



Mechanical Permit Application

Department of Consumer and Business Services

Building Codes Division • Pendleton Field Office

800 S.E. Emigrant Ave., #360 • Pendleton, OR 97801

800-452-8156 or 541-276-7814 • Fax: 541-276-9244 • 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.		
Sign here:		
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
	Furnace / burner including ducts and vents		
Up to 100k BTU/hr.		\$10.80	
Over 100k BTU/hr.		\$12.75	
	Heaters / stoves / vents		
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	
	Gas piping		
One to four outlets		\$5.60	
Additional outlets (each)		\$3.65	
	Air handling units, including ducts		
Up to 10,000 CFM		\$8.85	
Over 10,000 CFM		\$12.75	
	Air conditioner		
		\$27.30	
	Heat pump		
		\$27.30	
	Mini-split		
		\$27.30	
	Boiler / absorption system		
Up to 3 hp/100k BTU		\$10.80	
Up to 15 hp/500k BTU		\$17.30	
	Incinerators		
Domestic incinerator		\$12.75	
	Miscellaneous fees		
Regulated equipment (unclassified / other)		\$8.85	



440-2545-PNDTN (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 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	
Commercial Mechanical Permit Fees Total:			\$	

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])	
TOTAL fees and surcharges (A+B+C):		

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:
541-276-9244**

DCBS fiscal use only: