



# City of Puyallup

## Application for Mechanical Permit

**Building Division**  
**333 S. Meridian**  
**Puyallup, WA 98371**  
**Tel: (253) 864-4165 Fax: (253) 840-6678**  
**permitcenter@ci.puyallup.wa.us**

Parcel #: 7600200051	Site Address: 000 2nd Street NE
Owner: 2nd St LLC, Don Huber	Owner Phone #: 253-564-6069
Owner Address: P.O. Box 64160	City: Tacoma Zip: 98464
Contractor Name:	Contractor Phone #:
Contractor Address:	City: Zip:
WA License #:	Exp. Date: City Business License #:
Contact Name: Rhene Johns	Email Address: rhene@jgarch.net
Contact Phone #: 253-581-6000	Fax #:

**MINIMUM SUBMITTAL REQUIREMENTS FOR COMMERCIAL PROJECTS:**  ONE SIGNED APPLICATION  TWO SETS OF MECHANICAL DETAIL DRAWINGS  TWO COPIES OF SITE PLAN IF MECHANICAL DEVICES ARE LOCATED OUTSIDE OF BUILDING  PLAN REVIEW FEE REQUIRED AT TIME OF SUBMITTAL.  ENGINEERING PLANS AND OR CALCULATIONS MUST BE PROVIDED WITH ORIGINAL STAMP/SIGNATURE.  EQUIPMENT SCHEDULE REQUIRED ON ALL PLANS.  EXTERIOR BUILDING ELEVATIONS AND SCREENING DETAILS PER PLANNING REQUIREMENTS

**PROJECT DESCRIPTION:** Apartment building with parking below containing 29 units


Quantity Scheduled	Description	Permit Rate Per Unit	Total Price
<b>1</b>	<b>Permit Issuance</b>	<b>40.00</b>	<b>40.00</b>
	Supplemental Permit	9.60	
	AC Unit – Stand alone	19.55	
	Install Furnace / Burner up to 100,000 BTU	19.55	
	Install Furnace / Burner over 100,000 BTU	24.00	
	Install / Relocate Floor Furnace & Vent	19.55	
	Install / Relocate Recessed Wall Space Heater	19.55	
29	Appliance Vent – Separate	9.60	278.40
	Repair Heating / Cooling Unit	18.11	
1	Heat Pump / Boiler / Compress 3 HP; up to 6 Tons; 100,000 BTU	19.55	19.55
	Heat Pump / Boiler / Compress 3-15 HP or 500,000 BTU	35.95	
	Heat Pump / Boiler / Compress 15-30 HP or 1,000,000 BTU	49.28	
	Heat Pump / Boiler / Compress 30-50 HP or 1,750,000 BTU	73.30	
	Heat Pump / Boiler / Compress over 50 HP or over 1,750,000 BTU	122.48	
	Separate Air Handling Unit to 10,000 CFM	14.10	
	Separate Air Handling Unit over 10,000 CFM	23.92	
	Stationary Evaporative Cooler	14.10	
40	Exhaust Vent Fan with Single Duct (Bath Fan)	14.10	564.00
29	Vent System Apart from Heating or AC	14.10	408.90
29	Mechanical Exhaust Hood / Duct (Range Hood) - Residential	14.10	408.90
	Mechanical Exhaust Hood w/Make-up Air - Commercial	35.95	
	Commercial / Industrial Incinerator	24.00	
	Gas Piping: (1 - 4 outlets)	6.30	
	(5 or more outlets / per outlet)	1.30	
	Unclassified Appliance or Equipment (Fireplace, etc)	14.10	
11+	Mechanical Duct Work: (1 – 5 Diffusers)	14.10	
	(6 – 10 Diffusers)	19.55	
	(11 or more Diffusers)	24.00	
<b>TOTAL:</b>			<b>1,318.80</b>

