



225 FIFTH STREET
 SPRINGFIELD, OR 97477
 PHONE: (541)726-3753
 FAX: (541)726-3676
 www.springfield-or.gov

Application Date: _____
 Permit #: _____
 Installation Address: _____

COMMERCIAL MECHANICAL PERMIT WORKSHEET

PLAN REVIEW: Is required for commercial projects that include installation of roof or floor-mounted equipment that weighs over 400 lbs., wall or ceiling-mounted equipment over 75 lbs., new HVAC gas piping systems, or significant alterations to existing systems.

ANCHORAGE: Provide details showing the type, number, and location or spacing of fasteners to attach mechanical equipment, including pipes and ducts to the structure.

ADDITIONALLY: Provide engineering calculations for the anchorage of:

- a) Equipment that weighs 400 lbs. or more.
- b) Equipment that weighs 75 lbs. or more (5 lb./ft or more for distributed systems) and is mounted more than four feet above the nearest adjacent floor or roof.
- c) Equipment for which the $I_p = 1.5$ (OSSC 1609.1, 1613.1, 1613.4.2)

In order to determine code compliance of the proposed installation please provide the following information in ADDITION TO the permit application:

	<u>Old Equipment</u>	<u>New or Replacement Equipment</u>
Type & Model	_____	_____
Unit Weight	_____	_____
Capacity (BTU, Ton, etc.)	_____	_____
Efficiency Rating (HSPF, SEER, etc.)	_____	_____
Outdoor Air supplied (CFM)	_____	_____
Ventilation supplied (CFM)	_____	_____
Exhaust Rate (CFM)	_____	_____
Structural Seismic Bracing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this installation within a Special Flood Hazard Area as determined by FEMA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Show on overhead plan view drawing or image and supporting documentation

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Legible copies of new equipment's manufacture's listing, cutsheets and install instructions |
| <input type="checkbox"/> | 2. ComCheck energy compliance forms |
| <input type="checkbox"/> | 3. *When required, stamped engineering calculations and struct details for seismic bracing |
| <input type="checkbox"/> | 4. Dimensions from new unit to edges of the roof |
| <input type="checkbox"/> | 5. Distinguish between new and old equipment |
| <input type="checkbox"/> | 6. Location on structure |
| <input type="checkbox"/> | 7. Size(s) of unit(s) |

EXCEPTIONS: Engineering calculations are *not* required for like-for-like replacement of existing rooftop equipment that meets the criteria of the Oregon Statewide Code Interpretation 16-01.

LIKE-FOR-LIKE EXCHANGE

Oregon Statewide Interpretation no. 16-01: "Structural Permit Requirements for the Replacements of Rooftop Mechanical Equipment", provides for like-for-like replacement of existing mechanical equipment without the need for a structural building permit if **ALL** of the following criteria are met:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. Less than 10% lbs. or 100 lbs. (greatest) from old |
| <input type="checkbox"/> | B. New size not > 10% or >6" from old size |
| <input type="checkbox"/> | C. Manufacturer specs for existing and replacement provided |
| <input type="checkbox"/> | D. No additional modifications to structure (no reframing of exist openings) |
| <input type="checkbox"/> | E. Replacement is located in same spot |
| <input type="checkbox"/> | F. Replacement unit mounted to existing curb (curb adapter requires structural permit) |
| <input type="checkbox"/> | G. Connection details or installation instruction provided |

Prepared and signed by: Building Owner Contractor Design Professional

I certify that the information provided above is complete and accurate to the best of my knowledge:

Signed: _____ Date: _____

Print Name: _____

CCB or Design Professional License Number: _____