



**DEPARTMENT OF COMMUNITY & DEVELOPMENT SERVICES**

**Planning & Development Services Division**

625 Swift Blvd., Richland, WA 99352  
 Telephone 509-942-7794 Fax 509-942-7764  
 www.ci.richland.wa.us

**Over-the-Counter Mechanical/Plumbing Permit Application**

Please complete all appropriate fields and verify that all information is correct and current.

**Owner Info:**

Name:		
Address:		
City/State/Zip:		E-Mail:
Home: ( )	Work: ( )	Cell: ( )

**Project Property Info:**

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Address:	
Tax Parcel ID:	
Description of Project:	
Has the location of the equipment changed? If yes, please submit floor plan of new location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a conversion from electric to gas or a new gas line?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Equipment Type**

<input type="checkbox"/> Gas Furnace	Size: (BTU)	A/C Size: (tons)
<input type="checkbox"/> All Electric Heat/AC	Size: (kW)	A/C size: (tons)
<input type="checkbox"/> Heat Pump	Size: (tons)	Gas furnace size: (BTU)
<input type="checkbox"/> Heat Pump	Size: (tons)	Electric furnace size: (kW)
<input type="checkbox"/> Ductless Heat Pump	Size: (tons)	Size of head: (BTU)
<input type="checkbox"/> Water Heater	Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	Size: (BTU)

**Valuation of Project: \$**

**Lender Information – required for projects over \$5000 in valuation per RCW 19.27.095**

If a lender or bond company is not loaning monies on this project, please check here:

LENDING INSTITUTION:	Phone Number:
Address/City/State/Zip:	

**Contractor Info:**

Name:	City License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:			
City/State/Zip			
Phone: ( )	Fax: ( )		
Payment Method: <input type="checkbox"/> Credit Card on File		<input type="checkbox"/> Pay in office	
<b>Signature:</b>		<b>Date:</b>	