



Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568
PHONE: (360) 273-5911 **FAX:** (360) 273-9317
EMAIL: mmedina@chehalistribe.org

| STAFF USE ONLY | |
|----------------|-------|
| Permit # | _____ |
| Intake by: | _____ |
| Date: | _____ |
| Fee Paid: | _____ |
| Receipt #: | _____ |

Mechanical Permit Application

Applications must be completed in full.
 Incomplete applications will not be processed.

Applicant Name: _____ Business Name: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone: _____ Cell Phone: _____ Fax: _____
 Email: _____

Project Information:

Site address/location: _____
 Dept. of proposed work: _____
 Project Description: _____

Fuel Type: _____ Gas: _____ Electric: _____ Wood: _____ Other: _____

Building Information: Reference the Entire building, not just the portion affected by this permit

Residential, # of Dwelling Units _____
 Commercial Other Use Type

Mechanical Fixtures Typical residential fixtures are in **bold**.

| | | | |
|---|--|--|--|
| A/C Unit/Heat Pump | | Gas Fireplace Insert | |
| Up to 15 HP/ton | | Gas Piping (If new or replaced gas piping is installed, indicate the number of outlets - each fixture or stub-out is considered one outlet) | |
| 15 HP/ton to 30 HP/ton | | | |
| 31 HP/ton and up | | | |
| Air Handling Unit | | O/H Fire Sprinkler Systems | |
| Alteration/Relocation/Repair | | Type I Hood Systems/Fire Suppression | |
| Boiler (backflow prevention is required) | | Type II Hood Systems/Fire Suppression | |
| Residential Boiler ≤ 500 BTU | | Unit Heater | |
| Non-Residential Boiler Venting | | Ventilation System: (choose one) | |
| Clothes Dryer Exhaust | | ERV System (Energy-Recovery Ventilator) | |
| Dampers – Fire/smoke | | HRV System (Heat-Recovery Ventilator) | |

| | | | |
|--------------------------------|--|------------------------------|--|
| Exhaust Fan | | Wood Stove | |
| Fire Log/Lighter – Gas | | Wood Fireplace Insert | |
| Floor Furnace | | Refrigeration Units | |
| Forced Air Furnace | | Other (please describe): | |
| Gas Appliance – Cooking | | | |

Please Attach All Required Supporting Documents/Shops Etc.

Contact Information

Complete as many entries as necessary to Indicate all responsible parties: owner, applicant, contractor, design professional, engineer, tenant, etc.

Contractor:

Contact: _____ Business Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

License # _____ Expire Date: _____

Owner:

Contact: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Other:

Contact: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Other:

Contact: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please note businesses operating within the Tribal Land must have valid Tribal Business License.

Print Name: _____ **Signature:** _____

Date: _____