



Building Department

1655 First Street

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Baker City, OR 97814

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FOR DEPARTMENT USE ONLY

PERMIT NUMBER:

DATE ISSUED:

COMMERICAL MECHANICAL PERMIT APPLICATION

JOB SITE INFORMATION		OWNER INFORMATION	
Company Name:	Name:		
Contact Name:	Address:		
Address:	City:	State:	Zip:
City, State, Zip:	Phone:	Work:	
Directions, cross streets, etc.:	Cell#:	Fax:	
	Email:		

CHECKLIST:

Commercial Mechanical Permit Fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical labor and materials. MOST COMMON ITEMS ARE LISTED BELOW, FOR ALL OTHER ITEMS PLEASE LIST.			
	NUMBER OF ITEMS:	AMOUNT EACH:	TOTAL AMOUNT:
FURNACE			
AIR CONDITIONER			
HEAT PUMP			
DUCT WORK			
UNIT HEATER			
FLUE/VENT			
FIRE DAMPERS/SMOKE DAMPERS			
HYDRONIC PIPING			
WATER HEATER (GAS)			
WOOD/FIREPLACE INSERT			
CHIMNEY/LINER/VENT/FLUE			
GAS PIPING			
TYPE I HOOD/TYPE II HOOD			
DRYER EXHAUST			
EXHAUST FAN(S)			
DUST COLLECTION SYSTEM			
Description of work being performed:			
TOTAL MATERIAL COST:			\$
LABOR COST			\$
TOTAL PROJECT VALUE:			\$
(A) Enter total of above fees (minimum permit fee \$63.42):			\$
(B) Enter 12% state surcharge fee (0.12 x (A)):			\$
(C) Enter 25% Plan Review fee (0.25 x (A) if applicable):			\$
(D) Investigation Fee (\$60.96 per hour if applicable):			\$
(E) Miscellaneous Fee:			\$
		Grand Total:	\$

Applicant must hold an Oregon registration to conduct a construction business or be exempt from this requirement. I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUEANCE OR IF WORK IS SUSPENDED FOR 180 DAYS. IT IS TH ERESPONSIBILITY OF THE PERMIT HOLDER TO REQUEST ALL INSPECTIONS.

[] I AM THE PROPERTY OWNER DOING MY OWN WORK

Contractor: _____ **Phone:** _____

Address: _____

CCB#: _____ **Exp. Date:** _____ **Boiler#:** _____ **Exp. Date:** _____ **LHR#:** _____ **Exp. Date:** _____ **Other Lic.#:** _____

Signature: _____ **Date:** _____