



Applicant Services Center/Permit Issuance Counter
 700 Fifth Ave, Suite 2000, P.O. Box 34019 Seattle, WA 98124-4019
 Website: www.seattle.gov/sdci

**PERMIT
 APPLICATION / CHECKLIST**



Commercial and Multifamily Residential

APPLICATION

WORKSITE ADDRESS: _____ **Zip Code:** _____

Tenant Name: _____ Floor(s): _____ Suite/Location: _____

PROJECT DESCRIPTION (see STFI Mechanical Permit Checklist): _____

PROJECT VALUE: _____ **WILL PROJECT BE COMPLETED IN STAGES?** YES _____ NO _____

Legal Description (if legal is too long, attach it to this form): _____

Owner/Lessee _____ Assessor's Parcel Number _____

Contact Person _____ Phone _____

Mailing Address _____ City _____ Zip _____

I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT

Applicant's Signature: _____ Date: _____

Applicant's Name (PLEASE PRINT): _____

Relationship to Project (CHECK ONE): Owner Lessee Owner's Agent Contractor

Agent Statement: I certify that I am authorized by the owner/lessee to act on their behalf for the purpose of obtaining this permit.

Agent's Signature: _____

If a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of application or send a notarized copy with this application if submitted by mail.

Contractor's Name _____ Phone # _____

License # _____ Exp Date _____

THIS SECTION TO BE FILLED IN BY SEATTLE DCI STAFF

SDCI PTS ADDRESS: _____ SDCI Building ID # _____

Zone _____ ECA/ESA _____ Shoreline _____ Historical _____ Greenbelt _____

Project # _____ Permit # _____ Staff initial _____ Date _____

Permit Fee _____ Receipt # _____

CHECKLIST

Property Address: _____
Project#: _____ Permit #: _____

I understand that I am responsible for knowledge of and compliance with all applicable codes. I further understand and acknowledge, that my permit will be issued without a plan review. An inspection(s) is required to verify compliance of the applicable codes. Changes, if required by the inspector, will be made to achieve compliance of applicable codes. I have reviewed the information below and attest to its accuracy with respect to my project. I understand and acknowledge that my permit may be revoked and a complete plan review and approval may be required if the inspector determines the provided information is incomplete or inaccurate.

I also agree to have floor plans/sketches detailing the work on site for the inspector. These plans/sketches must clearly identify the scope of all work covered by this permit and all pertinent information (including equipment size and efficiency, duct size and type, and CFM delivered at each duct location). I understand that if I fail to provide acceptable plans/sketches on site, I may be charged a re-inspection fee or my permit may be revoked and all work stopped.

Signature: _____

This STFI Mechanical COMMERCIAL project includes the following:

- | YES | NO | |
|----------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Ductwork revisions and additions to existing duct systems. Includes registers, diffusers, grille vents, and up to 2 VAV boxes (fan boxes/VAV boxes without new strip heat). |
| <input type="checkbox"/> | <input type="checkbox"/> | Replacement of equipment in kind, e.g., same fuel type, maximum total of 4 ton/48,000 BTU, weighing less than 400 lbs., within the building interior. NOTE: Replacement in kind of exterior units is only allowed using existing penetrations. |
| <input type="checkbox"/> * | <input type="checkbox"/> | New cooling-only units located within the building interior and serving only computer, printing, and refrigeration rooms. Equipment is limited to 4 tons/48,000 BTU total and a maximum equipment weight of 400 lbs. Qualifying work is limited to installation of one unit only for each computer/equipment room per application. Heat pumps and units with heating capacity are not allowed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Replacement in kind of unit heaters. |
| <input type="checkbox"/> | <input type="checkbox"/> | Installation of bathroom exhaust fans on existing commercial systems. |
| <input type="checkbox"/> | <input type="checkbox"/> | All work values are less than \$15,000 |

This STFI Mechanical MULTIFAMILY project includes the following:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Residential bathroom, kitchen, dryer, laundry room or closet exhaust fans (for type III, IV, or V structures with individual unit venting systems). Each exhaust must terminate at the exterior wall of structure. (Project value may exceed \$15,000.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Furnaces and heat pumps in a building that does not have more than four units with systems completely contained within unit. A separate permit is required for each unit. |

PLEASE NOTE: If the answer is "yes" to any COMMERCIAL questions below, your project WILL REQUIRE PLAN REVIEW and does NOT qualify for this type of permit.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there work on more than two adjacent floors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a Change of Use as defined by the Land Use Code? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there work in a hospital, clinic, or medical lab? (medical offices classified as Group B occupancies are OK) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there new heating equipment or heating capacity? (If so, heat pumps and units with heating capacity require plan review) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there fire dampers or stair/elevator pressurization fans? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there commercial kitchen hoods? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there penetrations through Tenant/Occupancy separation walls? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there exterior wall or roof penetrations other than piping penetrations for equipment? _____ |

*** IMPORTANT:** If the "yes" box on "new cooling unit" line is checked, you must contact Mechanical Inspection at (206) 684-8900 prior to start of work.