



6100 219th Street SW, Suite 200
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

MECHANICAL PERMIT APPLICATION

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Fee \$ _____	Plan Check Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Multi-Family

Commercial

Job Site Address: _____

Description of Work: _____

Project Value: \$ _____

Type of Equipment	QTY	Type of Equipment	QTY
Furnace (up to 100,000 BTU)		Furnace (100,001 BTU or above)	
Heat Pump/AC up to 3hp/100,000 BTU		Heat Pump/AC up to 50hp/1,750,000 BTU	
Heat Pump/AC up to 15hp/100,000 BTU		Heat Pump/AC over 50hp/1,750,000 BTU	
Heat Pump/AC up to 30hp/1,000,000 BTU		Ductless Heat Pump	
Whole-House Fan		Ventilation System	
Fireplace/Stove		Vents	
Gas Water Heater		Ventilation System	
Gas Piping (1-4 outlets)		Gas Piping (over 4 outlets)	
Other (Minor): _____		Other (Major): _____	

Commercial/Multi-Family Submittal Requirements:

1. The [Permit Contact Information Form](#) is required to accompany this application.
2. Must submit **two sets** of mechanical plans. For commercial equipment, please show the equipment's proximity to property lines.
3. Intake appointments are required for Mechanical Permit Application submittals. Please click here: [Intake Appointment Request Form](#) and submit the completed form.
4. Plan review fee must be submitted with this application. **Plan Review Fee = 65% of the Permit Fee.**

I certify the information provided on this application is true and correct.

Owner / Agent _____ Date _____
Signature

Owner / Agent _____
Print



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PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Signed: _____ **Print Name:** _____ **Date:** _____