



# Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568  
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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**.

<b>A/C Unit/Heat Pump</b>		<b>Gas Fireplace Insert</b>	
Up to 15 HP/ton		<b>Gas Piping</b> (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	
<b>Boiler</b> (backflow prevention is required)		Type II Hood Systems/Fire Suppression	
Residential Boiler ≤ 500 BTU		<b>Unit Heater</b>	
Non-Residential Boiler Venting			Ventilation System: (choose one)
<b>Clothes Dryer Exhaust</b>		ERV System (Energy-Recovery Ventilator)	
Dampers – Fire/smoke		HRV System (Heat-Recovery Ventilator)	

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

**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:** \_\_\_\_\_