



# Mechanical Permit Application

City of Union Gap Community Development  
 3106 South 1st Street  
 Union Gap, WA 98903  
 Phone: 509.575.3638 Fax: 509.248.6494

## PROJECT INFORMATION:

Application Type:      New                  Addition                  Alter                  Repair                  Mov                  Remove

Project Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

## EQUIPMENT:

No.	Type of Equipment	No.	Type of Equipment
	Forced Gravity Systems—BTU/h		Air Handler Unit (s) - CFM
	Floor Furnace (s)		Evaporative Cooler (s)
	Wall Heater (s)		Ventilation Fan (s)
	Gas Fired A/C Unit (s) - BTU/h		Commercial Kitchen Hood (s)
	Air-Cond Unit (s) - BTU/h		Wood or Pellet Stove (s)
	Refrigeration Unit (s) - HP each		Heat Pump
	Boiler (s) - HP Each		Other:

## OWNER:

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICANT:

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACTOR:

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 License Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**DESIGN PROFESSIONAL:**

Applicant:			Phone:
Mailing Address:			Mobile:
City:	State:	Zip:	Fax:
Signature:			Email:

**AGENT FOR APPLICANT:**

Applicant:			Phone:
Mailing Address:			Mobile:
City:	State:	Zip:	Fax:
Signature:			Email:

**This Section to Be Completed for Construction Permits Only**

Pursuant to RCW 19.27.095 (2)(i-ii). The requirements for a fully completed construction application shall include.

1. The name, address, and phone number of the office of the lender administering the interim construction financing, if any; or
2. The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project.

If for any reason the information requested below is not available at the time of the application, the applicant shall provide the information as soon as it can be reasonably obtained.

Lending Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I acknowledge by checking this box that this project has no bonding agency.

**If you are the Owner and Acting As your Own Contractor, please complete the following declaration:**

I acknowledge that I am applying for a construction permit thru the Union Gap Community Development Department.

I also acknowledge that I am not a licensed contractor, specialty or general, or that I am not acting as a contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I agree that if I use the assistance of any person(s) to provide labor and/or assistance, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington.

I (print name) \_\_\_\_\_ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_