



SUPPLEMENTAL APPLICATION MECHANICAL AND PLUMBING COMMERCIAL

The following four mechanical fixtures qualify for an over the counter permit, please check all that apply:

Quantity	Item(s)
	Mini Split System
	Rooftop Package Unit Replacement "like for like"
	Conventional Split System (Heat Pump)
	New Rooftop unit with Engineering Plans

Do you have an active permit related to this project? YES NO Related Permit #: _____

Projects with an active related permit may not qualify for over the counter processing.

For additional mechanical and plumbing fixtures go to section 4 and 5 for the items that require permit review.

✓	Required Submittal Items	Number
<input type="checkbox"/>	Supplemental Application for Commercial Mechanical And Plumbing	1 copy
<input type="checkbox"/>	Detailed Scope of Work	1 copy
<input type="checkbox"/>	Construction plans/Floor Plans <ul style="list-style-type: none"> <input type="checkbox"/> 1 set printed at full size. The full size set is a set printed out at industry standard scale of a clearly legible size. <input type="checkbox"/> For example: a 24"x36" or 18"x24" with floor plans, elevations, and sections at not less than 1/8" = 1' scale <input type="checkbox"/> Plans that contain an Architect's or Engineer's professional seal(s) should have the original signature or "wet stamp" on at least. The full size set can have a copy. <p>*Electronic documents are submitted on either USB drive or disc.</p>	<p>2 Paper sets (Both to Scale)</p> <p>Plus 1 *electronic copy (required)</p>
<input type="checkbox"/>	Specification/Cut Sheets, if applicable If the specification/cut sheets are not submitted, they must be on-site at time of inspection.	1 copy



Section 1 – General Information

Assessor Tax Parcel Number(s): _____ Site Address: _____

Section 2 – Applicant/Property Owner Information

The authorized agent/representative is the primary contact for all project-related questions and correspondence. The County will email requests and information about the application to the authorized agent/representative and will 'copy' (Cc) the owner noted below. The authorized agent/representative is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent/representative and owner to ensure their mailbox accepts County email (i.e., County email is not blocked or sent to "junk mail").

Property Owner

Name: _____ Email Address: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Tenant/Business Name & Business Owner:

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

I affirm, under penalty of perjury, that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner or authorized agent of the subject site. I grant permission to any and all employees and representative of the County of Kitsap and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I understand, in accordance with Community Development fee policies, the base fee is determined by an average processing time. If staff hours required to process the permit exceeds the base fee, additional charges may be incurred, and I agree to pay all fees of the County that apply to this application. I understand, refunds may also be issued for those permits that require less processing time.

Print Name Signature Date

Section 3 – Permit Fee

1. Enter quantity of fixtures in the table below
2. Determine cost of fixtures
2. Determine cost of installation
3. Add cost of fixtures and installation to enter Project Valuation. Please enter a separate valuation for mechanical work and plumbing work.

Mechanical Project Valuation: \$ _____ Plumbing Project Valuation: \$ _____



Section 4– Mechanical Fixture Information

Contractor Name: _____

Phone: _____

License No: _____

Exp. Date: _____

Primary Fuel Source:

Electric

Oil

Natural Gas

Propane*

Quantity	Fixture Type
	Air Handling Unit < 10,000 CFM
	Air Handling Unit > 10,000 CFM
	Class 1 Hood and Duct System
	Class 2 Hood and Duct System
	Compressor
	Duct Change without new Furnace
	Fan – Bath and/or Exhaust
	Furnace & Ducting
	Furnace and Ducting Greater than 100k BTU
	Gas Outlets

Quantity	Fixture Type
	Gas Pipe System
	Make Up Air
	Mechanical Equipment
	Mechanical Pumps
	Radiant Heater
	Rooftop HVAC Unit <input type="checkbox"/> Non-Replacement <input type="checkbox"/> Replacement
	Unit Heat
	Water Heater Gas
	Other:
	Other:

Section 5 – Plumbing Fixture Information

Contractor Name: _____

Phone: _____

License No: _____

Exp. Date: _____

Quantity	Fixture Type
	Drainage Pipe or Vent Pipe Change/Repair/Alteration
	Backflow Prevention device =<2"
	Backflow Prevention device =>2"
	Clothes Washing Machine
	Dish Washer
	Drinking Fountain
	Floor Drain, Commercial
	Floor Sink and/or Indirect Waste
	Hose Bib
	Inter - Grease
	Intercept - Industrial
	Lawn Sprinkler System with Backflow Prevention

Quantity	Fixture Type
	Medical Gas: add outlets
	Medical Gas
	Misc. Plumbing
	Roof Drain
	Shampoo Sink w/interceptor
	Sink (Lav, Kitchen, Mop, Bar)
	Toilet
	Tub and/or Shower
	Water Closet and/or Urinal
	Water Heater
	Water Pipe Repair Change
	Other:

