



CITY OF ALGONA
200 WASHINGTON BLVD
ALGONA, WA 98001
Ph 253.833.2897

Application expires 180 days after date of issue.

PLEASE PRINT

MECHANICAL PERMIT APPLICATION

Project Name: _____

Describe work: _____

Is there a building permit for any construction? ☐ Yes

Date of application _____

Project Address: _____

Building Type: _____

☐ No If so, permit # _____

| Building/Property Owner | | |
|-------------------------|------------|------------|
| Name: _____ | | |
| Contact Person: _____ | | |
| Address: _____ | | |
| City: _____ | St: _____ | Zip: _____ |
| Phone: _____ | Fax: _____ | |

| Contractor | | |
|-----------------------|------------|------------|
| Company Name: _____ | | |
| Contact Person: _____ | | |
| Address: _____ | | |
| City: _____ | St: _____ | Zip: _____ |
| Phone: _____ | Fax: _____ | |

PLEASE INDICATE THE NUMBER OF NEW, RELOCATED, OR REPAIRED FIXTURE(S)

| | |
|-----|------------------------------------|
| ___ | FURNACE (BTU'S) _____ |
| ___ | GAS OUTLETS _____ |
| ___ | GAS VENTS _____ |
| ___ | GAS FIREPLACE _____ |
| ___ | SOLID FUEL BURNING APPLIANCE _____ |

| | |
|-----|--------------------------------|
| ___ | BOILER _____ HP |
| ___ | FIRE EXTINGUISHER SYSTEM _____ |
| ___ | AIR CONDITIONING _____ TONS |
| ___ | OTHER: _____ |
| ___ | OTHER: _____ |

I certify that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. I am either the owner of the property described on this permit application the contractor responsible for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge and/or consent.

Print name of Applicant

Signature of Applicant

OFFICE USE ONLY

Permit issued by: _____

Date of approval: _____

Receipt No. _____ Date Paid: _____ Check No. _____