

OFFICIAL USE ONLYPERMIT FEES: **\$115.00**

DATE RECEIVED:

DATE ISSUED: _____

ISSUED BY: _____



230 2nd Street, Raymond, Washington 98577
 360.942.4100, www.cityofraymond.com

MECHANICAL PERMIT APPLICATION**PROPERTY OWNER INFORMATION** Contact Person

Name:	
Mailing Address:	
City/State/Zip:	
Phone:	Phone:
Email:	

DESCRIPTION OF WORK **APPLICANT INFORMATION** Contact Person

Name:	
Mailing Address:	
City/State/Zip:	
Phone:	Phone:
Email:	
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	

CONTRACTOR INFORMATION Contact Person

Name:	Project Value:
Address:	
City/State/Zip:	
Phone:	Phone:
Email:	WA ST License #:

JOB SITE INFORMATION AND LOCATION

Job Site Address:	Tax Parcel ID No.:
Legal Description:	Township/Range/Section / /
Directions to site:	

Legal Description and Tax Parcel Number can be found on your tax statement, the Pacific County web site address listed above or by calling the Assessor's office at 360-642-9301 or 360-875-9301. **Applications cannot be processed without this information.**

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. *I have read and examined this Mechanical Permit Application.*
2. *The information provided in this application contains no misstatement of fact.*
3. *I am the owner(s), or the authorized agent(s) of the owner(s) of the property which is the subject of this development application.*
4. *I am currently a licensed general contractor or specialty contractor under Chapter 18.27 RCW.*

Authorized Signature:	
Print Name	Date: