

CITY OF BUCKLEY

RESIDENTIAL MECHANICAL APPLICATION

NEW ADDITION TO OLD REPLACEMENT NEW PIPING

OWNER'S NAME _____ PHONE _____

OWNER'S MAILING ADDRESS _____ SITE ADDRESS _____

List existing building type on property: RESIDENTIAL APARTMENT COMMERCIAL

MECHANICAL CONT. _____ CONT. LICENSE# _____

ADDRESS _____ EXPIRES _____

CITY: STATE: ZIP: _____ BUILDER'S PHONE _____

PLEASE PROVIDE DRAWING ON 8 1/2 x 11" PAPER SHOWING BUILDING FLOOR PLAN & PROPOSED APPLIANCES TO BE INSTALLED & EXISTING GAS APPLIANCES. PROVIDE BTU RATING FOR ALL APPLIANCES & SHOW GAS PIPING SIZE & LENGTH FROM METER TO EACH APPLIANCE

TYPE OF HEAT: GAS ELEC. OTHER _____

I understand that applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and other data submitted for review may thereafter may be returned to the applicant or destroyed by the building official. Sec. 106.4.4 U.B.C

OWNER/AGENT _____ DATE _____

TO BE FILLED BY APPLICANT

SUBDIVISION _____	VALUATION.....\$ _____	
SCHOOL DISTRICT _____	BUILDING PERMIT FEE.....\$ _____	
LOT _____	PLAN CHECK FEE.....\$ _____	
LOT SIZE _____	KNOX BOX.....\$ _____	
SECTION _____ TOWN _____ RANGE _____	MECHANICAL.....\$ _____	
OCCUPANCY GROUP _____	PLUMBING.....\$ _____	
	STATE BUILDING CODE FEE.....\$ _____	
	ENERGY CODE FEE.....\$ _____	
	UTILITY'S, PARK & STREET FEES.....\$ _____	
	TOTAL FEES \$ _____	
TYPE OF CONSTRUCTION _____	PAYMENT DATE _____	PAYMENT \$ _____
		BALANCE DUE \$ _____

FOR OFFICIAL USE ONLY

BUILDING APPROVED	MISCELLANEOUS APPROVAL	PLANNING APPROVAL
CORRECTIONS REQUIRED _____	BLDG. SITE ELEVATION _____	ZONING _____
APPROVED AS REVISED _____	LOWEST FLOOR ELEV. _____	SEPA _____
APPROVED _____	SEPTIC/SEWER REQD. _____	SETBACKS FRONT _____
_____	WATER SYS. APP. _____	REAR _____
_____	SCHOOL DISTRICT _____	SIDE _____
		CORNER _____
		APPROVED _____