



City of Newport
 200 S. Washington Ave.
 Newport, WA 99156
 Phone: (509) 447-5611
 CityofNewport@newport-wa.org

MECHANICAL PERMIT APPLICATION

Permit Number: _____

PROJECT INFORMATION:

Job Site Address: _____

Tax Parcel ID: _____ Legal Description: _____

_____ Township/Range/Section: _____

Directions to Site: _____

Description of Work: _____

Property Owner		Contractor	
Name:		Company:	
Mailing:		Address	
City:		City	
State:	Zip:	State:	Zip:
Phone:		Phone:	
Email:		Email:	
		License:	

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 or implied herein or not.

 Signature of Property Owner

 Date

 Signature of Contractor

 Date

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FOR DEPARTMENT USE ONLY

Mechanical Permit Fee _____

TOTAL PERMIT FEE _____

 Signature of City Deputy Clerk or Clerk/Treasurer

 Signature of Building Inspector