



Standalone Mechanical/Plumbing Application

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273
voice 360-416-1320 · inspections 360-416-1330 · www.skagitcounty.net/planning

Permit #:

Use for a **standalone** application. For a revision or deferred submittal on an existing permit, use the Revision form.

Project/Site

Description of Work

Dryer Exhaust hood Furnace Gas fireplace Boiler/compressor Plumbing Vent Wood stove

Site Address

City

Zip

Parcel No(s)

Received by:

Property Owner

Multiple owners (attach additional page) Primary contact

Name

Mailing Address

City, State

Zip

Phone

Contractor

None Same as property owner Primary contact

Name

Mailing Address

City, State

Zip

Phone

E-mail

License #

Expires

Permit

Property located in a floodplain? no yes (all mechanical equipment must be flood-proofed or located above flood elevation)

Where is the work located? residential dwelling non-residential or commercial

NOTE: mechanical and plumbing in mobile and manufactured homes are reviewed and approved by the Department of Labor and Industries, 360-416-3000, www.lni.wa.gov.

Include for non-residential or commercial projects: NREC forms (MECH-SUM, MECH CHCK portions of NREC packet) if replacing/modifying ductwork
Two copies of: Plumbing piping and plans Mechanical diagrams and plans

Describe use of building: _____

Fees

Base fee for **mechanical** permit: \$50 + fee for each: \$10 x _____ [number] of appliances/fixtures/outlets

Base fee for **plumbing** permit: \$50 + fee for each: \$10 x _____ [number] of plumbing fixtures

Total fees enclosed: \$ _____ Make checks payable to Skagit County Planning & Development Services

Signature

This permit will expire 180 days from date of issuance.

I certify that the statements, answers, and information in the entirety of this application are true and correct to the best of my knowledge and belief.

I understand that the permit holder is responsible for the scheduling of inspections and for obtaining approval to activate the mechanical system.

Signature(s): _____

Printed Name: _____

Title: _____

Company: _____

Date: _____