



City of Kelso

Mechanical Permit Application

FOR OFFICE USE ONLY

Permit #:	Zoning:	RV:
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Questions and applications can be directed to the following:

Building and Planning
203 S. Pacific Ave., Suite 208
Kelso, WA 98626

360.423.9922 (office)
360.423.6591 (fax)
building@kelso.gov (email)

PROJECT SITE INFORMATION

Address/Location:	Parcel #:
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PROPERTY OWNER

Business Name:	Contact Name		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		

APPLICANT (If different from property owner listed above)

Business Name:	Contact Name		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		

CONTRACTOR

Business Name:	Contact Name:		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		
WA State License # (Not UBI#):	Expiration Date:		
City of Kelso Business License # (Permit cannot be issued until one is obtained):	Expiration Date:		

DETAILED PROJECT DESCRIPTION

Building Type – Check all that apply: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		Total Project Valuation (Fair Market Value Labor + Materials):
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Building Type – Check all that apply: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		Total Project Valuation (Fair Market Value Labor + Materials):
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MECHANICAL PERMIT CHECKLIST

	Provided	Not Applicable
Scope of Work*	<input type="checkbox"/>	<input type="checkbox"/>
Site plan showing the location, type and size of all ductwork, dampers, hoods and equipment	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Detail Sheets	<input type="checkbox"/>	<input type="checkbox"/>

*Larger commercial projects may require a mechanical plan submittal and review. Plan review fees [70% IBC/65% IRC].

PROPERTY OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Signature:	Printed Name:	Date:
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Permit #:	Zoning:	RV:
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PERMIT INFORMATION – CHECK ALL THAT APPLY

ITEM	QTY	FEE	TOTAL
Permit Base Rate	1	\$ 28.00	
Supplemental Permit to Active Building Permit (modification to original permit application)		\$ 14.00	
EQUIPMENT			
<input type="checkbox"/> Furnace – forced air or gravity, (includes ducts and vents)		\$ 20.00	
<input type="checkbox"/> Boiler		\$ 20.00	
<input type="checkbox"/> Compressor and/or Absorption System (includes heat pumps)		\$ 20.00	
<input type="checkbox"/> Evaporative Coolers		\$ 20.00	
<input type="checkbox"/> Air Handler (Not part of an HVAC system)		\$ 20.00	
<input type="checkbox"/> Ventilation system (Not part of an HVAC system)		\$ 20.00	
<input type="checkbox"/> Fireplace insert, Gas fireplace		\$ 20.00	
<input type="checkbox"/> Incinerator		\$ 20.00	
<input type="checkbox"/> Fire damper, smoke damper or combination fire/smoke damper		\$ 20.00	
<input type="checkbox"/> Equipment regulated by the mechanical code but not specifically listed		\$ 20.00	
<input type="checkbox"/> Repairs or addition to each piece of equipment or system		\$ 18.00	
VENTS			
<input type="checkbox"/> Appliance vent (for a piece of equipment not requiring a mechanical permit)		\$ 10.00	
<input type="checkbox"/> Ventilation fan connected to a single vent		\$ 10.00	
PIPING SYSTEMS			
<input type="checkbox"/> Gas (1-4 ea.) <input type="checkbox"/> Hazardous Process (1-4 ea.) <input type="checkbox"/> Non-Hazardous Process (1-4 ea.)		\$ 7.00	
<input type="checkbox"/> For the installation of each outlet exceeding four		\$ 3.00	
FIXTURE TOTAL:			
OTHER INSPECTIONS AND FEES			
<input type="checkbox"/> Services beyond the scope of the initial permit (See Master Fee Schedule for fee explanation)		\$ 65.00	
<input type="checkbox"/> Investigation fee for work commenced prior to obtaining a permit		Double permit fee	
<input type="checkbox"/> Mechanical permit extension		50% original fee	
SUBTOTAL:		\$	
Building Permit Fees Calculated Separately			

PROPERTY OWNER OR AUTHORIZED AGENT		
I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.		
Signature:	Printed Name:	Date: