercial  Other Use Type \_\_\_\_\_

### Mechanical Fixtures

Typical residential fixtures are in **bold**.

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

<b>A/C Unit/Heat Pump</b>		<b>Forced Air Furnace</b>	
Up to 15 HP/ton		Fuel-Fired Generator	
15 HP/ton to 30 HP/ton		Fuel Tank – Above Ground	
31 HP/ton and up		<b>Gas Appliance – Cooking</b>	
Air Handling Unit		<b>Gas Fireplace Insert</b>	
Alteration/Relocation/Repair		Gas Piping (Outlets)	
<b>Boiler</b>		<b>Hydronic System</b>	
Up to 500,000 BTU		Other Equipment – Gas	
500,000 to 1,000,000 BTU		Room Heater	
1,000,000 BTU and up		Type I Hood System	
<b>Dryer, Clothes</b>		<b>Type II Hood or Residential Range Hood</b>	
Dampers – Fire/smoke		<b>Unit Heater</b>	
<b>Exhaust Fan</b>		Ventilation System	
Fire Log/Lighter – Gas		<b>Wood Stove</b>	
Floor Furnace		<b>Wood Fireplace Insert</b>	
Other:		Other:	

Site Address \_\_\_\_\_ Permit Number \_\_\_\_\_

**People Information** complete as many entries as necessary to **indicate all responsible parties:** owner, applicant, contractor, design professional, engineer, tenant, etc.

**Check all that apply**  Applicant\*  Owner  Contractor  Other \_\_\_\_\_

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

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

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

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

**Check all that apply**  Applicant\*  Owner  Contractor  Other \_\_\_\_\_

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

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

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

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

**Check all that apply**  Applicant\*  Owner  Contractor  Other \_\_\_\_\_

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

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

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

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

**PERSON PERFORMING THE WORK is**

**Property owner or**  **Tenant** and is exempt from contractor licensing requirements pursuant to RCW 18.27.090. If tenant is checked, an additional acknowledgment form must be completed prior to issuance.

**Licensed contractor**, please complete licensing information below (may be deferred until issuance).

L & I License # \_\_\_\_\_ Exp \_\_\_\_\_

Bellingham Business Registration # (applied for in the Finance Dept) \_\_\_\_\_

**Fees** Resolution 2005-28

Permit Fees	
For issuing each permit	\$25.00
Heating appliance, refrigeration unit, absorption unit, or each heating, cooling, absorption or evaporative cooling system, or other mechanical device not specified below such as an exhaust fan, gas range, gas fireplace, etc.	\$25.00
Air-handling unit, Type I hood, hydronic heating system, boiler, refrigeration compressor between 15 and 30 HP, or absorption system between 500,000 and 1,000,000 Btu/h.	\$75.00
Boiler or compressor over 30 HP, or absorption system over 1,000,000 Btu/h.	\$100.00
Plan Review Fees	
If plan review is conducted, typically on commercial and/or complex projects, 25% of the Permit Fee (excluding the base fee), with a min. of \$50.00	

\*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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

City and State where this application is signed \_\_\_\_\_