



## Community Development Department Residential Mechanical Permit Application

PO Box 777 • 323 N.E. First Street  
Winlock, WA 98596-0777  
360.785.3811 • fax 360.785.4378  
[winplan@cityofwinlock.com](mailto:winplan@cityofwinlock.com)

**Inspections:** a maximum of two (2) inspections are provided per permit, additional inspections will be subject to trip fee assessment.

PROPERTY INFORMATION	
Address:	
<input type="checkbox"/> Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Accessory Building <input type="checkbox"/> Commercial	
PROJECT INFORMATION	
Project Name:	Valuation: \$
DESCRIPTION OF WORK	

EQUIPMENT			
<input type="checkbox"/> New Unit <input type="checkbox"/> Replace Unit <input type="checkbox"/> Alteration			
Existing Weight	New Weight	Installation Location	Required to <b>weigh less than existing</b> or <b>not to increase more than 5%</b> If adding equipment that weighs <b>more than 400 pounds</b> provide engineering or original design documents showing that the equipment weights were accounted for in the area of proposed placement
HEATING AND COOLING		OTHER FUEL APPLIANCES	
<input type="checkbox"/> A/C or Heat Pump	<input type="checkbox"/> Duct Work	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Wood/Pellet Stove
<input type="checkbox"/> Furnace <100,000 BTUS	<input type="checkbox"/> Hydronic Hot Water System	<input type="checkbox"/> Gas Fireplace	<input type="checkbox"/> Wood Fireplace/Insert
<input type="checkbox"/> Furnace >1000,000	<input type="checkbox"/> Unit Heater	<input type="checkbox"/> Flue Vent Water Heater or Gas Fireplace	<input type="checkbox"/> Chimney/Liner/Flue/Vent
<input type="checkbox"/> Gas Heat Pump	<input type="checkbox"/> Flue or Vent	<input type="checkbox"/> Log Lighter (gas)	

EXHAUST AND VENTILATION		FUEL PIPING	
<input type="checkbox"/> Range Hood or Kitchen Equipment	<input type="checkbox"/> Single Duct Exhaust	<input type="checkbox"/> Fuel Piping: 1-4 outlets	
<input type="checkbox"/> Clothes Dryer Exhaust	<input type="checkbox"/> Attic/Crawl Space Fan	<input type="checkbox"/> Fuel Piping: 5+ outlets (each)	

CONTRACTOR		PROPERTY OWNER	
Business Name:		Name:	
WA State License #:		Address:	
Address:		City/St/Zip:	
City/St/Zip:		Email:	
Email:		Phone:	
Phone:			

A completed application with required documents and any required information must be submitted to obtain a permit. Incomplete applications and/or application fees not paid will result in the rejection of the application and plan review will not begin. It is the responsibility of the applicant/property owner to comply with all private conditions, covenants and restrictions associated with this property. By signing below, I/we agree that the City of Winlock staff has my/our full permission to enter upon the subject property at any reasonable time to consider the merits of the application, take photographs and post public notices.

\_\_\_\_\_  
Applicant/Property Owner Signature

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY					
Date Rec.		Received By:		Approval Date	
Fee Amount	\$	Rct #:		Approved By:	
Notes/Comments:					