

Mechanical Permit Application

CITY OF SPRINGFIELD, OREGON

225 Fifth Street ♦ Springfield, OR 97477 ♦ PH(541)726-3753 ♦ FAX(541)726-3689



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:
Reference:	Taxlot.:	
DESCRIPTION OF WORK		
PROPERTY OWNER		
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:		

FEE SCHEDULE			
Residential	Qty.	Cost ea.	Total cost
First Appliance		\$93.00	\$
Furnace/burner including ducts and vents			
Up to 100k BTU/hr.		\$21.00	\$
Over 100k BTU/hr.		\$24.00	\$
Heaters/stoves/vents			
Unit heater		\$21.00	\$
Wood/pellet/gas stove/flue		\$49.00	\$
Repair/alter/add to heating appliance/ refrigeration unit or cooling system/ absorption system		\$93.00	\$
Evaporated cooler		\$17.00	\$
Vent fan with one duct/appliance		\$12.00	\$
Hood with exhaust and duct		\$17.00	\$
Floor furnace including vent		\$93.00	\$
Gas piping			
One to four outlets		\$8.00	\$
Additional outlets (each)		\$5.00	\$
Air-handling units, including ducts			
Up to 10,000 CFM		\$14.00	\$
Over 10,000 CFM		\$24.00	\$
Compressor/absorption system/heat pump			
Up to 3 hp/100k BTU		\$21.00	\$
Up to 15 hp/500k BTU		\$38.00	\$
Up to 30 hp/1,000 BTU		\$56.00	\$
Up to 50 hp/1,750 BTU		\$72.00	\$
Over 50 hp/1,750 BTU		\$121.00	\$
Incinerators			
Domestic incinerator		\$24.00	\$
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		\$93.00	\$
Specially requested inspections (per		\$93.00	\$
Regulated equipment (unclassified)		\$17.00	\$
Each additional inspection: (1)		\$93.00	\$
DEPARTMENT USE			
(A) Enter subtotal of above fees (or enter set minimum fee of \$ 93.00)			\$
(B) Investigative fee (equal to [A])			\$
(C) Enter 12% surcharge (.12 x [A+B])			\$
(D) Seismic fee, 1% (.01 x [A])			\$
(E) Technology Fee (5% of [A])			\$
(F) Continuing Education Fee \$2.50			\$2.50
TOTAL fees and surcharges (A through F):			\$