



# Mechanical Permit Application

Department of Consumer and Business Services  
 Building Codes Division • Coos Bay Field Office  
 1155 S. 5th St., Coos Bay, OR 97420  
 Phone: 541-266-1098 • Fax: 541-266-1146  
 Web: oregon.gov/bcd

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		\$13.00	
	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 (11/19/COM)

### COMMERCIAL FEE SCHEDULE

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest **hundred**) 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 Plus \$0.70 for each additional \$100, or fraction thereof, to and including \$2,000		\$15.00 x \$0.70	
\$2,001 to \$10,000	\$22.00 for the first \$2,000 Plus \$0.30 for each additional \$100, or fraction thereof, to and including \$10,000		\$22.00 x \$0.30	
\$10,001 to \$50,000	\$46.00 for the first \$10,000 Plus \$0.20 for each additional \$100, or fraction thereof, to and including \$50,000		\$46.00 x \$0.20	
\$50,001 and greater	\$126 for the first \$50,000 Plus \$0.10 for each additional \$1,000, or fraction thereof		\$126.00 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: _____	
_____ Cardholder signature	_____ <b>\$</b> Amount
_____ Name of cardholder as shown on credit card	_____ CVV
_____ Credit card number	_____ / Expiration

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

**DCBS fiscal use only:**