



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

Commercial Mechanical Permit Application

Office Use Only
Date Received: _____
Permit Numbers: _____

ADDRESS

CONTRACTOR <input type="checkbox"/> Applicant
Name _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
State Licence # _____ Exp _____
Bellingham Registration Number _____
Email address _____

PROJECT DESCRIPTION

MECHANICAL DESIGN CONTACT PERSON

Phone _____ FAX _____
Email _____

PROPERTY OWNER <input type="checkbox"/> Applicant
Name _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
E-mail Address _____

PROPOSED PROJECT START
DATE: _____

PLEASE CHECK THE ITEMS SUBMITTED <i><u>Plans are required for all submittals</u></i>
<input type="checkbox"/> Two sets floor plan and related drawings Number of sheets _____
<input type="checkbox"/> Mechanical specifications
<input type="checkbox"/> Equipment schedules and listings
<input type="checkbox"/> Gas piping diagram and sizing calculations
<input type="checkbox"/> NREC form
<input type="checkbox"/> Structural engineering
Comments: _____

TENANT <input type="checkbox"/> Applicant
Name _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
E-mail Address _____

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 by Owner/Applicant/Agent _____
City and State where this application is signed _____
BSD#003 05/09

Date _____

Plan Review Fees

When plan review is required by 17.40.040, or when submittal documents are incomplete or changed so as to require additional plan review or when the project involves deferred submittal items, a plan review fee shall be 25% of the calculated permit fee, excluding the base permit fee, with a minimum plan review fee \$53.50.

Inspection and Reinspection Fees

- | | |
|---|--------------|
| 1. Inspections performed outside the City's normal work schedule. (Two hour minimum charge.) | \$107.00/hr |
| 2. Reinspection as a result of work not being ready, or only partially ready, access not provided, or repeated inspections for same work due to neglect, carelessness or improper correction or installation. (One-hour minimum charge) | \$107.00/hr |
| 3. Reinspections required due to work being covered or concealed before inspection. (One hour minimum charge) | \$ 107.00/hr |
| 4. Owner or contractor requested inspections on existing installations. (One-half hour (\$50.00) minimum charge) | \$ 107.00/hr |
| 5. Inspections for which no fee is specifically indicated (One-half hour minimum charge) | \$ 107.00/hr |
| 6. Additional plan review required by changes, additions to revisions to plans (One-half hour minimum charge) | \$ 107.00/hr |