



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services

Building Codes Division
1535 Edgewater Street NW
PO Box 14470
Salem, OR 97309-0404
(503) 378-4133
FAX (503) 378-2322
<http://bcd.oregon.gov>

August 7, 2008

To: INTERESTED PARTIES

**From: CHRIS HUNTINGTON, INTERIM MANAGER
POLICY AND TECHNICAL SERVICES**

Subject: CITY OF MONMOUTH PROPOSED FEE ADOPTION

The State Building Codes Division (division) has received the enclosed notice of intent to adopt building inspection program fees from the above listed municipality. Pursuant to Oregon Administrative Rule 918-020-0220, municipalities seeking to adopt fees are required to provide the following summary information 45 days prior to the proposed adoptive date.

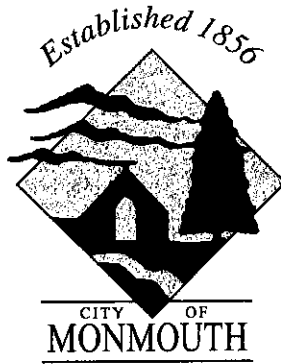
- (A) The affected specialty code or program areas;
- (B) A description of the proposed building inspection program fees including the approximate percentage change when applicable;
- (C) The proposed affective date;
- (D) The date of the last fee increase in the specialty code or program area if applicable;
- (E) The anticipated date, time and location of the local municipal hearing scheduled pursuant to Oregon Revised Statute (ORS) 294.160;
- (F) The name, phone number and title of a contact person; and
- (G) A narrative explaining the purpose of the proposed fee adoption.

The division is required to notify interested parties after receiving a notice of intent to adopt building inspection program fees from a municipality. Enclosed is the information the municipality provided to the division pursuant to the above administrative rule requirements.

If you have concerns about this proposed fee change, you may contact the municipality directly by contacting Larry Thornton, 503-751-0139, or attend the local municipal hearing on Tuesday, September 2, 2008 at 7:00 PM at 144 S Warren Street, Monmouth. If you still have unresolved concerns, you may, pursuant to ORS 455.210(3) and 479.845, appeal this fee adoption by sending a written request to the division within 30 days of the municipality's fee adoption date.

cc: City of Monmouth

151 Main Street West
Monmouth, Oregon 97361
(503) 838-0722
FAX (503) 838-0725
www.ci.monmouth.or.us
July 29, 2008



RECEIVED
BUILDING CODES

2008 AUG -1 A 11:31
*Promoting pride,
progress, and friendly
hometown values*

Building Codes Division
1535 Edgewater Street NW
ATTN: Aeron
Salem, OR 97309

City of Monmouth
Building Department
151 W Main Street
Monmouth, OR 97361

RE: Fee Increases

Dear Sir:

Effective October 1, 2008 the City of Monmouth is proposing a fee increase as listed below.

1. Fees to be adjusted are for Structural, Mechanical, and Plumbing.
2. The proposed fees are as listed on the submitted application forms for plumbing and mechanical and fee schedule for structural and commercial mechanical. The proposed fee increase varies between 35% to 40% depending on the fee or application. As an example all plumbing and mechanical charges are rounded to whole dollars to simplify the accounting process. All commercial projects will conform to the proposed state methodology fee system. Structural fees will be charge according to the fee schedule. The proposed fees should be appropriate considering that we have not raised fees for eight years and also the proposed fees are the same that the city of Sweet Home has been using for several years. (fee survey included)
3. The proposed effective date will be October 1, 2008
4. The last fee increase was November 1, 2001 for plumbing and mechanical. I do not have any documents of the exact date for the current structural fee schedule which I assume was implemented in the mid nineties.
5. The scheduled date for the municipal hearing will be September 2, 2008, at 144 S Warren Street, at 7:00 PM in the City of Monmouth.
6. For any further information please contact Larry Thornton the Building Official at 503 751 0139.
7. On November 1, 2001 our current fee schedule for plumbing and mechanical was approved and went into effect. The current fee schedule for structural was already being used and since 2001 current fees have remained the same. For the past eight years the Building Department has operated with revenues generated from the current fee schedules. Since that time liabilities have more then tripled from a budget in 2001 of approximately \$70,000.00 to a high of almost \$250,000.00 for 2007-2008 budget year. Due to a shortfall in projected revenues the department has eliminated one staff position and restructured a second position. Capital improvements for a new vehicle have been postponed, and other expenditures for equipment cancelled. Reserve funds have fallen to an unexpected three to five month level and only essential items have been funded in the budget. Since the passage of Senate Bill 587 in 2000 all building department revenues have been dedicated to the operational liabilities of the department. Reserve funds were started with a zero balance and for several years revenues verses liabilities were approximately equal with possibly a small surplus in funds at best. We have worked hard to minimize costs however a fee increase is now required. If you should have any further questions please call 503 751 0139.

Larry Thornton
Building Official



FEE SCHEDULE FOR ALL STRUCTURAL
& COMMERCIAL MECHANICAL

TOTAL VALUATION	FEE
\$1.00 to \$500.00	\$50.00
\$501.00 to \$2,000.00	\$50.00 for the first \$500.00 plus \$2.52 for each additional \$100.00 or fraction thereof, to and including \$2000.00
\$2001.00 to \$25,000.00	\$87.80 for the first \$2,000.00 plus \$10.08 for each additional \$1,000.00 or fraction thereof, to and including \$25,000.00
\$25,001.00 to \$50,000.00	\$319.65 for the first \$25,000.00 plus \$7.56 for each additional \$1,000.00 or fraction thereof, to and including \$50,000.00
\$50,001.00 to \$100,000.00	\$508.64 for the first \$50,000.00, plus \$5.04 for each additional \$1,000.00 or fraction thereof, to and including \$100,000.00
\$100,000.00 and up	\$760.64 for the first \$100,000.00 plus \$4.00 for each additional \$1,000.00 or fraction thereof.
 Other inspection fees	
1. Inspections outside of normal business hours (minimum charge two hours)	\$30.00 per hr
2. Re-inspection fees	\$30.00 per hr
3. Inspection for which no fee is specifically indicated	\$30.00 per hr
4. Plan review fee	as per code
5. Additional plan review fee required by changes additions or revisions to approve plans.	\$65.00 for records change plus \$30.00 per hr for plan review.

THESE FEES DO NOT INCLUDE THE 12% STATE SURCHARGE

Effective date 10/1/08



CITY OF MONMOUTH

BUILDING DEPARTMENT

151 Main Street W, Monmouth OR 97361 - Office: 503.751.0139 Fax: 503.838.0725

BUILDING PERMIT APPLICATION

JOB SITE INFORMATION AND LOCATION

Job Site address:	
City/State/ZIP:	
Suite/Bldg./Apt #:	Project Name:
Subdivision:	Lot #:
Tax map/Parcel #:	

TYPE OF WORK

<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/Alteration/Replacement	<input type="checkbox"/> Other:

CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial / Industrial
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Multi - Family
<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Other:

DESCRIPTION OF WORK

Owner Signature (or proof of work) required if applicant is not owner:

X _____

PROPERTY OWNER

Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

APPLICANT

Business Name:	
Contact Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

CONTRACTOR

Business Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CCB License #:	

NOTICE

ALL CONTRACTORS AND SUBCONTRACTORS ARE REQUIRED TO BE LICENSED WITH THE OREGON CONSTRUCTION CONTRACTORS BOARD UNDER ORS 701. THIS PERMIT APPLICATION EXPIRES WITHIN 180 DAYS IF A PERMIT IS NOT OBTAINED AFTER THE APPLICATION HAS BEEN ACCEPTED AS COMPLETE.

Signature of Applicant

Date

REQUIRED DATA: 1 & 2 FAMILY DWELLING

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and the profit for the work indicated on this application.

