MECHANICAL PERMIT APPLICATION

CITY OF COLVILLE BUILDING DEPARTMENT
170 SOUTH OAK, COLVILLE, WA 99114
(509) 684-5096/FAX (509) 684-5030

1. JOB ADDRESS:			
2. OWNER	MAIL ADDRESS:	ZIP:	PHONE:
3. CONTRACTOR:	MAIL ADDRESS:	PHONE:	LICENSE #:
4. ARCHITECT OR DESIGNER:	MAIL ADDRESS:	PHONE:	LICENSE #:
5. ENGINEER:	MAIL ADDRESS:	PHONE:	LICENSE #:
6. USE OF BUILDING:			
7. CLASS OF WORK: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR			
8. DESCRIBE WORK:			

SPECIAL CONDITIONS:		
APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPLICATION APPROVED BY:

TYPE OF FUEL: ☐ OIL ☐ NAT. GAS ☐ LPG.

NUMBER	TYPE OF EQUIPMENT		FEE	
	Air Conditioning Units – H.P. each		$	
	Refrigeration Units – H.P. each		$	
	Boilers – H.P. each		$	
	Gas Fired A.C. Units – Tonnage each		$	
	Forced Air Systems – B.T.U.	M Each	$	
	Gravity Systems – B.T.U.	M Each	$	
	Floor Furnaces – B.T.U.	M	$	
	Wall Heaters – B.T.U.	M	$	
	Unit Heaters – B.T.U.	M	$	
	Evaporative Coolers		$	
	Clothes Dryers		$	
	Ventilation Fan		$	
	Range Hood		$	
	Air Handling Unit	C.F.M.	$	
	Incinerator		$	
	Water Heater		$	
	Gas Piping		$	
		Permit Fee	$20	00
		Total Fee	$	

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

SIGNATURE OF PROPERTY OWNER (IF OWNER BUILDER)