

# Mechanical Permit Application

Jurisdiction name: **Benton County**

Address: **Kalapuya Building - 4500 SW Research Way, Corvallis OR 97333**

Phone: **(541) 766-6819**

Inspection # **1-888-299-2821** Web: <https://cd.bentoncountyor.gov/>



| 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:                                |
| Map and tax lot #:   |                                     |                                     |
| DESCRIPTION OF WORK  |                                     |                                     |
|  |                                     |                                     |
|  |                                     |                                     |
| APPLICANT INFORMATION  |                                     |                                     |
| Name:  |                                     |                                     |
| Address:   |                                     |                                     |
| City:  | State:                              | ZIP:                                |
| Phone: - -   | Fax: - -                            |                                     |
| E-mail:  |                                     |                                     |
| PROPERTY OWNER INFORMATION   |                                     |                                     |
| 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 – 1 & 2 Family  | Qty.  | Cost ea. | Total cost |
| Fuel burning stove, fireplace, insert, lighter  |   | \$38.65  | \$         |
| Furnace, air conditioner, heat pump   |   | \$38.65  | \$         |
| Clothes dryer, exhaust fan, hood  |   | \$25.75  | \$         |
| Other appliance or equipment (hydronic heating)   |   | \$25.75  | \$         |
| Gas piping system, new or altered (1 fee for all connections + each appliance)  |   | \$25.75  | \$         |
| Alteration to mechanical equipment or system  |   | \$25.75  | \$         |
| Commercial  |   |          |            |
| Enter total valuation of mechanical system and installation costs \$ _____  |   |          |            |
| Valuation Range   | Fee Based on Valuation  |          |            |
| \$1.00 - \$500.00   | \$79.55   |          |            |
| \$501.00 - \$2000.00  | (\$79.55 for the first \$500.00) + (\$1.90 for each additional \$100.00 or fraction thereof)      |          |            |
| \$2001.00 - \$25,000.00   | (\$108.05 for the first \$2000.00) + (\$7.85 for each additional \$1000.00 or fraction thereof)   |          |            |
| \$25,001.00 - \$50,000.00   | (\$288.60 for the first \$25,000.00) + (\$5.90 for each additional \$1000.00 or fraction thereof) |          |            |
| \$50,001.00 - \$100,000.00  | (\$436.10 for first \$50,000.00) + (\$3.90 for each additional \$1000.00 or fraction thereof)     |          |            |
| \$100,001.00 and up   | (\$631.10 for first \$100,000.00) + (\$3.05 for each additional \$1000.00 or fraction thereof)    |          |            |
| Enter fee based on valuation of mechanical system   |   |          | \$         |
| Miscellaneous fees  | Qty.  | Cost ea. | Total cost |
| Re-inspection   |   | \$100.00 | \$         |
| Specially requested inspections   |   | \$100.00 | \$         |
| APPLICANT USE   |   |          |            |
| (A) Enter subtotal of above fees (Minimum permit fee \$92.00)   |   | \$       |            |
| (B) Investigative fee: (\$50 per ½ hr., 1 hr. min.)   |   | \$       |            |
| (C) Enter 12% surcharge (.12 x [A+B])   |   | \$       |            |
| (D) Seismic fee, 1% (.01 x permit fee [A])  |   | \$       |            |
| (E) Plan review (25% of [A])  |   | \$       |            |
| <b>TOTAL fees and surcharges (A through E):</b>   |   | \$       |            |
| For Office Use Only   |   |          |            |
| FBB: <input type="checkbox"/> Yes <input type="checkbox"/> No      FP: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |          |            |
| Notes:  |   |          |            |