

INCORPORATED IN 1912

• 103 W. Madison Street Whatcom County • Nooksack, Washington 98276 (360) 966-2531 • Fax (360) 966-2505 • www.cityofnooksack.com

MECHANICAL PERMIT

All applicable information must be included. Your application may not be accepted if this form is incomplete. PLEASE TYPE OR PRINT ALL INFORMATION IN INK

1.	Job site address:			_ Tax Parcel Number:		
2.	Legai Property Owner	egal Property Owner:		The contract of the contract o		
	Address:		City:			
3.	Applicant/Contact Per	son:			Daytime Phone:	
	Address:		City:		State: Daytime Phone: State: Daytime Phone:	Zin:
4.	Contractor:				vayume i none.	
	Audress:		City:		State:	7in
	License #:		,	Expirati	on Date:	
Heat source (check one) Natural Gas			Propane	Oil	Electric	
MEC	HANICAL			2		
Туре	of Equipment	Fee		No.		
	d Air System – BTU		<u>-</u>			
Unit I	<u> Ieater – BTU</u>					
Vent 1	ans/System					
Hot W	ater Tank (gas)					
	ireplace					
Boiler					·	
	andling Unit					
	Hood					
	es Dryer (gas)					
Heat I						
	ne Tank					
duel T						
	Stove/Insert					
Gas Pi						
Misc.						
Misc.						
Misc.						
ub To						
ermit	Fee					
	ree	The state of the s				•

I certify that I've	read, understand and acknowledge that this permit expires if w	ork or construction authorized herein has		
	not commenced within 180 days or if 180 days has lapsed since my last inspection.			
APPLICANT				
SIGNATURE:		DATE:,		