



# CITY OF BLAINE

## COMMUNITY DEVELOPMENT SERVICES

435 MARTIN STREET, SUITE 3000 • BLAINE, WA • 98230  
 PHONE: (360) 332-8311 • FAX: (360) 543-9978  
 www.cityofblaine.com

# Mechanical Permit Application

<b>FOR OFFICE USE ONLY</b>	
Plan Check	
Deposit \$ _____	
Receipt # _____	
STAMP IN DATE	

<b>Project Name/Tenant:</b>		<b>*Value of Construction:</b>	
<b>Site Address:</b>		<b>Tax Parcel Number:</b>	
<b>Contact Person:</b>		<b>Firm or Company Name:</b>	
<b>Address:</b>		<b>Telephone #:</b>	
<b>City:</b>	<b>State/Zip Code:</b>	<b>E-Mail Address:</b>	
<b>Contractor:</b>		<b>UBI#</b>	<b>Telephone #:</b>
<b>Address:</b>		<b>City / State / Zip:</b>	
<b>State Contractor's License #</b>	<b>Expiration Date:</b>	<b>City of Blaine Business License: Current: Yes No Expires:</b>	
<b>Property Owner:</b>		<b>Telephone #:</b>	
<b>Address:</b>		<b>Cell Phone #:</b>	
<b>City:</b>	<b>State/Zip Code:</b>	<b>E-Mail Address:</b>	

\* **Value of Construction** – The value of construction shall include the prevailing fair market value of all labor, materials & equipment, whether actually paid or not, as well as all finish work needed to complete the work. The Building Official shall make the final determination of the value of construction as specified in Section 108.3 of the International Building Code.

<b>TYPE OF WORK:</b>	Single-Family Residence	Commercial / Industrial	Change Out
	Multi-Family Residence	New	Alteration

<b>Residential Conditioned Floor Space:</b>	2000 sq. ft. or less	Over 2000 sq. ft.
<b>Multi-Family Conditioned Floor Space:</b>	Number of Dwelling Units 2000 sq. ft. or less	
	Number of Dwelling Units Over 2000 sq. ft.	

**MISCELLANEOUS:**

Furnace	Size	Packaged Units – HVAC	Size	Type 1 Exhaust Hood
Water Heater	Size	Air Handlers	Size	Type 2 Exhaust Hood
Range		Fan Coil Units		Fuel Gas Piping
Clothes Dryer		Unit Heaters	Size	# of Fuel Gas Outlets
Fireplace		Exhaust Fans	Size	Process Piping (length)
Air Conditioning	Size	Evap Cooler		Thermostats
Cooling Tower		VAV Boxes		Boilers <200,000 BTU
Restaurant Appliances		Supply Air (# of runs)		Boilers >200,000 BTU
Other Appliances		Return Air (# of runs)		Compressors <15 psi or 5 cf.
		Diffusers		Compressors >15 psi or 5 cf.

**DESCRIPTION OF WORK TO BE DONE** (include separate sheets as necessary):

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**Expiration of Plan Review** – Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section 105.3.2 of the International Building Code.

**ACKNOWLEDGEMENT**

By signing the application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application may result in an issued permit being null and void.

I, the applicant/owner, certify that this application is being made with the full knowledge and consent of all owners of the property in question. I also agree to provide access and right of entry to City of Blaine and its employees, representatives or agents for the sole purpose of application review and any required later inspections. This right of entry shall expire when the City (through the Director or designee) concludes the application has complied with all applicable laws and regulations. Access and right of entry to the applicant's property shall be requested and shall occur only during regular business hours.

\_\_\_\_\_  
(PROPERTY OWNER -**PRINT NAME**)

\_\_\_\_\_  
(DATE)

I hereby designate \_\_\_\_\_ to act as my agent in matters related to this application  
(LICENSED CONTRACTOR'S NAME-**PRINT NAME**)  
for permit(s.)

\_\_\_\_\_  
(PROPERTY OWNER/OWNER'S AGENT - **SIGNATURE**)

\_\_\_\_\_  
(DATE)