



MECHANICAL APPLICATION

6100 219th Street SW, Suite 200
 Mountlake Terrace, WA 98043
 Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mtl.wa.us
www.cityofmlt.com

Permit# _____

Single-Family Residential Multi-Family Commercial

Job Site Address _____

Description of Work _____

OWNER / AGENT CONTACT INFORMATION

<u>OWNER</u>	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Ph	_____ Fax _____
E-mail	_____
Contact Name	_____
Ph	_____ Fax _____
E-mail	_____

<u>CONTRACTOR</u>	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Ph	_____ Fax _____
E-mail	_____
State Lic. #	_____
City Lic. #	_____

PROJECT VALUE: \$ _____

Single-Family Residential Equipment	Qty
Gas Furnace	
Electric Furnace	
Heat Pump (A/C)	
Fireplace	
Exhaust Fans	
Vents	
Gas Water Heater ¹	
Repair/Relocate	
Other	

¹Expansion Tank Required

Commercial or Multi-Family Equipment	Qty
Unit Heater	
HVAC Rooftop Unit	
Boiler	
Refrigerator/Cooler	
Incinerator	
Type I Hood System ²	
Type II Hood System	
Repair	
Other	

²Type I hood required. Fire Suppression permit.

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Owner / Agent _____ Date _____

Print Owner / Agent _____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Plan Check Fee \$ _____ Date _____ Receipt Number _____

Permit Fee \$ _____ Date _____ Receipt Number _____