



MECHANICAL PERMIT APPLICATION

Permit #: _____

**** All applicaton items in BOLD must be completed ****

Incomplete applications will be denied.

S T A M P

Submit completed application to: permitsubmittal@franklincountywa.gov

Site Address _____ City _____ State _____ Zip Code _____

Parcel Number _____ Legal Description _____

Building Owner _____ Mailing Address _____ City, State _____ Zip Code _____ Phone # _____

Property Owner _____ Mailing Address _____ City, State _____ Zip Code _____ Phone # _____

Contractor _____ Main Contact _____ Business Address _____ City, State _____ Zip Code _____

UBI Number _____ WA Contractor License # _____ Expiration Date _____ Phone # _____

Franklin County Business License Number: _____ (Please visit <https://dor.wa.gov/> or contact staff for more information)

After review of your plans, the Building Department staff may have comments or requests for additional information that are required prior to issuance of your permit. Please provide the preferred method of contact below.

Please select the preferred point of contact, provide all email addresses listed below, and print clearly.

- E-Mail Address (Contractor): _____
- E-Mail Address (Owner): _____
- E-Mail Address (Other): _____

Valuation of Project

Type of Structure: Residential Accessory Structure Commercial/Industrial Other _____

Project Information (indicate all that apply) Please provide a copy of the **AHRI Certificate for A/C Systems** and a copy of the **Electrical Permit** from the WA Dept. of Labor & Industries.

Split System (with ductwork): No Yes »» # of Units: _____ Model #: _____

Mini-Splits (no ductwork): No Yes »» # of Units: _____ Model #: _____

Electric Heaters: No Yes »» # of Units: _____ Model #: _____

Commercial Furnaces: No Yes »» Gas Electric # of Units: _____ Model #: _____

Conversion of Electric Heater to Gas Heater: No Yes »» # of Units: _____ Model #: _____

Conversion of Gas Heater to Electric Heater: No Yes »» # of Units: _____ Model #: _____

New Gas Fireplace: No Yes »» Type of Gas: Natural Propane Model #: _____

New Gas Stove: No Yes »» Type of Gas: Natural Propane Model #: _____

New Propane Tank: No Yes »» Above Ground Under Ground »» Size of Tank: _____ gallons

Gas Piping Outlets: No Yes »» # of Units: _____ Single Duct Fans: No Yes »» # of Units: _____

of Gas Furnace/Boilers (<100,000 BTU's): _____ # of Gas Furnace/Boilers (>100,000 BTU's): _____ # of Appliances: _____

*If not listed, please specify: _____ # of Units: _____

Scope of Work/Additional Comments: _____

OFFICE NOTES: