



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