



**Building Department**  
**215 E Gladys Avenue**  
**Hermiston, OR 97838**  
**Ph: 541-667-5025 Fax: 541-567-6731**

**MECHANICAL PERMIT APPLICATION**

DEPARTMENT USE ONLY	
Permit no:	
Date:	Issued by:

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"/> Commercial	
JOB SITE INFORMATION AND LOCATION		
Job site address:		
City:	State:	Zip:
Owner/Occupant Name:		
Address: (if different from above)		
City:	State:	Zip:
Owner phone #:		
DESCRIPTION OF WORK		
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
<b>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.</b>		
Signature:		
CONTRACTOR INSTALLATION		
Business Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
CCB license no.:	Exp. Date:	
Print Name:		
Signature:		

PERMIT FEES			
RESIDENTIAL	Qty	Fee	Amount
<b>Furnaces</b>			
Less than 100,000 BTU		\$ 11.00	
More than 100,000 BTU		\$ 12.50	
Floor Furnace		\$ 11.00	
<b>Heaters/Stoves/Vents</b>			
Suspended Heater/Unit Heater		\$ 11.00	
Appliance vent(Water heater)		\$ 8.00	
Wood Stove		\$ 9.50	
Gas Fireplace/Insert/Flue		\$ 9.50	
Evaporative Cooler		\$ 9.50	
Exhaust Fan, Residential		\$ 8.00	
<b>Compressor/Heat Pump</b>			
3hp, 100,000 BTU		\$ 11.00	
15hp, 500,000 BTU		\$ 16.00	
30 hp, 1,000,000 BTU		\$ 20.00	
50 hp, 1,750,000 BTU		\$ 27.50	
Over 50 hp, 1,750,000 BTU		\$ 42.50	
<b>Air-handling units</b>			
up to 10,000 CFM		\$ 9.50	
Over 10,000 CFM		\$ 12.50	
<b>Gas piping</b>			
Four or less connections		\$ 7.00	
More than four(per outlet)		\$ 5.50	
<b>Miscellaneous</b>			
Gas furnace or A/C control		\$ 10.00	
Duct/Venting		\$ 9.50	
Regulated appliances not covered above		\$ 9.50	
COMMERCIAL			
Enter total valuation of mechanical system and installation costs			\$
Enter Fee based on valuation of mechanical system, etc.			\$
A) Enter subtotal of above fees(or fee based on valuation)			\$
B) 12% Surcharge (.12 x A)			\$
C) 25% Plan Review for Commercial only			\$
<b>TOTAL fee and surcharges (A through C)</b>			\$

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Amount: \$
Credit card Number:	Exp:
Name on credit card:	

## Commercial Mechanical Permit Fee Table

<b>Commercial:</b> New, Alterations, Additions, Repairs, & Accessory Structures			
<b>Multifamily:</b> New, Alterations, Additions, Repairs, & Accessory Structures			
Total Valuation			Mechanical Permit Fee
\$1	to	\$5,000	\$50.00 minimum permit fee
\$5,001	to	\$10,000	\$50.00 for the first \$5,000 plus \$0.80 for each additional \$100.00 or fraction thereof, to and including \$10,000.
\$10,001	to	\$100,000	\$90.00 for the first \$10,000 plus \$2.00 for each additional \$1,000 or fraction thereof, to and including \$100,000.
\$100,001	and	up	\$280.00 for the first \$100,000 plus \$1.00 for each additional \$1,000 or fraction thereof
			<b>Plan Review Fee.....25% of Permit Fee</b>

## Commercial Plan Review Requirements

### Plan Review- Job involving (if yes to any, plan review required):

Yes/No

- New commercial building- other than warehouses, storage buildings, and those buildings where all tenant spaces are less than 2000 sq ft in area.
- Equipment weighing over 400 lbs installed on roofs(except when replaced with a similar unit).
- Type I hood.
- Spray booth.
- Change of occupancy or use when the building or tenant space is over 4000 sq ft in area.  
(except warehouses & storage buildings).
- Work in a hospital, clinic or medical lab.

**Two sets of plans must be submitted and plan review fees paid if you answered yes to any of the above questions.**