



CITY OF NEWPORT, WASHINGTON

PRELIMINARY MECHANICAL PERMIT APPLICATION

Job Address _____

Property Owner Name _____

Contractor Name _____

Mailing Address _____

Mailing Address _____

Phone _____

Phone _____

Contractor License # _____

Description of Work: _____

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 or implied herein or not.

Signature of Property Owner

Date

Signature of Contractor

Date

FOR DEPARTMENT USE ONLY

Mechanical Permit Fee _____

State Bldg Code Fee N/A

TOTAL PERMIT FEE _____

Signature of City Clerk/Treasurer

Signature of Building Inspector

200 S. Washington Avenue • Newport, Washington 99156-9670

(509) 447-5611 • Fax (509) [REDACTED] 550-7552

Equal Opportunity Employer