



MECHANICAL / PLUMBING PERMIT APPLICATION

Updated
Jan 2019

Physical Address:
Auburn City Hall Annex, 2nd Floor
1 E Main St

Mailing Address:
25 W Main St
Auburn, WA 98001-4998

Webpage & Application Submittal:
www.auburnwa.gov
applications@auburnwa.gov

Phone and Email:
Phone: (253) 931-3090
permitcenter@auburnwa.gov

PROJECT INFORMATION

<p>Check <u>all</u> that apply:</p> <p><input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Commercial <input type="checkbox"/> Residential Mobile/Manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Project Valuation \$ _____</p>	<p>Permit Number #</p> <p>Parent Permit #</p>
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<p>Job site address: _____ Zip: _____ Lot #: _____</p> <p>Tenant Name: _____ Parcel #: _____</p> <p>Complex Name: _____ Building #: _____ Suite #: _____</p> <p>For Condominiums - Building Name: _____ Unit #: _____</p> <p>For Mobile/Manufactured Homes – Park Name: _____ Space #: _____</p>	<p>Received:</p>
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Scope of Work: _____

OWNER <input type="checkbox"/> Primary contact	CONTRACTOR <input type="checkbox"/> Primary contact
<p>Name: _____</p> <p style="padding-left: 20px;"><i>Commercial:</i> <input type="checkbox"/> <i>Building Owner</i> <input type="checkbox"/> <i>Tenant</i></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact Person: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>Company Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact: _____ Phone: _____</p> <p>E-mail: _____</p> <p>City of Auburn Business License #: BUS _____</p> <p>WA State Lic.# or UBI: _____</p>

ARCHITECT <input type="checkbox"/> Primary contact	ENGINEER <input type="checkbox"/> Primary contact
<p>Company Name: _____</p> <p>Architect: _____</p> <p>WA ID# (required): _____ Exp. Date: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>Company Name: _____</p> <p>Engineer: _____</p> <p>WA ID# (required): _____ Exp. Date: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>

MECHANICAL (indicate the **number** of new and/or relocated fixtures in the box to the left)

A/C - Heat Pump		Furnace		Vents: Non-Heating/AC System
Boiler	BTUs_____	Gas Piping (# of outlets)		Vents: Hood System Type_____
Compressor	BTUs_____	Generator		Water Heater (Gas)
Diffusers		Hydraulic Piping		Other:
Evaporative Cooler		Industrial Ovens		Other:
Exhaust System		Return Air Registers		Other:
Fans - Stationary		Rooftop Units		Other:
Fireplace / Fuel Burning Equipment		Solar Systems		Other:
Fuel Oil Piping & Storage		Suspended Heater		Total Number of Fixtures:

PLUMBING (indicate the **number** of new and/or relocated fixtures in the box to the left)

Bathtub		Lawn Sprinkler (Complete the Utility Permit Application for Backflow – Premise)		
Bidet		Medical Gas Piping (# of outlets)		Water Heater (Electric)
Clothes Washer		Modular Building Connection		Water Service
Dental Unit		Sinks: Kitchen/Bath/Laundry/Floor		Other:
Dishwasher		Shower / Tub Combo		Other:
Drinking Fountain / Water Cooler		Urinal		Other:
Hose Bibb		Wash Fountain, circular spray		Other:
Lavatory		Water Closet		Total Number of Fixtures:

BACKFLOW – PLUMBING (indicate the **number** of new and/or relocated fixtures in the box to the left)

Hot Water Tank/Boiler <input type="checkbox"/> ≤2" <input type="checkbox"/> >2"		Coffee Machine <input type="checkbox"/> ≤2" <input type="checkbox"/> >2"		Soda Machine <input type="checkbox"/> ≤2" <input type="checkbox"/> >2"
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BACKFLOW – PREMISE

Please complete the Utility Permit Application

APPLICANT REPRESENTATIVE (if not listed on page 1)

On behalf of: Owner Contractor Architect Engineer

Company Name: _____ Representative Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

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 on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge and consent.

SIGNATURE

PRINTED NAME

DATE