Valuation:

Number of Bedrooms:	
Number of Bathrooms:	
Total Number of Floors:	Square Feet
New Dwelling Area:	Square Feet
Garage/Carport Area:	Square Feet
Covered Porch Area:	Square Feet
Deck Area:	Square Feet
Other Structure Area:	Square Feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and the profit for the work indicated on this application.

Valuation:

Existing Building Area:	Square Feet
New Building Area:	Square Feet
Number of Stories:	
Type of Construction:	
Occupancy Groups:	
Existing:	
New:	

FOR OFFICE USE ONLY - DEPARTMENT REVIEWS

DEPT.	Date	Approved	Hold
Building			
Planning			
Engineering			
A-Level Plumbing			
Fire/Life/Safety			
Fire - City/State			

FEES DUE WITH APPLICATION

Plan Review Deposit:	\$
FLS Review:	\$
TOTAL:	\$



CITY OF MONMOUTH

BUILDING DEPARTMENT

151 Main Street W, Monmouth OR 97361 - Office: 503.751.0139 Fax: 503.838.0725

MECHANICAL PERMIT APPLICATION

JOB SITE INFORMATION AND LOCATION

Job Site Address:	
City/State/ZIP:	Project Name:
Suite/Bldg./Apt #:	Lot #:
Subdivision:	
Tax map/Parcel #:	

TYPE OF WORK

<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/Alteration/Replacement	<input type="checkbox"/> Other:

CATEGORY OF CONSTRUCTION

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial / Industrial
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Multi - Family
<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Other:

DESCRIPTION OF WORK

Owner Signature (or proof of work) required if applicant is not owner: X _____

PROPERTY OWNER

Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

APPLICANT

Business Name:	
Contact Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

CONTRACTOR

Business Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CCB License #:	

NOTICE

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COMMERCIAL FEE SCHEDULE - USE CHECKLIST

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for all work indicated on this application.
Value: \$

RESIDENTIAL MECHANICAL PERMIT FEES

Base Mechanical	\$40	
Each Supplement Permit	\$15	
1. Furnace, Ducts, Vents (Up to 100,000 BTU)	\$20	
2. Furnace, Ducts, Vents (Over 100,000 BTU)	\$25	
3. Any Floor Furnace, Including Vents	\$20	
4. Any Suspended Heater or Wall Furnace	\$20	
5. Water Heater Vent, Dryer Vent, Stove Vent, Chimney liner, Duct Work	\$9	
Any alteration to any Heating Appliance, Walk-in Freezer, including Vents	\$20	
Air Conditioning Units / Heat Pump	\$15	
Bathroom Fans / Exhaust Fans	\$10	
Dryer Ducts	\$15	
Range Hood	\$15	
Garbage Incinerator	\$20	
Wood Stove, Pellet Stove, Fireplace Insert, Freestanding Gas or Oil Room Heater, (appliances without ducts) Gas Cooking Appliance, and Hydronic Heating Systems	\$15	
Gas Piping System with 1 to 4 Outlets	\$4	
Gas Piping System with 5 or more Outlets (Price per Outlet)	\$1	

COMMENTS

FEES DUE WITH APPLICATION

Sub-Total:
12% Surcharge:
TOTAL:

Signature of Applicant

Date

Revised

8.1.08



CITY OF MONMOUTH

BUILDING DEPARTMENT

151 Main Street W, Monmouth OR 97361 - Office: 503.751.0139 Fax: 503.838.0725

SPRINKLER / FIRE SUPPRESSION PERMIT APPLICATION

JOB SITE INFORMATION AND LOCATION

Job Site address:	
City/State/ZIP:	
Suite/Bldg./Apt #:	Project Name:
Subdivision:	Lot #:
Tax map/Parcel #:	

TYPE OF WORK

<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/Alteration/Replacement	<input type="checkbox"/> Other:

CATEGORY OF CONSTRUCTION

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial / Industrial
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Other:

DESCRIPTION OF WORK

Owner Signature (or proof of work) required if applicant is not owner: X _____

PROPERTY OWNER

Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

APPLICANT

Business Name:	
Contact Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

CONTRACTOR

Business Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CCB License #:	

NOTICE

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SPRINKLER VALUATION SCHEDULE

Use this schedule for all commercial installations, non-portable mechanical equipment or mechanical work *not covered under the itemized description table below*. You must indicate the dollar value of all mechanical materials, labor and equipment, overhead and profit.

