



Development Services

Permit Processing (425) 452-6800

Application for

PLUMBING, MECHANICAL or ELECTRICAL

APPLICATION DATE	TECH INITIALS	PLAN REVIEW WAIVED BY:	LAND USE REVIEW (In a Design District or located on a roof top) YES _____ NO _____	PERMIT #
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JOB INFORMATION: (If this is a commercial Change of Use, a building permit will be required -- see a Land Use Planner)

Job Address _____ Property Owner _____

Project Name (if applicable) _____ Suite/Floor # _____

Value of the Work (fair market value of labor & materials) _____ Current Building Permit # _____

CONTRACTOR INFORMATION:

Contractor _____ Phone () _____

Address _____ City, State, Zip _____

Contractor's State License # _____ Contractor's Bellevue Business License # _____
(Plumbing Journeyman's License #) Required: please call the Tax Office at (425) 452-6851

Contact Person _____ Phone () _____ Fax () _____

DESCRIPTION OF PLUMBING WORK: (indicate number of fixtures) see reverse side for plan review requirements

<input type="checkbox"/> Bath Tub	<input type="checkbox"/> Hose bib	<input type="checkbox"/> Oil/Water Interceptor	<input type="checkbox"/> Urinal
<input type="checkbox"/> Building Drain/Extension	<input type="checkbox"/> Icemaker	<input type="checkbox"/> Pool/ Spa Drains	<input type="checkbox"/> Wash Basin
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Indirect Drain	<input type="checkbox"/> Roof Drain & Overflow	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Drains	<input type="checkbox"/> Interior Footing Drain	<input type="checkbox"/> Shower	<input type="checkbox"/> Miscellaneous (please print): _____
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Laundry Tub/Washer	<input type="checkbox"/> Sink	_____
<input type="checkbox"/> Floor Drain/Floor Sink	<input type="checkbox"/> Medical Gas Outlets	<input type="checkbox"/> Sump	_____
<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Medical Gas Systems	<input type="checkbox"/> Toilet	_____

Total # of Fixtures Listed Above _____

Backflow Preventor (Size of Pipe: _____ Inches) Water Service (Size of Pipe: _____ Inches)

DESCRIPTION OF MECHANICAL WORK: (indicate number of appliances) see reverse side for plan review requirements

<input type="checkbox"/> A/C	<input type="checkbox"/> Gas BBQ	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Radiant Boiler
<input type="checkbox"/> Appliance Vents	<input type="checkbox"/> Gas Cook Top	<input type="checkbox"/> Heater, Floor-mounted Unit	<input type="checkbox"/> Radiant Heat
<input type="checkbox"/> Bath Fan	<input type="checkbox"/> Gas Dryer	<input type="checkbox"/> Heater, Walls	<input type="checkbox"/> Refrigeration Equipment
<input type="checkbox"/> Ductwork only/Heat Ducts	<input type="checkbox"/> Gas Log	<input type="checkbox"/> HVAC Complete System	<input type="checkbox"/> Residential Kitchen Fan
<input type="checkbox"/> Fireplace Inserts	<input type="checkbox"/> Gas Log Lighters	<input type="checkbox"/> HVAC/Add & Relocate grilles, diffusers, toilet fans.	<input type="checkbox"/> Rooftop Units/Outside Units
<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Gas Piping/Stubs	<input type="checkbox"/> Kitchen Exhaust Hood	<input type="checkbox"/> Whole House Fan
<input type="checkbox"/> Fuel Storage Tank/Dispensers	<input type="checkbox"/> Gas Stove	<input type="checkbox"/> (type: _____)	<input type="checkbox"/> Wood Stove
<input type="checkbox"/> Furnace (< = 100,000 BTU's)	<input type="checkbox"/> Gas Water Heater	<input type="checkbox"/> Laundry Fan	<input type="checkbox"/> Miscellaneous (please print): _____
<input type="checkbox"/> Furnace (> 100,000 BTU's)	<input type="checkbox"/> New <input type="checkbox"/> Replacement		_____

DESCRIPTION OF ELECTRICAL WORK: see reverse side for plan review requirements Square Footage _____ Wiring Method _____

