



The City of Newcastle
 13020 Newcastle Way
 Newcastle, WA 98059-3030
 Tel: 425.649.4444
 Fax: 425.649.4363

Date Received

MECHANICAL & PLUMBING PERMIT APPLICATION

Permit #

1. **Job Address** _____

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

Assessor's Parcel _____

2. **Property Owner** _____ Phone # (_____) _____

3. **Contractor** _____ Phone # (_____) _____

Address _____ City _____ St _____ Zip _____

State License # _____ Newcastle Business License # _____

4. **Contact Person** _____ Phone # (_____) _____

E-mail Address _____ Fax # _____

Description of Mechanical Work: indicate number of appliances. See reverse side for plan review requirements.

<input type="checkbox"/> A/C	<input type="checkbox"/> Furnace (<= 100,000 BTU's)	<input type="checkbox"/> Gas Piping
<input type="checkbox"/> Appliance Vent	<input type="checkbox"/> Furnace (>100,000 BTU's)	<input type="checkbox"/> Heat Pump
<input type="checkbox"/> Cooktop	<input type="checkbox"/> Gas BBQ	<input type="checkbox"/> HVAC Complete System
<input type="checkbox"/> Dryer	<input type="checkbox"/> Gas Cooktop	<input type="checkbox"/> Kitchen Exhaust Hood
<input type="checkbox"/> Earthquake Valve	<input type="checkbox"/> Gas Generator	<input type="checkbox"/> Radiant Heat
<input type="checkbox"/> Exhaust Fan	<input type="checkbox"/> Gas Water Heater	<input type="checkbox"/> Refrigeration Equipment
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Gas Log	<input type="checkbox"/> Rooftop Unit
<input type="checkbox"/> Other _____		

Description of Plumbing Work: indicate number of fixtures. See reverse side for plan review requirements.

<input type="checkbox"/> Backflow Preventor	<input type="checkbox"/> Hose Bib	<input type="checkbox"/> Sink
<input type="checkbox"/> Bath Tub	<input type="checkbox"/> Laundry Drain	<input type="checkbox"/> Sump
<input type="checkbox"/> Building Drain/Extension	<input type="checkbox"/> Lavatories	<input type="checkbox"/> Urinal
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Medical Gas Outlets	<input type="checkbox"/> Water Closet
<input type="checkbox"/> Drains	<input type="checkbox"/> Medical Gas Systems	<input type="checkbox"/> Other _____
<input type="checkbox"/> Electric Water Heater	<input type="checkbox"/> Roof Drain & Overflow	_____
<input type="checkbox"/> Floor Drain/Floor Sink	<input type="checkbox"/> Shower	_____

Applications for which no permit is issued within 180 days following date of application shall expire (IBC/IRC 105.3.2)
All permits shall expire after two years from the date of issuance (NMC 15.10.012)

I hereby certify that I am the owner or owner's authorized agent of this property. If acting as an agent, I further certify that I am authorized, by the owner, to act as the agent regarding the property at the above referenced address for the purpose of filing applications for decisions, permits or review.

Signature _____ Date _____
 Owner or Owner's Agent

Note on reporting sales tax: if work is performed or materials are received within Newcastle city limits, use the location code 1736 when completing the State Excise Tax Return form.

PLAN REVIEW REQUIREMENTS FOR MECHANICAL AND PLUMBING APPLICATIONS

MECHANICAL	PLUMBING
Mechanical plans (2 copies) are required for:	Plumbing plans (2 copies) are required for:
<ul style="list-style-type: none"> • New commercial buildings • New multi-family projects (over two units) • Any ductwork penetration of fire-rated walls or ceilings • Any work in a building that has a "Smoke Control System" • All commercial equipment: complete HVAC systems a/c units, heat pumps, rooftop units, fans, hood, boilers, furnaces, refrigeration etc. 	<ul style="list-style-type: none"> • New commercial buildings • New multi-family projects (over two units) • Roof drains/overflow systems • Tenant Improvements involving medical gas piping, commercial kitchens or deli installations (King County Health Department approval required for restaurants/food preparation) • Oil/water separator or grease interceptor installation • Sumps (residential sumps pumps need prior approval but not plan review) • Underslab footing drains within the building • All types of laboratories
<p>What needs to be on the mechanical plans?</p> <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 screen method for all rooftop units 	<p>What needs to be on the plumbing plans?</p> <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 sanitary sewer • Detail of drains/cleanouts and design in accordance with Geo Tech Engineer recommendations for underslab footing • Pipe size and square footage of roof area for roof drains/overflows