



9605 NE 24th Street
Clyde Hill, WA 98004
Phone: 425-453-7800
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www.clydehill.org

Application for Mechanical Permit

Accepted by: _____ Date: _____
 Approved by: _____ Date: _____
 Issued by: _____ Date: _____

Property Address: _____
 Tax Parcel Number: _____
 Owner: _____
 Phone: _____
 email: _____
 Mailing Address: _____
 (If different than above)

Residential School Business

Description of Work: _____

Contractor: _____
 Contact: _____
 Phone: _____
 email: _____
 Address: _____

Project Contact: _____
 Phone: _____
 email: _____
 Address: _____

WA State UBI #: _____

WA State Contractor's License #: _____

License Expiration Date: _____

Contractor has procured a Clyde Hill Business License

- I understand that all plan check fees must be paid whether a permit is issued or not.
- I understand that this permit does not cover plumbing, sewer, gas piping or electrical installations.
- I understand that all sales tax on this project must be coded to the City of Clyde Hill, Sales Tax #1708.
- I understand that I must submit a list of any sub-contractors, their UBI numbers and contact information and that they must obtain a Clyde Hill Business License before they start work.
- I certify under penalty of perjury and the laws of the State of WA that the information furnished by me is true and correct, that the required application documents have been included, and that all construction work will conform to the requirements of the WA State Building Code and the City of Clyde Hill Municipal Code.

Fees: Does the proposed unit or system have an input of over 150,000 BTU? Yes No
 If yes, enter the estimated project value: \$ _____

Appliances Type:	Quantity:	
Furnace	_____ x \$55 =	\$ _____
Water Heater	_____ x \$55 =	\$ _____
Unit Heater, Fireplace or Log Lighter	_____ x \$55 =	\$ _____
Range, BBQ, other gas appliance	_____ x \$45 =	\$ _____
Exhaust Fans	_____ x \$10 =	\$ _____
Appliance Vents	_____ x \$10 =	\$ _____
Heat Pump, A/C, Generator **	_____ x \$85 =	\$ _____
Hydronic Heating System **	_____ x \$85 =	\$ _____
Other, describe:	_____ =	\$ _____

** A plan review is required for outdoor units. Submit an accurately-dimensioned site plan with this application.

Permit Issuance Fee = \$ 50
Total Mechanical Fee = \$ _____

Signature of Owner or Authorized Agent _____

Date _____

City Use

Building Official's Valuation \$ _____ (For systems over 150,000 BTU)

Associated Building Permit: _____

Plan Review Deposit:	\$	Receipt #	Date:
Actual Plan Review Fee:	\$		
Plan Review Fee Owed:	\$	Receipt #	Date:
Mechanical Fee:	\$	Receipt #	Date:
Fines & Penalties:	\$	Receipt #	Date:

Permit Number:

This permit expires on: _____