1655 First Street
P.O Box 650
Baker City, OR 97814
EMAIL: permits@bakercity.gov
INSPECTIONS/OFFICE: (541) 524 2054

COMMERCIAL MECHANICAL APPLICATION

FOR DEPARTMENT USE ONLY

PERMIT NUMBER

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.

Please provide a copy of the quote to your customer.

* Equipment Information and/or manufacturer's installation instructions may be required.

Description of work being performed:

TOTAL PROJECT VALUE:	$
(A) Enter total of above fees (minimum permit fee $66.59):	$
(B) Investigation Fee ($66.59 per hour, if applicable):	$
(C) Enter 25% Plan Review fee (0.25 x A) if applicable:	$
(D) Enter 12% state surcharge fee (0.12 x A):	$
(E) Miscellaneous Fee:	$
GRAND TOTAL:	$

The person performing the work must hold a valid license from the Oregon CCB, or be exempt from this requirement. By signing below you agree that all work will be performed in accordance with all Oregon Building Code laws, and will call for all required inspections. This permit is issued for 180 days and will expire if an inspection is not requested within this time. It is the responsibility of the permit holder to request all inspections.

☐ I AM THE PROPERTY OWNER DOING MY OWN WORK

Contractor: **Phone:**

Address:

Email:

CCB#: **Exp. Date:** **LPG#:** **Exp. Date:** **Other Lic. #:**

Signature: **Date:**