<input type="checkbox"/> Addition of _____ amps	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Telecommunications/Data Cabling
<input type="checkbox"/> Addition of _____ circuits	<input type="checkbox"/> New Building (service size _____ amps)	<input type="checkbox"/> Temporary Power (amps = _____)
<input type="checkbox"/> Feeder (_____ amps)	<input type="checkbox"/> Pool/Spa/Hot Tub	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Illuminated Sign (_____ Existing -or- _____ New)	<input type="checkbox"/> Service Change (service size _____ amps)	

Describe the work: _____

10/11/2007

I UNDERSTAND THIS APPLICATION WILL EXPIRE IF NOT USED WITHIN 365 DAYS. (BCC 23.05.160)

I hereby certify I am the owner (or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand failure to comply may result in revocation of any permit from this application.

Signature _____ Date _____

PLAN REVIEW REQUIREMENTS FOR PLUMBING, MECHANICAL & ELECTRICAL APPLICATIONS

	PLUMBING	MECHANICAL	ELECTRICAL
Plans are required for:	<ul style="list-style-type: none"> ·New commercial building ·New multi-family projects (over 3 units) ·Roof drains/overflow systems ·Tenant improvements involving medical gas piping, commercial kitchens or deli installations (King County Health Dept approval required for restaurants/food prep) ·Oil/water separator or grease interceptor installation ·Sumps (Residential sump pumps need prior approval but not plan review) ·Underslab footing drains within the building ·All types of laboratories 	<ul style="list-style-type: none"> ·New commercial building ·New multi-family projects (over 2 units) ·Relocation/addition of >10 diffusers/grilles ·Commercial gas piping involving >2 stubouts ·Any ductwork penetration of fire-rated walls or ceilings ·All commercial equipment: complete HVAC systems, a/c units, heat pumps, rooftop units, fans, hood, boilers, furnaces, refrigeration, etc. ·Any work in a building that has a "Smoke Control System" ·Exterior work in a Design District ·Rooftop installations: screening required. 	<ul style="list-style-type: none"> ·New commercial building ·New multi-family projects (over 2 units) ·Installations or alterations over 2500 square feet ·Existing commercial service alterations, subpanels, transformers, feeders, or hazardous locations as defined by NEC ·Increase in load of 100 amps or more ·Any installation or alteration in a space with Health Care, Educational & Institutional occupancy categories
How many copies of plans?	2 copies of the following: Plan View with a Riser Diagram or an Isometric	2 copies	2 copies
What needs to be on the plans?	<ul style="list-style-type: none"> ·Pipe size & fixture units for sanitary and potable water systems ·Location & type of proposed fixtures ·Riser diagram with waste, vent, and potable water piping locations & sizes ·Medical gas piping: show type of gas, bottle storage room alarm, zone valve, backup power supply for alarm, size of piping ·Sumps: elevation of finish floor and of sanitary sewer. ·Detail of drains/cleanouts and design in accordance with GeoTech Engineer recommendations for under-slab footing drains ·Pipe size and square footage of roof area for roof drains/overflows 	<ul style="list-style-type: none"> ·Reflected ceiling plans (show and identify ductwork, equipment, piping, supply diffusers, return air grilles, fire dampers) ·Roof plan (show equipment, ductwork, vents, roof access, equipment screening) ·Building cross section (show equipment, ductwork, associated items) ·List of equipment ·Equipment screening ·Energy equipment sizing calculations ·Building Elevation demonstrating the equipment screening method for: <ol style="list-style-type: none"> a. All roof top units, or b. Exterior work in a Design District 	<ul style="list-style-type: none"> · See Electrical Plan Guide/Checklist
Who can answer code or plan review questions?	Mark Tullis (425) 452-4566	Ernesto Nepomuceno (425) 452-4576	Bob Johnston (425) 452-4574
	Fred Volkers (425) 452-7243	Land Use/Permit Center (425) 452-2188 <small>(rooftop equipment screening or exterior work in a Design District)</small>	Bruce Schneller (425) 452-4569 (206) 310- 5898 (cell)