



# City of Ashland

Building Safety Department

Address: 51 Winburn Way, