



## Mechanical & Plumbing Fixture Count

***This supplemental form should be used when applying for a building permit when work also includes installation and/or replacement of plumbing and/or mechanical fixtures.***

### Project Information

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

### Mechanical Fixtures

Typical residential fixtures are in **bold**. Indicate the number of new and/or replaced mechanical fixtures in this project.

Fuel Type:  Gas  Electric  Wood  Other:

<b>A/C Unit/Heat Pump</b>	<b>Gas Fireplace Insert</b>
Up to 15 HP/ton	<b>Gas Piping</b> (If new or replaced gas piping is installed, indicate the number of outlets - each fixture or stub-out is considered one outlet)
15 HP/ton to 30 HP/ton	
31 HP/ton and up	
Air Handling Unit	<b>Hydronic System</b>
Alteration/Relocation/Repair	Type I Hood System
<b>Boiler</b> (backflow prevention is required)	<b>Type II Hood or Residential Range Hood</b>
Residential Boiler ≤ 500 BTU	<b>Unit Heater</b>
Non-Residential Boiler Venting	Ventilation System: (choose one)
<b>Clothes Dryer Exhaust</b>	ERV System (Energy-Recovery Ventilator)
Dampers – Fire/smoke	HRV System (Heat-Recovery Ventilator)
<b>Exhaust Fan</b>	<b>Wood Stove</b>
Fire Log/Lighter – Gas	<b>Wood Fireplace Insert</b>
<b>Forced Air Furnace</b>	Other (please describe):
<b>Gas Appliance – Cooking</b>	

### Plumbing Fixtures

Typical residential fixtures are in **bold**. *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.

	This permit	Total		This permit	Total
<b>Bar Sink</b>			Lawn Sprinkler (each head)		
<b>Bath or combo Bath/Shower</b>			Medical Gas / Vacuum System (# of inlets/outlets)		
<b>Dishwasher</b>			Rainwater System (per drain)		
Drinking Fountain			Reduced pressure backflow assembly (RPBA)		
Double Check Valve Assembly			Service Sink		
Double Check Detector Valve Assembly			<b>Shower (per head)</b>		
Floor Drain			<b>Toilet (water closet)</b>		
Floor Sink			Urinal		
Grease / Waste Interceptor			<b>Washer, Clothes</b>		
<b>Hand Sink (Lavatory)</b>			<b>Water Heater</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric		
<b>Hose Bibb</b>			Water Piping / Treatment		
<b>Kitchen Sink</b>			Vacuum Breaker		
<b>Laundry Tub/Tray or Utility Sink</b>			Other:		