

Mechanical Permit Application

22500 Salamo Rd Box 900; West Linn OR 97068; Phone: 503-656-4211; Fax: 503-656-4106 Inspection Line: 503-722-5509(Call by 7AM); E-mail: bldg@westlinnoregon.gov Forms available at http://westlinnoregon.gov



	TYPE OF WORK					
☐ New construction ☐ Addition/alteration/replacement			(last updated 4/12)			
☐ Demolition ☐ Other:				COMMERCIAL FEE* SCHEDULE – USE CHECKLIST		
CATEGORY OF CONSTRUCTION				Mechanical permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of a		
☐ 1- and 2-family dwelling ☐ Commercial/industrial ☐ Accessory building			mechanical materials, equipment, labor, overhead, and profit. Value: \$			
☐ Multi-family ☐ Master builder ☐ Other:			RESIDENTIAL EQUIPMENT / SYSTEMS FEES*			
JOB SITE INFORMATION AND LOCATION			For special information use checklist.			
Job site address:			Description	Qty. Ea.	Total	
C' (G /ZIP			Heating/cooling	, , , , , , , , , , , , , , , , , , ,		
City/State/ZIP:			Furnace	31.00		
Suite/bldg./apt. no.: Projec		t name:	Air Conditioning ** Gas heat pump	25.00 25.00		
Cross street/directions to job site:			Duct work	19.00		
Closs street/directions to job si	ie.		Hydronic hot water system	31.00		
			Residential boiler (radiator			
			or hydronic)	25.00		
			Unit heaters (fuel-type, not			
Subdivision:	Intern		electric), in-wall, in-duct, suspended, etc.	25.00		
Subdivision.	Lot no		Flue/vent for any of above	19.00		
Tax map/parcel no.:			Other:	19.00		
	DESCRIPTION OF W	ORK	Other fuel appliances			
			Water heater	19.00		
			Gas fireplace	31.00		
			Flue vent for water heater			
			or gas fireplace	19.00		
			Log lighter (gas)	19.00		
			Wood/pellet stove	31.00		
☐ PROPERTY OV	VNER	☐ TENANT	Wood fireplace/insert Chimney/liner/flue/vent	31.00 19.00		
Name:			Other:	19.00		
Address:			Environmental exhaust and v			
			Range hood/ kitchen Eq.	19.00		
City/State/ZIP:			Clothes dryer exhaust	19.00		
Phone: ()	Fax: ()	Single-duct exhaust			
☐ APPLICAN		☐ CONTACT PERSON	(bathrooms, toilet	12.00		
Business name:			compartments, utility rooms) Attic/crawl space fans	13.00		
Busiliess liailie.			Other:	19.00		
Contact name:			Fuel piping (4 outlets)	9.00		
Address:			Each additional gas outlet	2.00		
			Gas Furnace, etc.	31.00		
City/State/ZIP:			Gas heat pump	25.00		
Phone: ()	Fax::	()	Wall/suspended/unit heater	25.00		
	l	<u> </u>	Water Heater-Gas Fired	19.00		
E-mail:			Fireplace-Manufactured	31.00		
	CONTRACTOR		Range	19.00		
Business name:			Barbecue Clothes dryer (gas)	19.00		
Address:			7 (0 /	19.00 19.00		
			Other:	CAL PERMIT FEES*		
City/State/ZIP:			W.L.O. TANKE	Subtotal		
Phone: ()	Fax: ()	Minimum Permit Fee		100.00	
CCB lic.:	`	inn or Metro Lic:	State surcharge (12% of permit fee)		·	
	11 631 12			OTAL PERMIT FEE		
Print Name:		This permit application expires if a pe been accepted as complete. ** NE	rmit is not obtained within 180 d	lays after it has		
Signature:						