



6100 219th Street SW, Suite 200
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

MECHANICAL PERMIT APPLICATION

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Fee \$ _____	Plan Check Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Multi-Family Commercial

Job Site Address: _____

Description of work: _____

Project Value: \$ _____

Single-Family Residential Equipment	Qty		Commercial or Multi-Family Equipment	Qty
Gas Furnace			Unit Heater	
Electric Furnace			HVAC Rooftop Unit	
Heat Pump (A/C)			Boiler	
Fireplace			Refrigerator/Cooler	
Exhaust Fans			Incinerator	
Vents			Type I Hood System ²	
Gas Water Heater ¹			Type II Hood System	
Repair/Relocate			Repair	
Other			Other	

¹ Expansion Tank Required

² Type I hood required. Fire suppression permit.

Commercial/Multi-Family Submittal Requirements:

1. The [Permit Contact Information Form](#) is required to accompany this application.
2. Must submit two sets of mechanical plans. For commercial equipment, please show the equipment's proximity to property lines.
3. Intake appointments are required for Mechanical Permit Application submittals. An Intake Appointment Checklist will need to accompany this form. Please contact a [Permit Specialist](#) to make an intake appointment.
4. Plan review fee must be submitted with this application. **Plan Review Fee = 65% of the Permit Fee**

I certify the information provided on this application is true and correct.

Owner / Agent _____ Date _____
Signature

Owner / Agent _____
Print



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PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Signed: _____ **Print Name:** _____ **Date:** _____