



# MECHANICAL / PLUMBING PERMIT APPLICATION

Form updated January 2015

Physical Address:  
Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 East Main Street

Mailing Address:  
25 West Main Street  
Auburn, WA 98001-4998

Webpage & Email:  
[www.auburnwa.gov](http://www.auburnwa.gov)  
[permitcenter@auburnwa.gov](mailto:permitcenter@auburnwa.gov)

Phone and Fax:  
Phone: 253-931-3090  
Fax: 253-804-3114

## PROJECT INFORMATION

Circle all that apply:  Residential  Commercial

Mechanical  Plumbing

Project Valuation (do not include cosmetic improvements such as paint and carpet) \$ \_\_\_\_\_

Permit Number #

Parent Permit #

Job site address: \_\_\_\_\_ Zip \_\_\_\_\_ Lot # \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Parcel # \_\_\_\_\_

Complex Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Suite # \_\_\_\_\_

For Condominiums – Building Name: \_\_\_\_\_ Unit # \_\_\_\_\_

For Mobile/Manufactured Homes – Park Name: \_\_\_\_\_ Space # \_\_\_\_\_

Received:

Scope of Work: \_\_\_\_\_  
\_\_\_\_\_

## OWNER

Company Name: \_\_\_\_\_

Check this box if this is the primary contact

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## CONTRACTOR

Company Name: \_\_\_\_\_

Check this box if this is the primary contact

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

City of Auburn Business License #: BUS \_\_\_\_\_

Washington State Lic.#: \_\_\_\_\_

## ARCHITECT

Company Name: \_\_\_\_\_

Check this box if this is the primary contact

Architect: \_\_\_\_\_

ID#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## ENGINEER

Company Name: \_\_\_\_\_

Check this box if this is the primary contact

Engineer: \_\_\_\_\_

ID# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

