Residential Mechanical Permit Application

City of Battle Ground
Community Development
109 SW 1st Street, Suite 127
Battle Ground, WA 98604
Phone: (360) 342-5040 | www.cityofbg.org

DEPARTMENT USE ONLY
Date Received:
Permit #:

TYPE OF WORK	
New System ☐	Alteration ☐

DESCRIPTION OF WORK

JOB SITE LOCATION
Project Address or Tax ID:

PROPERTY OWNER	
Name:	
Address:	
Phone:	Email:

MECHANICAL CONTRACTOR	
Business Name:	
Address, City, State, Zip:	
Phone:	Email:
WA State Contractor's License #:	

APPLICANT	
Company Name:	
Contact Name:	
Address:	
Phone:	Email:

REQUIRED SIGNATURES	
I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Battle Ground staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.	
Owner's Signature:	**Date:**
Applicant's Signature:	**Date:**

MECHANICAL INFORMATION			
ITEM	**QTY**	**ITEM**	**QTY**
Add/Alt Heating/Cooling		Air Handler up to 10k cfm	
Furnace up to 100k BTU		Air Handler over 10k cfm	
Furnace over 100k BTU		Non-portable evaporative cooler	
Floor Furnace w/vent		Vent fan, single duct	
Appliance Vent Install/Alt		Exhaust hood	
Gas Piping Outlet(s)		Misc. Appliance	