Mechanical Permit Application

City of Tualatin

☐ New construction

☐ Demolition

Print name:

10699 SW Herman Rd. Tualatin, OR 97062



Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

☐ Addition/alteration/replacement



Date:

OFFICE USE ONLY Date received: _____ Permit # ___ Date Issued: ______ By: _____ Receipt: _____ **COMMERCIAL - FEE SCHEDULE** Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials and labor. Valuation: \$ RESIDENTIAL EQUIPMENT/SYSTEMS FEES Please refer to current fee schedule Description Qty. Heating/cooling Furnace, incl. ductwork, vent, and liner Air conditioner (site plan required) Heat pump (site plan required) Duct work, alterations and additions Hydronic piping system Residential boiler (radiator / hydronic) Unit heaters (fuel-type, not electric), inwall, in-duct, suspended, etc. Flue/Vent for any of the above Other Fuel Appliances Water heater Gas fireplace /insert /stove Flue vent for gas water heater or fireplace Gas log lighter Wood / pellet stove Chimney / liner / flue / vent Other: Range hood / other kitchen equipment Clothes dryer exhaust Single-duct exhaust Attic/crawlspace fans Whole-house ventilation Radon mitigation Other: Fuel piping \$26.25 for first four; \$15.75 for each additional Wall/suspended/unit heater Water heater Fireplace/log lighter/gas log Range Barbecue Clothes dryer Other: Total Outlets **MECHANICAL PERMIT FEES** Fee Type Amount Permit Fee Plan review (70% of permit fee) State surcharge (12% of permit fee) Technology fee (3% of permit fee)

☐ 1- and 2-family dwelling ☐ Commercial ☐ Accessory building ☐ Multi-family ☐ Industrial 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** PROPERTY OWNER Name: Address: City/State/ZIP: Phone: Email: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: CONTRACTOR Business name: Address: City/State/ZIP: Phone: E-mail: CCB lic.: City or metro lic .: Authorized signature:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

TOTAL PERMIT FEE