



**Building Division**  
 736 F Street  
 Arcata CA 95521  
 707-822-5956  
 permits@cityofarcata.org

Permit # \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 By \_\_\_\_\_

## MECHANICAL / PLUMBING BUILDING PERMIT APPLICATION

Project Name / Tenant Name \_\_\_\_\_ APN(s) \_\_\_\_\_  
 Project Address \_\_\_\_\_ Building # \_\_\_\_\_  
 Owner Name \_\_\_\_\_ Project Value \_\_\_\_\_

**Describe Work to be Performed in Detail:** \_\_\_\_\_  
 \_\_\_\_\_

Are you removing, replacing, or adding sheetrock, roofing, walls, or framing materials to complete the project?

Y N If yes, provide value: \_\_\_\_\_

Has a building, plumbing, or mechanical permit been applied for or issued?

Y N If yes, provide permit # \_\_\_\_\_

### Building Owner

Name \_\_\_\_\_  
 Manager / Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Architect

Company Name \_\_\_\_\_  
 ID # \_\_\_\_\_ Expiry \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Designer

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Contractor

Company Name \_\_\_\_\_  
 License # \_\_\_\_\_ Expiry \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Engineer

Company Name \_\_\_\_\_  
 ID # \_\_\_\_\_ Expiry \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Project Contact

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

# MECHANICAL / PLUMBING BUILDING PERMIT APPLICATION

## PROPOSED USES

Apartment / Condo	Office	Shed	Theater	Off-Site Built Structure
Warehouse	Industrial	Restaurant	School	Residential Garage
Residence	Repair Garage	Retail	Daycare	Religious Institution
Utility Building	Other: _____			

## **MECHANICAL:** List all new and relocated mechanical equipment and gas piping below.

**NOTE** that equipment not specifically listed on this application will not be included on the permit. A separate permit application, plans, and fees will be required.

Quantity	Description	Equipment Weight	CFM	Max Output Btu/h	% Efficiency
	50-99 CFM Fans				
	10 or > CFM Fans				
	Furnace				
	Fireplace (Gas Appliances)				
	Gas Water Heater				
	Air Conditioner				
	Heat Pump				
	Gas Dryer				
	Gas Range				
	Gas Piping Outlets				

## **PLUMBING:** Indicate the number of each new and relocated fixture unit type below.

**NOTE** that 2 or more drainage fixture units will trigger the City’s Sewer Lateral Ordinance. Please call the Building Division if you need additional information.

___ Bathtub	___ Floor Drain	___ Kitchen Sink	___ Shower	___ Water Service **
___ Bathtub/Shower	___ Floor Sink	___ Laundry Sink	___ Toilet	___ Water Softener
___ Clothes Washer	___ Hose Bibb	___ Urinal	___ Roof Drain	___ Drinking Fountain
___ Dishwasher	___ Hand Sink	___ Service Sink	___ Grease Trap *	___ Electric Water Heater
___ Repair: _____			___ Other: _____	

\* Restaurants require grease traps or grease interceptor

\*\* All new buildings require water service

**Encroachment Permits** are required if work will be performed in any public right-of-way. An application and insurance needs can be found at [www.cityofarcata.org/268/Forms-Applications](http://www.cityofarcata.org/268/Forms-Applications). The permit is processed through the Engineering Department.

**Check with the Planning Division** at 707-822-5955 if mechanical equipment will be installed on commercial, industrial, or multi-family buildings; or if the property is located in a Neighborhood Conservation Area, or is an historic property.

# MECHANICAL / PLUMBING BUILDING PERMIT APPLICATION

**APPLICANT:**            **Owner**                      **Owner's Agent**                      **Contractor**                      **Contractor's Agent**

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City and County ordinances and State laws relating to building construction and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes. I am either the owner of the property described in this application, the CA State registered contractor responsible for the work, or I represent the owner or contractor as described above and am acting with the owner's or contractor's full knowledge or consent.

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*Print Name of Applicant*

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*Applicant's Signature*

*Date* \_\_\_\_\_

***Application Expires 180 Days After Submission Date and Plan Check Fee is Forfeit***