

# MECHANICAL Permit Application



**INSPECTIONS, INC.**

445 SW 24th St.

Ontario, OR. 97914

Phone: (541) 889-7422 or (800) 916-0028 Fax: (541) 889-7529

Serving Malheur & Harney Counties

DEPARTMENT USE ONLY
Permit No.:
Date Issued:

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.

TYPE OF WORK (Check box)			
<input type="checkbox"/> New Const	<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other	
CATEGORY OF CONSTRUCTION (Check box)			
<input type="checkbox"/> 1&2 family dwelling	<input type="checkbox"/> Commercial/Industrial		
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Multi-Family		
JOB SITE INFORMATION AND LOCATION			
Job site Address:			
Suite/Apt/Space#:	City:	OR	Zip:
Job site - Business Name:			
<b>Cross St / Directions to Job Site:</b>			
DESCRIPTION OF WORK			
PROPERTY OWNER INFORMATION			
Print Name:			
Mailing Address:			
City:	ST.:	Zip:	
Phone: (    )	Cell: (    )		
<b>This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. ORS 701.010</b>			
<b>Owner Signature:</b>			
<b>Print Name:</b>	Date:		
CONTRACTOR INFORMATION			
Business Name:			
Contact Person:			
Address:			
City:	ST.:	Zip:	
Phone: (    )	Cell: (    )		
Fax: (    )	Email:		
CCB Lic. #:			
<b>Authorized signature required :</b>			
<b>Print Name:</b>	Date:		
I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701), that I am the owner or authorized agent of the owner, that the registration No. is correct and current, that the plans submitted are in compliance with state law.			

COMMERCIAL FEES			
<b>***Provide copy of contract/bid with this application</b>			
Permit and plan review fees are based on valuation of all work performed, in accordance with Structural Fee Schedule. Indicate the value of <b>all</b> mechanical, materials, equipment, labor, overhead and profit for the project.			
VALUE \$ _____			
RESIDENTIAL EQUIPMENT / SYSTEM FEES			
Description	Qty	Cost ea.	Total cost
<b>As Per The Current UMC Model Code</b>			
FOR EACH FURNACE/BURN.			
Up to 100,000 BTU		\$18.00	
Over 100,000 BTU		\$22.00	
HEAT PUMP or A/C EACH			
Up To 3 Ton/HP/100 MBH		\$18.00	
Up To 15 Ton/HP/500 MBH		\$30.00	
AHU	Up to 10,000 CFM	\$12.00	
UNIT HEATERS-- Susp., Wall, Floor mount		\$18.00	
EVAPORATIVE COOLER (Non Portable)		\$12.00	
WOOD/PELLET/GAS/OIL Stoves/Fireplace		\$12.00	
FUEL/GAS, Range, Oven, Dryer, etc		\$12.00	
ALTER / ADD of EXISTING SYSTEM		\$15.00	
REPAIR / ALTER / ADD OF EQUIPMENT		\$15.00	
FLUE VENT FOR wood/gas/pellet/oil stoves		\$8.00	
APPLICANCE VENTS Dryer/ Water Heater		\$8.00	
HOOD - Residential Kitchen duct/vent		\$12.00	
SINGLE DUCT EXHAUST VENT (Bathroom/toilet compartment/Utility rooms)		\$12.00	
INTERIOR FUEL/GAS PIPING 1-4outlets		\$15.00	
Additional (ea) outlets over 4		\$3.50	
EXTERIOR FUEL/GAS PIPING - 1ST 100'		\$30.00	
Additional 100' or part there of (per100')		\$30.00	
HYDRONIC HEAT EQUIP(excl boilers)		\$25.00	
HYDRONIC CIRCUIT LOOPS (Per circuit)		\$7.50	
APPLIANCE EQUIPMENT- (Regulated by code not classed in categories)		\$25.00	
RE-INSPECTION		\$65.00	
SPECIAL INSPECTION (per Hour) Min.		\$65.00	
<b>PERMIT ISSUANCE FEE</b>		<b>\$25.00</b>	<b>\$25.00</b>
PERMIT FEES			
(A) Enter subtotal of above fees (including permit issuance fee)		\$	
(B) Minimum permit fee <b>IF</b> above subtotal fee (A) is less than <b>\$55.00</b>		\$	<b>55.00</b>
(C) Investigative fee (equal to permit fee of (A) or (B) if applicable)		\$	
(D) State Surcharge 12% (.12 x (A)or(B)) (& (C) if applicable .		\$	
(E) Plan review 65% (.65 x (A) if required)		\$	
(F) Fire & Life Safety Fee 40% (.40 x (A) if required)		\$	
<b>TOTAL of Permit Fees (A) thru (F)</b>		\$	