MECHANICAL PERMIT APPLICATION



CITY OF NEWPORT

Community Development Dept. 169 SW Coast Hwy Newport, OR 97365 (541) 574-0629 (541)574-0644 Fax

INSP: BuildingPermits.Oregon.gov or phone: 1-888-299-2821

Office Use only			
Permit #:			
Parent Permit Applicable?	Yes	<u>No</u>	
Parent #:			

Applications may be obtained online at: www.newportoregon.gov/business/formsAppsPermits.asp Application MUST be complete for processing, or will be returned 1. Job Information (where work is taking place) Job Site Address: 2. Owner's Name: ______ Full Mailing Address: City/State/Zip: _____ Phone #: ______ Email: _____ Is this installation being made on your own residential property by you (owner) or a member of your immediate family; and where the property is not intended for sale, exchange, lease, or rent? ____ No ____ Yes 3. Applicant Information (owner or authorized agent) O Mark if same as owner O Mark if same as contractor Name of Applicant: Full Mailing Address: _____ City/State/Zip: Phone #: _____ Email: _____ 4. Contractor Information (person/co performing work) Name of contractor: ___ Full Mailing Address: City/State/Zip: Phone #: _____ Email: _____ OR CCB # (req'd): ______ Active? O State Lic. (req'd): Type:_____ #:_____ City Business License # (req'd): _____ 5. Contact Person (receives permit correspondence) same as: O owner O contractor O applicant Name of Contact: Full Mailing Address: ______ City/State/Zip:

6.	Full Description of work proposed:

7. JOB INFORMATION – to be completed by Applicant:

Time of County of County	I = / I I \		
Type of Construction: (check one)	Work Type (check one)		
Commercial	Accessory Structure		
Manufactured Home	Addition		
Multi-Family	Alteration		
One & Two Family	New		
Townhouse	Repair		
	Gas Line Only		
	Backflow Device Only		
Plan review exemption reasons (s):	Repair/replacement of existing		
(structural, electrical and/or plumbing	vents; not replacing an appliance		
permits & plan review may be	Repair/alteration of existing HVAC		
required on some of the exempted	appliances or controls		
items.)	Replacement of appliances rated		
	<100,000 BTUs or 400 lbs. (whichever		
	is greater)		
	Gas line extensions < 6 ft.		
	Reconnecting gas lines to		
	appliances rated <100,000 BTUs		
	Walk-in coolers <120 sq. ft.		

RESIDENTIAL FEE SCHEDULE

Description	Qty		Each	Total
Air conditioner		х	\$20.00	
Air Handling Unit up to 10,000 cfm		х	\$5.85	
Air Handling Unit 10,001 cfm &				
over		х	\$9.75	
Appliance or piece of equip.				
regulated by code but not				
classified in other appliance				
categories		х	\$9.50	
Appliance vent installation,				
relocation, or replacement not				
included in an appliance permit		х	\$28.60	
Attic/crawl space fans		х	\$7.40	
Boiler/compressor/absorption				
system up to 3 HP or 100,000 BTU		х	\$7.80	
Boiler/compressor/absorption				
system up to 15 HP or 500,000				
BTU		х	\$14.30	
Boiler/compressor/absorption				
system up to 30 HP or 1,000,000				
BTU		х	\$19.50	
Boiler/compressor/absorption				
system up to 50 HP or 1,750,000				
BTU		х	\$29.25	
Boiler/compressor/absorption				
system over 50 HP or 1,750,000				
BTU		х	\$48.75	
Barbecue		х	\$11.00	
Chimney/liner/flue/vent		х	\$5.85	
Clothes dryer exhaust		х	\$5.85	
Decorative gas fireplace		х	\$5.85	
Evaporative cooler other than			_	
portable		х	\$5.85	

