



**Permit Center**  
 Location: 400 W. Gowe  
 Kent, WA 98032  
 (253) 856-5300 FAX: (253) 856-6412  
 www.KentWA.gov/permitcenter

Rtg. Type	Tracking Number
Permit Name	
Date Submitted	
Projected Review Date	
Completed By	
Routing: <input type="checkbox"/> BS <input type="checkbox"/> PS <input type="checkbox"/> PW <input type="checkbox"/> FD	

# Mechanical/Plumbing Permit Application

Commercial  Multi-Family  Residential

Project Name: \_\_\_\_\_ Parcel No. \_\_\_\_\_

Project Address: \_\_\_\_\_

Business Park/Multi-Family Complex: \_\_\_\_\_ Building Number/Letter: \_\_\_\_\_

Describe the scope of work in detail : \_\_\_\_\_

Are you removing, replacing or adding sheetrock, roofing, wall or framing materials to complete this project?  Yes  No If Yes, provide valuation: \_\_\_\_\_

Has a building, plumbing, mechanical permit been applied for or issued?  Yes  No If Yes, provide permit #: \_\_\_\_\_

Building owner		
Name:		
Address:		
City:	State:	Zip:
Phone(s):	E-mail:	

Engineer		
Company Name:		
Engineer Name:		
ID #:	Exp. Date:	
Address:		
City:	State:	Zip:
Phone(s):	E-mail:	

Contractor		
Company Name:		
Contractor License #		
Exp. Date:	UBI #:	
Address:		
City:	State:	Zip:
Phone(s):	E-mail:	

Project Contact (person receiving all project communications)		
Name:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	
E-mail:		

Proposed Uses				
Apartment/Condo	Office	Residential Garage	Off-site Built Structure	Warehouse
Church	Parking Garage	Restaurant	Shed	Other: _____
Day Care	Repair Garage	Retail	Theater	
Industrial	Residence	School	Utility Building	

**Plumbing** (indicate the number of each new and relocated fixture type in the space provided)

Bathtub	Floor Sink	Laundry Sink	Urinal	Other:
Bathtub/Shower	Grease Trap**	Roof Drain	Electric Water Heater	
Clotheswasher	Hand Sink	Service Sink	Water Service*	Repair:
Dishwasher	Hose Bibb	Shower	Water Softener	
Drinking Fountain	Kitchen Sink	Toilet		Total Fixtures
Floor Drain				

\* All new buildings require water service.  
 \*\* Restaurants require grease traps or grease interceptor

**Mechanical** All new and relocated mechanical equipment and gas piping to be listed below. Equipment not specifically listed on application will not be included on this permit. Separate permit, plans and fees will be required.

Quantity	Description	CFM	Max. Output Btu/h	% Efficiency	Weight of Equipment
	50-99 CFM Fans				
	100 or > CFM Fans				
	Furnace				
	Fireplace (Gas Appliance)				
	Gas Water Heater				
	Air Conditioner				
	Heat Pump				
	Gas Dryer				
	Gas Range				
	Gas Piping Outlets				

**Applicant:**       OWNER       OWNER'S AGENT       CONTRACTOR       CONTRACTOR'S AGENT

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property described on this permit application, the Washington State registered contractor responsible for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.

Print name of Applicant \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Application expires 180 days after date submitted.