



City of Kelso

Mechanical Permit Application

FOR OFFICE USE ONLY

| | | |
|---|---------|-----|
| Permit #: | Zoning: | RV: |
| Questions and applications can be directed to the following: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="text-align: center;"> Building and Planning 203 S. Pacific Ave., Suite 208 Kelso, WA 98626 </div> <div style="text-align: right;"> 360.423.9922 (office) 360.423.6591 (fax) building@kelso.gov (email) </div> </div> | | |

PROJECT SITE INFORMATION

| | |
|-------------------|-----------|
| Address/Location: | Parcel #: |
|-------------------|-----------|

PROPERTY OWNER

| | | | |
|--------------------------|--------------|--------|------|
| Business Name: | Contact Name | | |
| Mailing/Billing Address: | City: | State: | Zip: |
| Phone: | Email: | | |

APPLICANT (If different from property owner listed above)

| | | | |
|--------------------------|--------------|--------|------|
| Business Name: | Contact Name | | |
| Mailing/Billing Address: | City: | State: | Zip: |
| Phone: | Email: | | |

CONTRACTOR

| | | | |
|---|------------------|--------|------|
| Business Name: | Contact Name: | | |
| Mailing/Billing Address: | City: | State: | Zip: |
| Phone: | Email: | | |
| WA State License # (Not UBI#): | Expiration Date: | | |
| City of Kelso Business License # (Permit cannot be issued until one is obtained): | Expiration Date: | | |

DETAILED PROJECT DESCRIPTION

| | |
|---|---|
| Building Type – Check all that apply: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial | Total Project Valuation (Fair Market Value Labor + Materials): |
|---|---|

MECHANICAL PERMIT CHECKLIST

| | Provided | Not Applicable |
|---|--------------------------|--------------------------|
| Scope of Work* | <input type="checkbox"/> | <input type="checkbox"/> |
| Site plan showing the location, type and size of all ductwork, dampers, hoods and equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment Detail Sheets | <input type="checkbox"/> | <input type="checkbox"/> |

*Larger commercial projects may require a mechanical plan submittal and review. Plan review fees [70% IBC/65% IRC].

PROPERTY OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

| | | |
|------------|---------------|-------|
| Signature: | Printed Name: | Date: |
|------------|---------------|-------|



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PERMIT INFORMATION – CHECK ALL THAT APPLY

| ITEM | QTY | FEE | TOTAL |
|--|-----|-------------------|-------|
| Permit Base Rate | 1 | \$ 28.00 | |
| Supplemental Permit to Active Building Permit (modification to original permit application) | | \$ 14.00 | |
| EQUIPMENT | | | |
| <input type="checkbox"/> Furnace – forced air or gravity, (includes ducts and vents) | | \$ 20.00 | |
| <input type="checkbox"/> Boiler | | \$ 20.00 | |
| <input type="checkbox"/> Compressor and/or Absorption System (includes heat pumps & ductless heat pumps) | | \$ 20.00 | |
| <input type="checkbox"/> Evaporative Coolers | | \$ 20.00 | |
| <input type="checkbox"/> Air Handler | | \$ 20.00 | |
| <input type="checkbox"/> Indoor Unit - Ductless | | \$ 20.00 | |
| <input type="checkbox"/> Ventilation system (Not part of an HVAC system) | | \$ 20.00 | |
| <input type="checkbox"/> Fireplace insert, Gas fireplace | | \$ 20.00 | |
| <input type="checkbox"/> Incinerator | | \$ 20.00 | |
| <input type="checkbox"/> Fire damper, smoke damper or combination fire/smoke damper | | \$ 20.00 | |
| <input type="checkbox"/> Equipment regulated by the mechanical code but not specifically listed | | \$ 20.00 | |
| <input type="checkbox"/> Repairs or addition to each piece of equipment or system | | \$ 18.00 | |
| VENTS | | | |
| <input type="checkbox"/> Appliance vent (for a piece of equipment not requiring a mechanical permit) | | \$ 10.00 | |
| <input type="checkbox"/> Ventilation fan connected to a single vent | | \$ 10.00 | |
| PIPING SYSTEMS | | | |
| <input type="checkbox"/> Gas (1-4 ea.) <input type="checkbox"/> Hazardous Process (1-4 ea.) <input type="checkbox"/> Non-Hazardous Process (1-4 ea.) | | \$ 7.00 | |
| <input type="checkbox"/> For the installation of each outlet exceeding four | | \$ 3.00 | |
| FIXTURE TOTAL: | | | |
| OTHER INSPECTIONS AND FEES | | | |
| <input type="checkbox"/> Services beyond the scope of the initial permit (See Master Fee Schedule for fee explanation) | | \$ 65.00 | |
| <input type="checkbox"/> Investigation fee for work commenced prior to obtaining a permit | | Double permit fee | |
| <input type="checkbox"/> Mechanical permit extension | | 50% original fee | |
| Building Permit Fees Calculated Separately | | SUBTOTAL: | \$ |

PROPERTY OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Signature: _____ Printed Name: _____ Date: _____