

CITY OF CHELAN MECHANICAL PERMIT APPLICATION OFFICE OF COMMUNITY DEVELOPMENT P.O. BOX 1669, 135 E. JOHNSON CHELAN, WA 98816 (509) 682-8017 or (509) 682-8050 (FAX)	DATE APPLIED PERMIT NO.
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JOB SITE ADDRESS	JOB SITE PHONE
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NATURE OF WORK	FUEL: WOOD ELEC OIL LPG
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TYPE OF CONSTRUCTION: °			
<input type="checkbox"/> New Commercial	<input type="checkbox"/> Commercial Alteration	<input type="checkbox"/> Commercial Addition	<input type="checkbox"/> Foundation
<input type="checkbox"/> New Residential	<input type="checkbox"/> Residential Alteration	<input type="checkbox"/> Residential Addition	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Demolition	<input type="checkbox"/> Tenant Improvements	<input type="checkbox"/> Other

APPLICANT NAME:	TELEPHONE: () _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)	() _____

OWNER'S NAME:	TELEPHONE: () _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)	() _____

CONTRACTOR'S NAME: (copy of contractor's registration card required):	TELEPHONE: () _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)	() _____

CONTRACTOR'S LICENSE NO.	LICENSE EXPIRATION DATE:	CITY LICENSE NO.
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#	Equipment	Fee	#	Equipment	Fee
	Forced Air System			Boiler	
	Air Conditioner Units			Range	
	Air Handling Unit			Hot Water Tank	
	Clothes Dryer			Underground Tank	
	Range Hood			Above Ground Tank	
	Ventilation Fan				
	Wood Stove				
	Gas Stove				
	Evaporative Cooler				
	Refrigeration Unit				
	Unit Heaters				
					Sub Total
					Permit
					Total

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Date Submitted: _____

Applicant Signature _____ Print Name _____ Place Where Signed: _____, WA	Authorized Agent Signature _____ Print Name _____ Place Where Signed: _____, WA
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