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

MECHANICIAL PERMIT APPLICATION
Permit #:_____

Property Owner

Name:		
Address:		
City:	**State:**	**Zip:**
Phone:	**Email:**	

Contractor:

Company:			**Contact:**
Mailing Address:			**Phone:**
			Email:
City:	**State:**	**Zip:**	**UBI #:**
State of Washington Business License:			
City of Newport Endorsement (required): ☐ **Yes**			

PROJECT INFORMATION:

Job Site Address (if different than above): _____

Description of Work: _____

_____

_____

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

FOR DEPARTMENT USE ONLY

Mechanical Permit Fee: $165.00 Received by: _____ Date:_____

Approved by: _____
Signature of Building Inspector