

Mechanical Permit Application

Jurisdiction name: _____
 Address: _____
 Phone: - - - - - Fax: - - - - -
 E-mail: _____ Web: _____

DEPARTMENT USE ONLY	
Permit no.:	_____
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"/> Government	<input type="checkbox"/> 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: - - - - -
E-mail: _____		
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: - - - - -
E-mail: _____		
CCB license no.: _____		
Print name: _____		
Signature: _____		

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

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	Items	Cost ea.	Total cost
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 (equal to [A])			\$
(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 through E):			\$