CHENEY BUILDING DEPARTMENT
112 Anderson RD, Cheney, WA 99004
(509) 498-9237 FAX: (509) 498-9249

Mechanical Permit Application

2015 IRC 2015 IMC 2015 IFGC NFPA 54/58

PERMIT NO : BLD2019- _____

JOBSITE ADDRESS (REQUIRED)				**EWU AIM ID:**
APPLICANT NAME	**MAILING ADDRESS**	**CITY**	**ST**	**ZIP**
PHONE #	**EMAIL ADDRESS**			
OWNER OF BUILDING	**MAILING ADDRESS**	**CITY**	**ST**	**ZIP**
PHONE #	**EMAIL ADDRESS**			
MECHANICAL CONTRACTOR	**MAILING ADDRESS**	**CITY**	**ST**	**ZIP**
PHONE #	**EMAIL ADDRESS**			***WA STATE LICENSE NUMBER***

CLASS OF WORK (CHECK ALL THAT APPLY): ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

BUILDING USE : ☐ SINGLE FAMILY ☐ DUPLEX / MULTI-FAMILY ☐ COMMERCIAL ☐ CHURCH ☐ CSD ☐ EWU ☐ CITY

WORK INCLUDES (CHECK ALL THAT APPLY): ☐ GAS OR HYDRONIC PIPING ☐ AIR OR EXHAUST DUCTWORK ☐ > 55LBS REFRIGERANT
☐ GAS VENT, FLUE, OR CHIMNEY *(IF NOT PART OF AN APPLIANCE OR EQUIPMENT INSTALL)* ☐ APPLIANCE(S), EQUIPMENT, OR FUEL TANKS

DESCRIPTION OF WORK (REQUIRED):

NUMBER OF BATHROOMS: _____ *Required for New Single-Family / Duplex Only*	**VALUATION OF WORK:** $ _____ *Required for Multi-Family / Commercial / Church / CSD / EWU / City Projects Only*

Contact the Cheney Building Department (509) 498-9237 for all required inspections or re-inspections. The owner or owner's authorized agent is responsible for all inspection requests and to cause the work to remain accessible and exposed for inspection purposes. This permit becomes null and void if work authorized is not commenced within 180 days, or if the work is suspended or abandoned for a period of 180 days at any time after it is commenced.

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. I understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Department Use Only	
INSPECTION FEE	$
PLAN REVIEW FEE	$
TECHNOLOGY FEE	$ 10.00
TOTAL PERMIT FEES	$

_____

SIGNATURE OF APPLICANT (*OWNER OR AUTHORIZED AGENT*) **DATE**

APPLY FOR PLUMBING SYSTEMS AND FIXTURES UNDER A PLUMBING PERMIT. (EXAMPLE: NON-GAS WATER HEATERS / DWV PIPING)