**CONTRACTORS AFFIDAVIT: I HEREBY MAKE APPLICATION FOR A MECHANICAL PERMIT AND CERTIFY THAT OUR BUSINESS IS REGISTERED AS A CONTRACTOR WITH THE STATE OF WASHINGTON AND THAT ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL CODES AND ORDINANCES OF THE CITY OF PUYALLUP.**

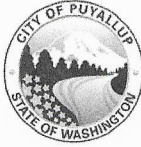
**I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.**

**BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. I ALSO CERTIFY THAT IF I DO CHOOSE TO HIRE A CONTRACTOR (GENERAL OR SUBCONTRACTOR) I WILL ONLY HIRE THOSE CONTRACTORS THAT ARE LICENSED BY THE STATE OF WASHINGTON.**

  
 SIGNATURE OWNER / AUTHORIZED AGENT

  
 PRINT NAME

DATE: 3 / 23 / 22



# City of Puyallup Application for Plumbing Permit

**Building Division**  
333 S. Meridian  
Puyallup, WA 98371  
Tel: (253) 864-4165 Fax: (253) 840-6678  
permitcenter@ci.puyallup.wa.us

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Contractor Name:	Contractor Phone #:
Contractor Address:	City: Zip:
WA State License #:	Exp. Date: City Business License #:
Contact Person: Rhene Johns	Contact Email: rhene@jgarch.net
Contact Phone #: 253-581-6000	Fax #:

**MINIMUM SUBMITTAL REQUIREMENTS FOR COMMERCIAL PROJECTS:**  ONE SIGNED APPLICATION  TWO SETS OF PLUMBING DETAIL DRAWINGS (FIXTURE LAYOUT AND ISOMETRIC) WITH FIXTURE UNITS AND SIZES AS REQUIRED  PLAN REVIEW FEE REQUIRED AT TIME OF SUBMITTAL  EQUIPMENT SCHEDULE REQUIRED ON ALL PLANS  **PLUMBING FIXTURE WORKSHEET**

A water availability/approval letter shall be submitted with this application for any property located outside the city's water service area. To confirm your water service area, please contact Engineering Services at (253) 841-5577. Fruitland Mutual Water (253) 848-5519 - Valley Water (253) 841-9698 - Tacoma Water (253) 502-8600

**PROJECT DESCRIPTION:** \_\_\_\_\_

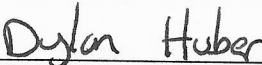
Quantity Scheduled	Description	Rate Per Unit	Total	Quantity Scheduled	Description	Rate Per Unit	Total
1	Permit Issuance	40.00	40.00		<b>GREASE TRAP/INTERCEPTOR</b>		
	<b>RESIDENTIAL (1 &amp; 2 DWELLINGS)</b>				Grease Trap	13.00	
	1 Bathroom	160.00			Grease Interceptor	13.00	
	2 Bathroom	200.00			<b>BACK FLOW DEVICE</b>		
	3 Bathroom	240.00			Per Unit	26.00	
	Alterations <b>each fixture</b>	13.00			<b>MEDICAL GAS SYSTEM</b>		
	Water Heater	13.00			Medical Gas Piping System	80.00	
	<b>***COMMERCIAL***</b>				Surgical Vacuum System	80.00	
	New Const. <b>each fixture</b>	13.00			Gas Piping: (1 - 4 outlets)	8.50	
	Alterations <b>each fixture</b>	13.00			(5 or more outlets/per outlet)	2.00	
	Drinking Fountain, Water Cooler, Ice Machine	40.25			Dental Chair or Unit	40.25	
	Sump, Sewage Ejector Pump	13.00			<b>OTHER (NOT LISTED)</b>		
	Garbage Disposal	13.00					
	Water Heater	13.00					
	<b>SUB-TOTAL:</b>				<b>SUB-TOTAL:</b>		
					<b>TOTAL:</b>		

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SIGNATURE OWNER / AUTHORIZED AGENT

  
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DATE: 3/23/22