



City of Seattle

Department of Construction and Inspections

700 Fifth Ave, Suite 2000, P.O. Box 34019, Seattle, WA 98124-4019

Phone: (206) 684-8464 or (206) 386-40TC Website: www.seattle.gov/sdci

Permit Counter Email: otcpermits@seattle.gov

ASC Hours: M / W / F 8:00-4:00 & Tu / Th 10:30-4:00

PERMIT APPLICATION

Refrigeration

Work Site Address: _____ Zip: _____

Work Activity Location (floor#, apt#, suite#, etc.): _____

Occupancy: Single Family Multi-Family Commercial Institutional Industrial

Description of Work: _____

WORK SITE OWNER/TENANT INFORMATION	*CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: _____ Address: _____ Unit/Suite No.: _____ City & State: _____ Zip: _____	SDCI's Seattle Refrigeration Contractor License #: _____ City of Seattle Bus Lic#: _____ Company Name: _____ Phone: _____ Address: _____ Suite No.: _____ City & State: _____ Zip: _____

NOTE: All components external to the building must comply with Seattle Noise Ordinances SMC 25.08.410 and 25.08.420; reference information at: www.seattle.gov/sdci

NEW INSTALLATIONS:

Compressor Type	Quantity
0 to 5 Horsepower	
6 to 25 Horsepower	
26 to 100 Horsepower	
101 to 500 Horsepower	
Over 500 Horsepower	

NOTE: Per section 122 of the IMC; Systems over 50 H/P require a City of Seattle Refrigeration Operating Permit when applicable.

ALTERATIONS OR REPAIRS: Value of Work: \$ _____

TEMPORARY USE: Number of Temporary Installations: _____
 Dates of Use: From: _____ To: _____

***NOTE: To obtain a permit for work on a refrigeration systems; the applicant must also provide the Refrigeration Company & Journeyman contractor's license numbers which are issued by the City of Seattle, SDCI.**

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____ Date of Application: _____
Contractor or Owner (or Authorized Agent)

PAYMENT & MAILING INSTRUCTIONS:

Mail checks w/ application to: City of Seattle SDCI, Attn: OTC
 700 5th Ave #2000, P.O. Box 34019, Seattle, WA 98124-1234

Charge my escrow (ADA) account

Mail Permit Hold Permit for Pick-Up at OTC

Call for a credit card; contact name: _____

Email Permit to: _____

SDCI USE ONLY:

Permit #: _____

Permit Fee: _____