



Mechanical Permit Application

22500 Salamo Road; West Linn OR 97068; Phone: 503-656-4211; Fax: 503-656-4106
Inspection Line: 1-888-299-2821; E-mail: bldg@westlinnoregon.gov
Inspection Portal: <http://www.oregon-epermitting.info/>
Forms available at <http://westlinnoregon.gov>



| TYPE OF WORK | | |
|---|--|---|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Addition/alteration/replacement | |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Other: | |
| CATEGORY OF CONSTRUCTION | | |
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial | <input type="checkbox"/> Accessory building |
| <input type="checkbox"/> Multi-family | <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |
| JOB SITE INFORMATION AND LOCATION | | |
| Job site address: | | |
| City/State/ZIP: | | |
| Suite/bldg./apt. no.: | Project name: | |
| Cross street/directions to job site: | | |
| | | |
| | | |
| Subdivision: | Lot no.: | |
| Tax map/parcel no.: | | |
| DESCRIPTION OF WORK | | |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> PROPERTY OWNER | <input type="checkbox"/> TENANT | |
| Name: | | |
| Address: | | |
| City/State/ZIP: | | |
| Phone: () | Fax: () | |
| <input type="checkbox"/> APPLICANT | <input type="checkbox"/> CONTACT PERSON | |
| Business name: | | |
| Contact name: | | |
| Address: | | |
| City/State/ZIP: | | |
| Phone: () | Fax: () | |
| E-mail: | | |
| CONTRACTOR | | |
| Business name: | | |
| Address: | | |
| City/State/ZIP: | | |
| Phone: () | Fax: () | |
| CCB lic.: | West Linn or Metro Lic: | |
| Print Name: _____ Date: _____ | | |
| Signature: _____ | | |

(last updated 5/15)

| COMMERCIAL FEE* SCHEDULE – USE CHECKLIST | | | |
|---|------|-------|--------|
| Mechanical permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit. | | | |
| Value: \$ | | | |
| RESIDENTIAL EQUIPMENT / SYSTEMS FEES* | | | |
| <i>For special information use checklist.</i> | | | |
| Description | Qty. | Ea. | Total |
| Heating/cooling | | | |
| Furnace | | 31.00 | |
| Air Conditioning ** | | 25.00 | |
| Gas heat pump | | 25.00 | |
| Duct work | | 19.00 | |
| Hydronic hot water system | | 31.00 | |
| Residential boiler (radiator or hydronic) | | 25.00 | |
| Unit heaters (fuel-type, not electric), in-wall, in-duct, suspended, etc. | | 25.00 | |
| Flue/vent for any of above | | 19.00 | |
| Other: | | 19.00 | |
| 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 | |
| Wood fireplace/insert | | 31.00 | |
| Chimney/liner/flue/vent | | 19.00 | |
| Other: | | 19.00 | |
| Environmental exhaust and ventilation | | | |
| Range hood/ kitchen Eq. | | 19.00 | |
| Clothes dryer exhaust | | 19.00 | |
| Single-duct exhaust (bathrooms, toilet compartments, utility rooms) | | 13.00 | |
| Attic/crawl space fans | | 13.00 | |
| Other: | | 19.00 | |
| Fuel piping (4 outlets) | | 9.00 | |
| Each additional gas outlet | | 2.00 | |
| Gas Furnace, etc. | | 31.00 | |
| Gas heat pump | | 25.00 | |
| Wall/suspended/unit heater | | 25.00 | |
| Water Heater-Gas Fired | | 19.00 | |
| Fireplace-Manufactured | | 31.00 | |
| Range | | 19.00 | |
| Barbecue | | 19.00 | |
| Clothes dryer (gas) | | 19.00 | |
| Other: | | 19.00 | |
| MECHANICAL PERMIT FEES* | | | |
| Subtotal | | | |
| Minimum Permit Fee | | | 100.00 |
| State surcharge (12% of permit fee) | | | |
| TOTAL PERMIT FEE | | | |
| <small>This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. ** A/C UNITS REQUIRE SITE PLAN</small> | | | |