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 #:		

•	plications may be obtained online at: vw.newportoregon.gov/business/formsAppsPermits.asp
Αp	plication 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? Yes No
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)

6.	Full Description of work proposed:			

7. JOB INFORMATION – to be completed by Applicant:

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	g 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	

same as: O owner O contractor O applicant

City/State/Zip:

Name of Contact: _______
Full Mailing Address: ______

Phone #: _____ Email: _____

Floor furnace, including vent		Х	\$7.80		
Flue vent for water heater or gas					
fireplace		X	\$11.00		
Furnace: up to 100,000 BTU		X	\$7.80		
Furnace: > 100,000 BTU		X	\$9.75		
Furnace/burner, including duct					
work/vent/liner		X	\$19.00		
Gas or wood fireplace/insert		X	\$11.00		
Gas fuel piping outlets (first 4)			\$2.60		
Each add'l outlet		X	\$0.65		
Heat pump		X	\$7.80		
Hood served by mechanical					
exhaust, including ducts for hood		X	\$5.85		
Hydronic hot water system		X	\$11.00		
Installation or relocation					
domestic-type incinerator		X	\$9.75		
Mini split system		Х	\$25.00		
Oil tank/gas/diesel generators		X	\$22.00		
Pool or spa heater, kiln		Х	\$5.85		
Radon mitigation		Х	\$22.00		
Range hood/other kitchen equip.		X	\$11.00		
Repair, alteration, or addition to					
mechanical appliance, including					
installation of controls		X	\$7.80		
Suspended heater, recessed wall					
heater, or floor-mounted unit					
heater		X	\$22.00		
Ventilation fan connected to					
single duct		X	\$3.90		
Ventilation system not a portion					
of heating or air-conditioning			*** **		
system authorized by permit		X	\$11.00		
Water heater		X	\$11.00		
Wood/pellet stove		X	\$5.85		
Other heating/cooling:			4		
		X	\$5.85		
Other fuel appliance:			ÅF 05		
Oth sa amains and a si		Х	\$5.85		
Other environment					
exhaust/ventilation:		v	ĆE OF		
Each add'l inspection		X	\$5.85 \$55.00		
Lacii auu i iiispectioii		х	333.UU		
MECHANIAL PERMIT FEES				<u> </u>	
A) Permit Subtotal (from above chec	:klist)			<u> </u>	
·		.cc ^	han 675 – 675\		
	ne a is le	ess t	han \$75 = \$75)		
C) Permit Total (A or B above)	ha				
Special inspection fee (\$65/hr. w/1					
Plan Review (40% of Permit Total = C x 0.40)					
Add'I plan review (\$75/hr.)					
State Surcharge (12% of Permit Total = C x 0.12)					
Re-Inspection fee (\$55/hr.) TOTAL PERMIT FEE					

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

Authorized/Owner Signature: _	
_	
3-4	

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 first \$500	+ \$1.95 ea. Add'l \$100 or fraction thereof to & including			
\$2,001 - \$25,000	\$42.25 for the first \$2,000	\$2,000 + \$7.80 for ea. Add'l \$1,000 or fraction thereof to & including \$25,000			
\$25,001 - \$50,000	\$221.65 for the first \$25,000	+ \$5.85 for ea. Add'l \$1,000 or fraction thereof to & including \$50,000			
\$50,001 - \$100,000	\$367.90 for the first \$50,000	+ \$3.90 for ea. Add'I \$1,000. or fraction thereof to & including \$100,000			
\$100,001 & up	\$562.90 for the first \$100,000	+ \$3.25 for ea. Add'l \$1,000 or fraction thereof			
Commercial Med	chanical Permit Fe	e			
A) Permit Subtotal (total from above checklist)					
B) Minimum permit fee (only if A is less than \$75 = \$75) Special inspection fee (\$65/hr. w/1 hr. min.)					
State Surcharge (12% of permit subtotal = A or B x 0.12)					
Plan Review (40%	% of Permit Total :	= C x 0.40)			
Add'l plan review (\$75/hr.)					
Re-inspection fee (\$55/hr.)					

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.

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

rint Name:			
-			

I agree: _____