



# Mechanical Permit Application

Department of Consumer and Business Services  
 Building Codes Division • Coos Bay Field Office  
 500 Central Ave., Suite #135 • Coos Bay, OR 97420  
 Phone: 541-266-1098 • Fax: 541-266-1146  
 Web: bcd.oregon.gov

| DEPARTMENT USE ONLY |       |
|---------------------|-------|
| Permit no.:         |       |
| Office:             |       |
| By:                 | Date: |

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

| CATEGORY OF CONSTRUCTION  |   |   |
|---|---|---|
| <input type="checkbox"/> Residential  | <input type="checkbox"/> Commercial         |   |
| <input type="checkbox"/> Detached accessory structure                                       | <input type="checkbox"/> Accessory building |   |
| <input type="checkbox"/> Manufactured dwelling  | <input type="checkbox"/> Industrial         |   |
| <input type="checkbox"/> Single-family dwelling   | <input type="checkbox"/> Mixed use          |   |
| <input type="checkbox"/> Two-family dwelling  | <input type="checkbox"/> Multi-family       |   |
| <input type="checkbox"/> Townhouses   | <input type="checkbox"/> Other              |   |
| <input type="checkbox"/> Other  |   |   |
| TYPE OF WORK  |   |   |
| <input type="checkbox"/> Addition   | <input type="checkbox"/> Alteration         | <input type="checkbox"/> Tenant improvement |
| <input type="checkbox"/> Move   | <input type="checkbox"/> New                | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Repair   | <input type="checkbox"/> Replacement        |   |
| JOB SITE INFORMATION AND LOCATION   |   |   |
| Job site address:   |   |   |
| City/State/ZIP:   |   |   |
| Project name:   |   |   |
| Directions to job site:   |   |   |
|   |   |   |
| Parcel no.:   |   |   |
| DESCRIPTION OF WORK   |   |   |
|   |   |   |
| Job no.:  |   |   |
| PROPERTY OWNER INSTALLATION   |   |   |
| Name:   |   |   |
| Address:  |   |   |
| City/State/ZIP:   |   |   |
| Phone: - -  | Fax: - -                                    |   |
| Email:  |   |   |
| This installation is being made on property owned by me or a member of my immediate family. |   |   |
| <b>Sign here:</b>   |   |   |
| CONTRACTOR INSTALLATION   |   |   |
| Business name:  |   |   |
| Address:  |   |   |
| City/State/ZIP:   |   |   |
| Phone: - -  | Fax: - -                                    |   |
| Email:  |   |   |
| CCB lic.:   | LPG lic.:                                   |   |
| Signature:  |   |   |

| RESIDENTIAL FEE SCHEDULE                                   |   |          |       |
|--|---|----------|-------|
| Minimum fee  | Items   | Cost ea. | Total |
|  | <b>Furnace / burner including ducts and vents</b> |          |       |
| Up to 100k BTU/hr.   |   | \$10.80  |       |
| Over 100k BTU/hr.  |   | \$12.75  |       |
|  | <b>Heaters / stoves / vents</b>                   |          |       |
| Unit heater  |   | \$10.80  |       |
| Wood / pellet stove  |   | \$8.85   |       |
| Gas stove / fireplace                                      |   | \$8.85   |       |
| Chimney / liner / flue                                     |   | \$8.85   |       |
| Repair / alter / add to htg. appl. / ref. cooling / absorb |   | \$10.80  |       |
| Evaporative cooler other than portable                     |   | \$8.85   |       |
| Vent fan with one duct                                     |   | \$6.90   |       |
| Appliance vent   |   | \$6.90   |       |
| Hood with exhaust and duct                                 |   | \$8.85   |       |
| Floor furnace including vent                               |   | \$10.80  |       |
|  | <b>Gas piping</b>                                 |          |       |
| One to four outlets  |   | \$5.60   |       |
| Additional outlets (each)                                  |   | \$3.65   |       |
|  | <b>Air handling units, including ducts</b>        |          |       |
| Up to 10,000 CFM   |   | \$8.85   |       |
| Over 10,000 CFM  |   | \$12.75  |       |
|  | <b>Air conditioner</b>                            |          |       |
|  |   | \$27.30  |       |
|  | <b>Heat pump</b>                                  |          |       |
|  |   | \$27.30  |       |
|  | <b>Mini-split</b>                                 |          |       |
|  |   | \$27.30  |       |
|  | <b>Boiler / absorption system</b>                 |          |       |
| Up to 3 hp/100k BTU  |   | \$10.80  |       |
| Up to 15 hp/500k BTU                                       |   | \$17.30  |       |
|  | <b>Incinerators</b>                               |          |       |
| Domestic incinerator                                       |   | \$12.75  |       |
|  | <b>Miscellaneous fees</b>                         |          |       |
| Regulated equipment (unclassified / other)                 |   | \$8.85   |       |



440-2545-CB (9/15/COM/WEB)

| COMMERCIAL FEE SCHEDULE  |   |           |                      |       |
|--|---|-----------|----------------------|-------|
| Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest <b>hundred</b> ) of the equipment, materials, labor, overhead, and the profit for the work indicated on this application. |   |           |                      |       |
| Valuation: \$ _____  |   |           |                      |       |
| Total valuation  | Permit fee  | Ea. add'l | Cost ea.             | Total |
| \$0 to \$1,000   | \$15.00   |           | \$15.00              |       |
| \$1,001 to \$2,000   | \$15.00 for the first \$1,000<br>Plus \$0.70 for each additional \$100, or fraction thereof, to and including \$2,000   |           | \$15.00<br>x \$0.70  |       |
| \$2,001 to \$10,000  | \$22.00 for the first \$2,000<br>Plus \$0.30 for each additional \$100, or fraction thereof, to and including \$10,000  |           | \$22.00<br>x \$0.30  |       |
| \$10,001 to \$50,000   | \$46.00 for the first \$10,000<br>Plus \$0.20 for each additional \$100, or fraction thereof, to and including \$50,000 |           | \$46.00<br>x \$0.20  |       |
| \$50,001 and greater   | \$126 for the first \$50,000<br>Plus \$0.10 for each additional \$1,000, or fraction thereof                            |           | \$126.00<br>x \$0.10 |       |
| <b>Commercial Mechanical Permit Fees Total:</b>  |   |           | <b>\$</b>            |       |

| FISCAL USE                                | APPLICANT USE                                |  |
|---|--|--|
| 70111/1195                                | (A) Enter total from above fees              |  |
| 70711/1291                                | (B) Enter 12% surcharge (.12 x [A])          |  |
| 70711/1212                                | (C) Plan review 25%, if required (.25 x [A]) |  |
| <b>TOTAL fees and surcharges (A+B+C):</b> |  |  |

**Make check or money order payable to Department of Consumer and Business Services.** If paying by credit card, applicant must sign the credit card information box. Do **not** send cash.

|  |                                     |                                   |              |
|--|-------------------------------------|-----------------------------------|--------------|
| <input type="checkbox"/> Visa              | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover | Phone: - -   |
| Credit card number                         |                                     | CCV2 #                            | Expiration / |
| Name of cardholder as shown on credit card |                                     |                                   |              |
| Cardholder signature                       |                                     | \$ Amount                         |              |

**Fax for credit card payments:  
541-266-1146**

**DCBS fiscal use only:**