



# Mechanical Application

Office Use
DATE: _____
MECH: _____
MPLN: _____
ACCEPTED BY: _____

If applicable: Is this work attached to an existing building permit?

BLDG- \_\_\_\_\_

## TYPE OF WORK & QUANTITY

- |                           |                                 |
|---------------------------|---------------------------------|
| ___ Air Conditioner       | ___ Gas Appliance               |
| ___ Air Handlers/Furnaces | ___ Gas Logs Insert             |
| ___ Boilers               | ___ Gas Piping                  |
| ___ Compressors           | ___ Gas Water Heater            |
| ___ Cooling Towers        | ___ Heat Pumps                  |
| ___ Dryer Vent            | ___ Hydronic Piping             |
| ___ Ductless Heads        | ___ Package HVAC Units          |
| ___ Ductwork System       | ___ Range (Exhaust)             |
| ___ Evaporator Coolers    | ___ Restaurant Appliances       |
| ___ Exhaust Fan           | ___ Unit Heaters                |
| ___ Fan Coil Units        | ___ Wood Pellet Stove or Insert |
| ___ Fireplace             | ___ Other                       |

## TYPE/WORK CLASS

- Residential
- Multi-family
- Mixed Use
- Commercial

\*Value of Construction: The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, needed to complete the work.

## SITE LOCATION

\*Value of Mechanical work \$: \_\_\_\_\_

Site address: \_\_\_\_\_

Suite/FLR/RM: \_\_\_\_\_

Tax parcel number: \_\_\_\_\_

Project name/Tenant: \_\_\_\_\_

Plat name/Lot number: \_\_\_\_\_

Property owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TOTAL # of Fixtures**

## DETAILED DESCRIPTION OF WORK

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## MECHANICAL CONTRACTOR INFORMATION

Company name: \_\_\_\_\_ State contractor's license #: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Expiration date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City of Redmond business license #: RED \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## APPLICANT INFORMATION

Contact person: \_\_\_\_\_ City: \_\_\_\_\_

Company name: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## BUILDING OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## WHEN A MECHANICAL PERMIT IS REQUIRED

The City of Redmond requires a mechanical permit before mechanical equipment is installed, altered, replaced, or remodeled.

New and replacement **gas water heaters** are processed under a **Mechanical Permit**.

New and replacement **electric water heaters** are processed under a **Plumbing Permit**.

## MECHANICAL PLAN REVIEW IS REQUIRED FOR ALL WORK EXCEPT THE FOLLOWING

- Work in 1 & 2 family dwellings and IRC townhouses.
- The addition or relocation of not more than 15 diffusers and/or 5 VAV boxes connected to existing HVAC equipment provided: The work is limited to ducts, diffusers and VAV boxes; the building does not have a smoke control system, ducts do not penetrate a fire assembly.
- Like for like replacement of indoor equipment.\*

## ELECTRONIC SUBMITTAL REQUIREMENTS - PLEASE SUBMIT ALL MATERIALS ON A USB FLASHDRIVE.

### Electronic Plan Standards

- ⇒All plans must be drawn **to scale**, and have scale noted on each sheet.
- ⇒All documents must be uploaded as a **PDF**.
- ⇒All plans must be uploaded in **landscape** orientation (horizontal position).
- ⇒All plans must be named accordingly per the submittal requirements in **BOLD**.
- ⇒All plans must be **flattened, unlocked and reduced**.

*Any files that are improperly named and/or formatted incorrectly may be rejected at intake.*

Paper plans, incomplete applications and applications delivered by courier will not be accepted and will result in the application being deemed incomplete.

## UBMIT THE FOLLOWING INFORMATION FOR MECHANICAL PLAN REVIEW - PLEASE SUBMIT ALL MATERIALS ON A USB DRIVE

- Gravity Calculations including attachment details are required for all equipment located on the roof.**
  - In addition, if the unit is 400 lbs. or larger, engineered structural lateral force calculations are also required.
- Reflected Ceiling Plan** showing and identifying ductwork, equipment, piping, supply diffusers, return air grilles and fire dampers.
- Equipment List and Schedule**
- Outside Air Calculations**
- Screening** Mechanical screening shall be required for any rooftop equipment greater than 1' in height, and for any equipment exterior to the building. Screen materials must be architecturally compatible with the building and shall be as high as the equipment being screened. Plans must show height of equipment relative to screening and shall include notations of materials and colors to be used. If an existing parapet effectively screens proposed equipment, plans must show parapet height relative to equipment heights.

## OTHER INFORMATION

All Natural Gas fuel gas piping is now covered under the 2015 International Fuel Gas Code. Liquefied Petroleum Gas installations are covered by NFPA 58 & 59A edition of the Liquefied Petroleum Gas Code.

**Expiration of Plan Review:** Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant and prior to expiration, the Building Official may grant a single 180-day extension to the Plan Review time as specified in Section 106.3.3 of the IMC. No application shall be extended for a period of more than 180 days. See the Fee Schedule for extension fee information.

**Expiration of Permit:** Permits for which no inspection has been performed will expire 180 days from the date of issuance as specified in Section 106.4.3 of the IMC. If an inspection is passed before the expiration date of the permit, the expiration date will be extended to 180 days from the date of the latest successful inspection (except for Final Inspections). The customer can choose to pay a fee in order to extend the expiration date of the permit an additional 180 days. Once the permit is expired the customer has six months to pay a fee to reinstate the permit. Any permits expired for more than a period of six months will not be able to be reinstated and a new permit will need to be applied and paid for.

\*Like for Like – A unit change out qualifies as like for like if the new unit has the same heating/cooling capacity as the existing unit, and both the height and weight of the new unit are equal to or less than the height and weight of the existing unit.