Value of Work	Fees
\$1 - \$1,000	\$23
\$1,001 - \$10,000	\$23 + \$1.35/per \$100 over \$1000
\$10,001 - \$100,000	\$144.50 + \$8.50/per \$1000 over \$10,000
\$100,001+	\$991.50 + \$5.70/per \$1000 over \$100,000
Value: \$	

INFORMATION ON PLAN AND SPECIFICATIONS

Plans and specifications shall be drawn to scale and shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of this code and relevant law, ordinances, rules and regulations.

What type of system? (circle below) Dry / Wet / Deluge / Pre-Action / Anti-Freeze
What area density is the system design to?
What is the sprinkler occupancy classification?
What is the building use?
Do plans show all required seismic supports?
What is the water flow data? Residual _____ Static _____
When was it taken? _____ Who took it? _____
What NFPA code is the system designed to?
Where is the alarm signal sent, if system is required to be centrally monitored?

FEES DUE WITH APPLICATION

Permit issuance Fee:	
New fire sprinkler system:	
Fire sprinkler system alteration (\$55ea):	
SUBTOTAL:	
Plan Review (65% of permit fee):	
State Surcharge (12% or permit fee):	
TOTAL PERMIT FEE:	

Signature of Applicant

Date

Revised

8.1.08



**CITY OF MONMOUTH
BUILDING DEPARTMENT**

151 Main Street W, Monmouth OR 97361 - Office: 503.751.0139 Fax: 503.838.0725

PLUMBING PERMIT APPLICATION

JOB SITE INFORMATION AND LOCATION

Job Site address:	
City/State/ZIP:	
Suite/Bldg./Apt #:	Project Name:
Subdivision:	Lot #:
Tax map/Parcel #:	

TYPE OF WORK

<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/Alteration/Replacement	<input type="checkbox"/> Other:

CATEGORY OF CONSTRUCTION

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial / Industrial
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Other:

DESCRIPTION OF WORK

Owner Signature (or proof of work) required if applicant is not owner: X _____

PROPERTY OWNER

Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

APPLICANT

Business Name:	
Contact Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

CONTRACTOR

Business Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CCB License #:	

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RESIDENTIAL PLUMBING PERMIT FEES

Base Plumbing Fee	\$40	
Fixture Fee	\$16	
Water Service (First 100 feet or fraction thereof)	\$50	
Water Service (Each additional 100 feet or fraction thereof)	\$30	
Building Sewer (First 100 feet or fraction thereof)	\$50	
Building Sewer (Each additional 100 feet or fraction thereof)	\$30	
Storm Sewer or Rain Drain (First 100 feet or fraction thereof)	\$50	
Storm Sewer or Rain Drain (Each additional 100 feet or fraction thereof)	\$30	
New one and two family dwellings (includes first 100ft of water and sewer, and 39 fixture units)		

1 Bath	\$150	
2 Bath	\$210	
3 Bath	\$250	
4 Bath	\$280	

NEW COMMERCIAL, INDUSTRIAL, MULTIFAMILY DWELLINGS

10 or less fixtures	\$145	
Prefabricated structures (Utility Connection Only)	\$50	
Manufactured Homes in Parks (Sewer collection and water distribution)	\$50	
Backflow Device	\$40	

FEES DUE WITH APPLICATION

Sub-Total:	
12% Surcharge:	
TOTAL:	

Signature of Applicant

Date

Revised 8.1.08