Phone #: _____ Email: _____

Floor furnace including yest		1	ć7 90	I
Floor furnace, including vent		Х	\$7.80	
Flue vent for water heater or gas			ć11 00	
fireplace		X	\$11.00	
Furnace: up to 100,000 BTU		X	\$7.80	
Furnace: > 100,000 BTU		Х	\$9.75	
Furnace/burner, including duct		.,	ć10.00	
work/vent/liner		Х	\$19.00	
Gas or wood fireplace/insert		Х	\$11.00	
Gas fuel piping outlets (first 4)		=	\$2.60	
Each add'l outlet		Х	\$0.65	
Heat pump		Х	\$7.80	
Hood served by mechanical			ÅF 05	
exhaust, including ducts for hood		Х	\$5.85	
Hydronic hot water system		Х	\$11.00	
Installation or relocation			40 ==	
domestic-type incinerator		Х	\$9.75	
Mini split system		Х	\$25.00	
Oil tank/gas/diesel generators		X	\$22.00	
Pool or spa heater, kiln		X	\$5.85	
Radon mitigation		Х	\$22.00	
Range hood/other kitchen equip.		X	\$11.00	
Repair, alteration, or addition to				
mechanical appliance, including			4	
installation of controls		X	\$7.80	
Suspended heater, recessed wall				
heater, or floor-mounted unit				
heater		X	\$22.00	
Ventilation fan connected to			4	
single duct		Х	\$3.90	
Ventilation system not a portion				
of heating or air-conditioning			444.00	
system authorized by permit		Х	\$11.00	
Water heater		Х	\$11.00	
Wood/pellet stove		Х	\$5.85	
Other heating/cooling:			4	
		X	\$5.85	
Other fuel appliance:			4	
		X	\$5.85	
Other environment				
exhaust/ventilation:			4-0-	
5 1 1W: .:		X	\$5.85	
Each add'l inspection		Х	\$55.00	
MECHANIAL PERMIT FEES				
A) Permit Subtotal (from above chec	cklist)			
) C C +	han \$75 - \$75\	
B) Minimum Permit Fee (only of Li C) Permit Total (A or B above)	ine A IS IE	:35 [han \$75 = \$75)	
	hu!::	,		
Special inspection fee (\$65/hr. w/1		<u> </u>		
Plan Review (40% of Permit Total = 0	L X U.4U)			-
Add'l plan review (\$75/hr.)	1.6.5	4.0.		
State Surcharge (12% of Permit Tota	$aI = C \times 0.$	12)		
Re-Inspection fee (\$55/hr.)				
		TOT	AL PERMIT FEE	ĺ

I hereby certify I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

Copyright Release: I hereby grant permission to the City of Newport to replicate, scan and post to the internet, in whole or part, drawings & all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities and members of the general public

By attaching a signature, I certify herein that I have read, understood, and
confirm all the statements listed above & throughout the application form.
l agree:

Authorized/Owner Signature: ___

Print Name:	
Date:	

COMMERCIAL & MULTI-FAMILY FEES:

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all material & labor for the work indicated on this application. Valuation:

PERMIT FEES

Valuation	Permit Fee	Each Add'l	Total	
\$0 - \$500	\$13.00	-		
\$501 - \$2,000	\$13.00 for the	+ \$1.95 ea.		
	first \$500	Add'l \$100		
		or fraction		
		threof to &		
		including		
		\$2,000		
\$2,001 -	\$42.25 for the	+ \$7.80 for		
\$25,000	first \$2,000	ea. Add'l		
		\$1,000 or		
		fraction		
		thereof to &		
		iuncluding		
		\$25,000		
\$25,001 -	\$221.65 for	+ \$5.85 for		
\$50,000	the first	ea. Add'l		
	\$25,000	\$1,000 or		
		fraction		
		threof to &		
		including		
		\$50,000		
\$50,001 -	\$367.90 for	+ \$3.90 for		
\$100,000	the first	ea. Add'l		
	\$50,000	\$1,000. or		
		fraction		
		thereof to &		
		including		
		\$100,000		
\$100,001 & up	\$562.90 for	+ \$3.25 for		
	the first	ea. Add'l		
	\$100,000	\$1,000 or		
		fraction		
		thereof		
Commercial Re-	Roof Permit Fee			
A) Permit Subtot	al (total from abo	ve checklist)		
B) Minimum per	mit fee (only if A i	s less than \$75 = \$75)		
Special inspection	n fee (\$65/hr. w/:	1 hr. min.)		
State Surcharge	(12% of permit su	btotal = A or B x 0.12)		
Plan Review (409	% of Permit Total :	= C x 0.40)		
Add'l plan reviev	v (\$75/hr.)	·		
Re-inspection fe	e (\$55/hr.)			
TOTAL PERMIT FEE				

Note: This permit becomes null & void if work authorized is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.