



# Mechanical Permit Application

## Marion County Public Works

5155 Silverton Rd NE

Salem, Oregon 97305

Phone: (503) 588-5147 Fax: (503) 588-7948

Email: [Building@co.marion.or.us](mailto:Building@co.marion.or.us)

Internet address: [www.co.marion.or.us](http://www.co.marion.or.us)

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Owner name:	
Owner phone number:	
Job site address:	
City/State/Zip:	
Suite/Bldg/apt no.:	Project name:
Cross Street/ Directions to job site:	
Subdivision:	Lot no:
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/ ZIP:	
Phone:	Fax:
E-mail:	
<b>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.</b>	
Signature:	
<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> APPLICANT
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ( )	Fax: ( )
E-mail:	
CCB License no.:	
Print name :	
Signature:	

See other side for Commercial Mechanical Permit Fee Schedule

FEE SCHEDULE			
Residential	Qty.	Cost each	Total cost
<b>Furnace/burner including ducts and vents</b>			
Up to 100k BTU/hr.		\$20.75	\$
Over 100k BTU/hr.		\$20.75	\$
<b>Heaters/stoves/vents</b>			
Unit heater		\$20.75	\$
Wood/pellet/gas stove/flue		\$20.75	\$
Repair/alter/add to heating appliance/ refrigeration unit or cooling system/ absorption system		\$20.75	\$
Evaporated cooler		\$20.75	\$
Vent fan with one duct/appliance vent		\$10.25	\$
Hood with exhaust and duct		\$10.25	\$
Floor furnace including vent		\$20.75	\$
<b>Gas piping</b>			
One to four outlets		\$20.75	\$
Additional outlets (each)		\$0.00	\$
<b>Air-handling units, including ducts</b>			
Up to 10,000 CFM		\$20.75	\$
Over 10,000 CFM		\$20.75	\$
<b>Compressor/absorption system/heat pump</b>			
Up to 3 hp/100k BTU		\$20.75	\$
Up to 15 hp/500k BTU		\$20.75	\$
Over 30 hp/1,000 BTU		\$20.75	\$
<b>Incinerators</b>			
Domestic incinerator		\$20.75	\$
<b>Commercial</b>			
Enter total valuation of mechanical system and installation costs \$ .			
Enter fee based on valuation of mechanical system, etc.			\$
Miscellaneous fees	Items	Cost ea.	Total cost
Dwelling Permit Labels		NC	
Reinspection		\$52.00	\$
Specially requested inspections (per hr)		\$67.25	\$
Other regulated residential equipment		\$20.75	\$
FOR APPLICANT USE			
Minimum Permit Fee			\$67.25
(A) Enter subtotal of above fees (or min. permit fee, whichever is greater.)			
(B) Investigative fee - <b>if applicable</b> (equal to [A])			
(C) Enter 12% surcharge (.12 x [A+B])			
(D) Seismic fee, 1% (.01 x permit fee [A])			
(E) Plan review 25% - <b>if applicable</b> (0.25 x [A])			
<b>TOTAL fees and surcharges (A through E):</b>			

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.

**Table B-1: Commercial Mechanical Permit Fee Table**

<b>Commercial:</b> New, Alterations, Additions, Repairs, & Accessory Structure <b>Multifamily:</b> New, Alterations, Additions, Repairs, & Accessory Structures		
<b>Total Valuation</b>		<b>Mechanical Permit Fee</b>
\$1	to \$2,000	\$67.25 minimum permit fee
\$2,001	to \$25,000	\$65.00 for the first \$2000 plus \$11.00 for each additional \$1000, or fraction thereof, to and including \$25,000
\$25,001	to \$50,000	\$318.00 for the first \$25,000 plus \$9.00 for each additional \$1000, or fraction thereof, to and including \$50,000
\$50,001	to \$100,000	\$543.00 for the first \$50,000 plus \$6.00 for each additional \$1000, or fraction thereof, to and including \$100,000
\$100,001	and up	\$843.00 for the first \$100,000 plus \$4.00 for each additional \$1000, or fraction thereof

### Commercial Plan Review Requirements

**Plan Review – Job Involving (if yes to any, plan review required):**

Yes / No

- New commercial building - other than warehouses, storage buildings, and those buildings where all tenant spaces are less than 2000 ft<sup>2</sup> in area.
- Equipment weighing over 400 lbs installed on roofs (except when replaced with a similar unit).
- Type I hood.
- Spray booth.
- Change of occupancy or use when the building or tenant space is over 4000 sf<sup>2</sup> in area (except warehouses & storage buildings).
- Work in a hospital, clinic or medical lab.

**Two sets of plans must be submitted and plans review fees paid if you answered yes to any of the above questions.**