



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

**MECHANICAL PERMIT CERTIFICATION  
STATEMENT FORM**

TUM -	DATE STAMP
RCVD BY	

**APPLICANT INFORMATION** *(please print neatly)*

NAME OF APPLICANT: \_\_\_\_\_

**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