



# Mechanical Permit Application

## Linn County Planning and Building

300 SW 4th Ave

Albany, Oregon 97321

Phone: (541) 967-3816 Fax: (541) 926-2060

Email: [planoffice@co.linn.or.us](mailto:planoffice@co.linn.or.us)

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

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government
<input type="checkbox"/> Commercial	
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/Zip:	
Suite/Bldg/apt no.:	Project name:
Business Name, if applicable:	
DESCRIPTION OF WORK	
PROPERTY OWNER INFORMATION	
Name:	
Mailing Address:	
City/State/ ZIP:	
Phone:	Fax:
E-mail:	
<b>For Property Owner Installations:</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.	
Signature: _____ Date: _____	
CCB form is required for property owner installations <a href="#">Click Here</a>	
CONTRACTOR INFORMATION	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CCB License no.:	
Print name :	
Signature:	
APPLICANT	
<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor

FEE SCHEDULE			
Residential	Qty.	Cost each	Total cost
<b>Furnace/burner including ducts and vents</b>			
Up to 100k BTU/hr.		\$24.00	\$
Over 100k BTU/hr.		\$29.50	\$
<b>Heaters/stoves/vents</b>			
Unit heater		\$24.00	\$
Wood/pellet/gas stove/flue		\$24.00	\$
Repair/alter/add to heating appliance/ refrigeration unit or cooling system/ absorption system		\$20.75	\$
Evaporated cooler		\$17.50	\$
Vent fan with one duct/appliance vent		\$13.00	\$
Hood with exhaust and duct		\$13.00	\$
Floor furnace including vent		\$24.00	\$
<b>Gas piping</b>			
One to four outlets		\$47.00	\$
Additional outlets (each)		\$1.75	\$
<b>Air-handling units, including ducts</b>			
Up to 10,000 CFM		\$14.25	\$
Over 10,000 CFM		\$25.00	\$
<b>Compressor/absorption system/heat pump</b>			
Up to 3 hp/100k BTU		\$17.50	\$
Up to 15 hp/500k BTU		\$35.00	\$
Over 30 hp/1,000 BTU		\$52.50	\$
<b>Incinerators</b>			
Domestic incinerator		\$24.00	\$
<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
Reinspection		\$65.00	\$
Specially requested inspections (per hr)		\$65.00	\$
Other regulated residential equipment		\$20.75	\$
FOR APPLICANT USE			
Issuance Fee			\$55.00
(A) Enter subtotal of above fees (.)			
(B) Investigative fee – if applicable (equal to [A])			
(C) Enter 12% surcharge (.12 x [A+B])			
(D) Plan review 25% - if applicable (0.25 x [A])			
<b>TOTAL fees and surcharges (A through D):</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.  
G: FORMS\MECH\M-01 0 6/2020

Permit \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.**