

Mechanical Permit Application

Jurisdiction name:

Address:

Phone: - - Fax: - -

Email: Web:

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

☐ Residential ☐ Government ☐ Commercial

JOB SITE INFORMATION AND LOCATION

Job site address:

City: State: ZIP:

Subdivision: Lot no.:

DESCRIPTION OF WORK

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, and is exempt from licensing requirements under ORS 701.010.

Signature:

CONTRACTOR INSTALLATION

Business name:

Address:

City: State: ZIP:

Phone: - - Fax: - -

Email:

CCB license no.:

Print name:

Signature:

CREDIT CARD INFORMATION

☐ Visa ☐ MasterCard ☐ Discover Phone: - -

Credit card number

Expiration

Name of cardholder as shown on credit card

\$

Cardholder signature

Amount

DEPARTMENT USE ONLY

Permit no.:

Date:

FEE SCHEDULE

Residential	Qty.	Cost ea.	Total cost
Furnace/burner including ducts and vents			
Up to 100k BTU/hr.		\$	\$
Over 100k BTU/hr.		\$	\$
Heaters/stoves/vents			
Unit heater		\$	\$
Wood/pellet/gas stove/flue		\$	\$
Repair/alter/add to heating appliance/ refrigeration unit or cooling system/ absorption system		\$	\$
Evaporated cooler		\$	\$
Vent fan with one duct/appliance vent		\$	\$
Hood with exhaust and duct		\$	\$
Floor furnace including vent		\$	\$
Gas piping			
One to four outlets		\$	\$
Additional outlets (each)		\$	\$
Air-handling units, including ducts			
Up to 10,000 CFM		\$	\$
Over 10,000 CFM		\$	\$
Compressor/absorption system/heat pump			
Up to 3 hp/100k BTU		\$	\$
Up to 15 hp/500k BTU		\$	\$
Up to 30 hp/1,000 BTU		\$	\$
Up to 50 hp/1,750 BTU		\$	\$
Over 50 hp/1,750 BTU		\$	\$
Incinerators			
Domestic incinerator		\$	\$
Commercial			
Enter total valuation of mechanical system and installation costs \$ _____			
Enter fee based on valuation of mechanical system, etc.			\$
Miscellaneous fees			
Reinspection		\$	\$
Specially requested inspections (per hr.)		\$	\$
Regulated equipment (unclassified)		\$	\$
APPLICANT USE			
(A) Enter subtotal of above fees (or enter set minimum fee of \$ _____)			\$
(B) Investigative fee			\$
(C) Enter 12% surcharge (.12 x [A+B])			\$
(D) Seismic fee, 1% (.01 x [A])			\$
(E) Plan review (% of [A])			\$
TOTAL fees and surcharges (A+B+C+D+E):			\$