



**CITY OF DES MOINES
PLANNING BUILDING AND
PUBLIC WORKS DEPARTMENT**

**MECHANICAL
PERMIT
APPLICATION
B-011**

21630 11th Avenue South, Ste D • Des Moines, Washington 98198 • Tel: (206) 870-7576 Fax: (206) 870-6544

Project Name:	Application Date:
Project Address:	Valuation^:

^Permit fees for all commercial projects are valuation based. Please provide a copy of your bid.

Permit Type: Single-family Multi-family Commercial

BUILDING OWNER			CONTRACTOR		
Name:			Company Name:		
Address:			WA ID#	Des Moines ID#:	
City:	State:	Zip:	City:	State:	Zip:
Phone(s):	Fax:		Phone(s):	Fax:	

Please describe in detail the project and scope of work to be done: _____

FIXTURES	FEE PER UNIT (\$)	# OF UNITS	FEES (UNIT COST X UNIT(S))
FURNACES TO 100,000 BTU	13.25		
FURNACES > 100,000 BTU	16.25		
UNIT HEATERS	13.25		
WATER HEATER	9.50		
APPLIANCE VENTS	6.50		
AIR CONDITIONER UNITS	16.15		
MECHANICAL HOODS	9.50		
FIREPLACE INSERTS	9.50		
FREE STANDING STOVES	9.50		
HEAT PUMPS	16.15		
RANGES	9.50		
GAS PIPING (CHAPTER 22)	1-4 5.50 Over 4 - 1.00 each		
VENTILATION/EXHAUST DUCT	7.25		
OTHER:			
AUTOMATION FEE	10.00 RESIDENCE 25.00 COMMERCIAL		\$10.00 OR \$25.00
PERMIT FEE	55.50		\$55.50
		TOTAL FEES	

NOTICE: This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction of work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct and agree to comply with all City ordinances and state laws regulating the performance of construction.

I certify that I am either the property owner or contractor/agent of the property owner and that I understand all work performed under this permit requires an inspection. I also understand that I must request an inspection no later than 24 hours in advance for all work performed under this permit.

PROPERTY OWNER OR CONTRACTOR/AGENT SIGNATURE _____

DATE _____

PERMIT NUMBER: _____

DATE FILED: _____

REVIEWED BY: _____

DATE: _____

YOUR ATTENTION PLEASE

All Contractors Doing Work in the City of Des Moines:

For all work done within the City of Des Moines, please use **Location Code 1709** in reporting and/or remitting to the State all related sales and use taxes.

State law requires that sales taxes collected, or use taxes paid by your business, be reported to the State Department of Revenue based on the *code* representing "*where*" the work took place, **not** where the contractor's business resides. Improper reporting may subject your business to penalties.

If you have any questions, contact Washington State Department of Revenue (253) 437-3440. Thank you for giving this your attention.

CONTRACTOR BONDING AND EMPLOYEE INSURANCE INFORMATION

(Required for projects valued over \$5,000 per RCW 19.27.095.)

Interim Construction Loan or Payment Bond Information

Company name: _____ Contact person: _____

Company address: _____ Telephone number: _____

Verification of Contractor's estimate of payroll and paid industrial insurance premium: _____