

# MECHANICAL PERMIT

Building Department  
City of Kettle Falls  
415 Larch, P.O. Box 457  
Kettle Falls, WA 99141  
(509) 738-6821

JOB ADDRESS \_\_\_\_\_ Owner \_\_\_\_\_ Phone \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

Contractor \_\_\_\_\_ License No. \_\_\_\_\_ Phone \_\_\_\_\_

Contractor Mailing Address \_\_\_\_\_

Use of building: Single Family/Duplex \_\_\_\_\_ Multi-family \_\_\_\_\_ Commercial/Type \_\_\_\_\_

Class of work: New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_

Describe Work: \_\_\_\_\_

Type of Fuel: Oil \_\_\_\_\_ Natural Gas \_\_\_\_\_ LPG \_\_\_\_\_

NO.	TYPE OF EQUIPMENT	FEE	FEE
	•Processing fee		
	•Supplemental permit fee		
X	•Installation/relocation of furnaces w/ ducts & vents		
	Forced air system Btu/h each _____		
	Gravity system Btu/h each _____		
	Floor furnace		
	Suspended heater		
	Recessed wall heater		
	Floor-mounted unit heater		
X	•Appliance vents not included in appliance permit		
	Each installation, relocation or replacement		
X	•Repairs, alterations or additions including controls		
	Heating appliance or system		
	Refrigeration unit or absorption system		
	Cooling Unit or system		
	Evaporative cooling system		
	•Installation/relocation boiler H.P. _____ Btu/h _____		
	•Installation/relocation compressor H.P. _____		
	•Absorption (refrigeration) system Btu/h _____		
	•Air Handlers not part other systems CFM each _____		
	•Evaporative Coolers		
	•Ventilation fans (kitchen, bathroom, laundry)		
	•Ventilation system not part HVAC (whole house fan)		
	•Commercial Range Hoods		
	•Incinerators		
	•Clothes dryers		
	•Water heaters		
	•Wood-burning appliances or fireplace stoves		
	•Gas or oil room heaters		
	•Vented decorative appliances or gas logs		
	•Gas piping system (No. of outlets)		
	•Other _____		
	•Other _____		
<b>TOTAL FEE</b>		<b>\$</b>	

**REQUIRED INSPECTIONS:**

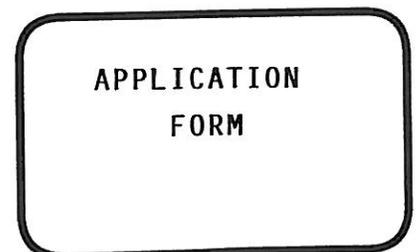
- Gas pipe pressure test \_\_\_\_\_
- \_\_\_\_\_
- Rough-in piping, heating, ventilation, chimneys before cover \_\_\_\_\_
- \_\_\_\_\_
- Final when installation complete \_\_\_\_\_

**COMMENTS:**

TREASURER'S RECEIPT NUMBER \_\_\_\_\_

By: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. This permit becomes null and void if work authorized by this permit is not commenced within 180 days or if such work is suspended or abandoned for a period of 180 days.



Signature of contractor, authorized agent or owner \_\_\_\_\_ Date \_\_\_\_\_