



PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT
Mailing Address: P.O. Box 547, Anacortes, WA 98221
Office Location: 904 6th Street, Anacortes WA 98821
Phone: (360) 293-1901

PLUMBING & MECHANICAL PERMIT APPLICATION

Please complete all applicable information and submit to buildingpermit@cityofanacortes.org

PROPERTY INFORMATION		
PROJECT ADDRESS	ASSESSORS PARCEL NUMBER	
PROJECT VALUATION	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
PROPERTY OWNER	OWNER PHONE	
OWNER ADDRESS	OWNER EMAIL	
APPLICANT INFORMATION		
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____		
NAME	PHONE	
ADDRESS	EMAIL	
CONTRACTOR INFORMATION		
NAME	PHONE	
CONTRACTOR'S BUSINESS LICENSES* <i>*All Contractors & Subcontractors must have a valid City of Anacortes business license prior to doing work in the City.</i>	STATE LICENSE #	EXPIRATION
	UBI LICENSE #	EXPIRATION
ADDRESS (STREET, CITY, STATE, ZIP)	EMAIL	
PROJECT INFORMATION		
DESCRIPTION OF PROPOSED WORK:		
IS THIS WORK ASSOCIATED WITH ANOTHER PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, provide the permit/application number: _____		

MECHANICAL					
EQUIPMENT TYPE	APPLIANCE/EQUIPMENT INFORMATION (NEW AND RELOCATED)				TOTAL
	Indicate the number of fixtures for each equipment type				
	GAS	ELECTRIC	OTHER - <i>Please specify</i>	COMMENT	
Furnace					
Wall Heater					
Water Heater					
Heat Pump					
Air Conditioner /Handler					
Radiant /Hydronic Heating					
Exhaust Fans					
Range Hood					
Fireplace					
Clothes Dryer & Duct					
Stove/Range/Oven					
Refrigeration Unit					
Gas Piping/ Outlet(s)					
Boiler				BTUs:	
Other					
TOTAL MECHANICAL OUTLETS					
PLUMBING FIXTURES					
FIXTURE TYPE (NEW AND RELOCATED)		TOTAL	FIXTURE TYPE (NEW AND RELOCATED)		TOTAL
Toilets			Refrigerator water supply		
Kitchen Sink			Pressure Reduction Valve/ Regulator		
Utility Sink			Water Service Line		
Tub			Water Piping		
Hand Sink			Washing Machine		
Shower			Electric Water Heater: Tank-less? Yes <input type="checkbox"/>		No <input type="checkbox"/>
Dishwasher			Backflow Prevention Device		
Urinal			Hose Bib		
Floor Drain / Floor Sink			Drinking Fountain		
Hydronic Heat in: <input type="checkbox"/> Floor <input type="checkbox"/> Wall			Grease Interceptor		
Other - <i>please specify:</i>					
TOTAL PLUMBING FIXTURES					

PLUMBING & MECHANICAL PERMIT APPLICATION CHECKLIST

✓ OR N/A	SUBMITTAL REQUIREMENTS	COMMERCIAL		RESIDENTIAL		OFFICE USE
		MECHANICAL	PLUMBING	MECHANICAL	PLUMBING	
	Plumbing & Mechanical Permit Application	✓	✓	✓	✓	
	Mechanical Plans	✓				
	Structural Calculations	✓				
	State Non-Residential Energy Code Compliance Form	✓				
	Manufacturer’s Specifications /Cut Sheets	✓	✓	✓		
	Plumbing Plans		✓			
	Listed & Tested Fire Stopping Assemblies		✓			
	Elevation View for Roof Mounted Equipment	✓	✓			
	Existing Floor Plan	✓	✓	✓	✓	
	New Floor Plan	✓	✓	✓	✓	
NOTE:						
<ol style="list-style-type: none"> 1. Handouts and standard details may be found on the City’s Planning, Community, & Economic Development website or can be obtained at city hall during normal business hours. 2. Plans, calculation, & reports prepared by state licensed architects or professional engineers must be stamped and signed by the design professional. 3. If installing a backflow prevention device, it will need to pass test results of which will need to be submitted to the city for review. 						
ACKNOWLEDGEMENTS & SIGNATURE						
<p>By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner’s authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities.</p>						
SIGNATURE						DATE