



CITY OF TUMWATER
555 ISRAEL RD. SW, TUMWATER, WA 98501
(360) 754-4180
Email: cdd@ci.tumwater.wa.us

**MECHANICAL PERMIT CERTIFICATION
STATEMENT FORM**

TUM -	DATE STAMP
RCVD BY	

APPLICANT INFORMATION *(please print neatly)*

NAME OF APPLICATION: _____

SUBJECT PROPERTY INFORMATION

ADDRESS OF PROPERTY (COMPLETE): _____

Mechanical Permit Certification Statement

I affirm that I am the owner of the subject property or am duly authorized by the owner to act with respect to the subject Mechanical Permit application. Further, I certify that the HVAC equipment related to the Mechanical Permit application will not be placed within any required zoning setback or easement.

I am also aware that if, upon final inspection by the City, the HVAC equipment is found to be placed in a required zoning setback or easement, the HVAC equipment must be relocated.

Signature of Applicant

Date