



**City of Shoreline
Planning & Community Development**

17500 Midvale Avenue North Shoreline, WA 98133-4905

Phone: (206) 801-2500 Fax: (206) 801-2788

Email: pcd@shorelinewa.gov Web: www.shorelinewa.gov

Permit hours – M, T, Th, F: 8:00 a.m. to 4:00 p.m. | W: 1:00 to 4:00 p.m.

**MECHANICAL/PLUMBING
APPLICATION**

PARCEL INFORMATION

Project Address

Parcel Number (Property Tax Account Number)

PROPERTY OWNER INFORMATION

Name Email

Company Name Phone

Address City State Zip

OWNER'S AUTHORIZED AGENT

Name Email

Company Name Phone

Address City State Zip

**PROJECT
DESCRIPTION**

**Mechanical and/or Plumbing fixtures over three square feet in area are not allowed in required five-foot yard setbacks per SMC 20.50.040(I)

MECHANICAL CONTRACTOR INFORMATION

Company Name Email

Contact Person Phone

Address City State Zip

L&I Contractor's License # Expiration Date

PLUMBING CONTRACTOR INFORMATION

Company Name Email

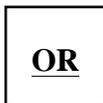
Contact Person Phone

Address City State Zip

L&I Contractor's License # Expiration Date

I am the property owner or authorized agent of the property owner. I certify to that, to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Shoreline regulations pertaining to the work authorized by the issuance of a permit. I understand that issuance of this permit does not remove the owner's responsibility for compliance with state or federal laws regulating construction or environmental laws. I grant permission for City staff and agents to enter areas covered by this permit for the sole purpose of inspecting these areas in order to process this application and to enforce code provisions related to the issued permit(s).

Signature of **PROPERTY OWNER**



Signature of **AUTHORIZED AGENT**

Date

Print Name

Print Name

MECHANICAL EQUIPMENT AND PLUMBING FIXTURE WORKSHEET

Please select one:

Commercial

Residential

PLEASE INDICATE THE NUMBER OF ALL MECHANICAL EQUIPMENT AND/OR PLUMBING FIXTURES TO BE INSTALLED

| MECHANICAL/HEATING EQUIPMENT | # |
|--|----------------------|
| Air Conditioner | <input type="text"/> |
| Air Handler | <input type="text"/> |
| Boiler/Refrigeration System/Radiant Floor | <input type="text"/> |
| Duct System | <input type="text"/> |
| Evaporative Coolers | <input type="text"/> |
| Fireplace - Residential | <input type="text"/> |
| Clothes Dryer Gas Electric | <input type="text"/> |
| Gas Log, Gas Insert, and/or Gas Fireplace | <input type="text"/> |
| Gas Range | <input type="text"/> |
| Gas Water Heater | <input type="text"/> |
| Furnace Gas Electric | <input type="text"/> |
| Heat Pump | <input type="text"/> |
| Liquefied Petroleum Gas-LPG under 125 Gallon | <input type="text"/> |
| Miscellaneous Fuel Burning Appliance | <input type="text"/> |
| Residential Range Hood | <input type="text"/> |
| Commercial Range Hood Type I Hood Type II Hood | <input type="text"/> |
| Ventilating Fans | <input type="text"/> |
| Wood or Pellet Stove/Insert | <input type="text"/> |
| Fire/Smoke/Combination Damper | <input type="text"/> |
| Other Mechanical _____ | <input type="text"/> |

| PLUMBING FIXTURES | # |
|---|----------------------|
| Bath Tub | <input type="text"/> |
| Clothes Washer | <input type="text"/> |
| Dishwasher | <input type="text"/> |
| Drinking Fountain | <input type="text"/> |
| Electric Water Heater | <input type="text"/> |
| Floor Drains/Sumps | <input type="text"/> |
| Floor Sink | <input type="text"/> |
| Hose Bib | <input type="text"/> |
| Lawn Sprinkler/Irrigation System | <input type="text"/> |
| Roof Drain/Rain Leader (Except Residential) | <input type="text"/> |
| Shower Heads | <input type="text"/> |
| Sink/Lavatory | <input type="text"/> |
| Toilet/Wash Closet | <input type="text"/> |
| Urinal/Bidet | <input type="text"/> |
| Waste/Grease Interceptor | <input type="text"/> |
| Water Service Line | <input type="text"/> |
| Mop Sink | <input type="text"/> |
| Other Fixtures _____ | <input type="text"/> |
| Gas Piping Outlets (# of Gas Connections) | <input type="text"/> |
| Backflow Prevention Devices | <input type="text"/> |

TOTAL PIECES OF EQUIPMENT AND/OR OUTLETS

Each equipment/outlets **over 4** x \$12.00 [Enter \$ here]

Fees = \$204.00 (Residential) or \$545.00 (Commercial)

TOTAL EQUIPMENT/OUTLET FEES

TOTAL FIXTURES

Each fixture **over 4** x \$12.00 [Enter \$ here]

Fees = \$204.00

TOTAL FIXTURE FEES

| MECHANICAL FEES | | PLUMBING FEES | |
|---|--|--|---|
| Residential Mechanical Systems | \$204.00 Includes 4 pieces of equipment, \$12.00 per piece of equipment over 4 | Plumbing Systems | \$204.00 Includes 4 pieces of equipment, \$12.00 per piece of equipment over 4 |
| Commercial Mechanical Systems | \$545.00 Includes 4 pieces of equipment, \$12.00 per piece of equipment over 4 | Backflow Prevention Devices <i>not part</i> of a plumbing system permit | \$204.00 Includes 4 pieces of equipment, \$12.00 per piece of equipment over 4 |
| Mechanical Plan Review | Hourly Rate, 1-hour minimum (\$204.00) | Plumbing Plan Review | Hourly Rate, 1-hour minimum (\$204.00) |
| Gas Piping <i>not part</i> of a mechanical system permit | \$204.00 includes 4 fixtures, \$12.00 per fixture over 4 | Provide one copy of plans approved by King County Public Health for school and food handling projects | |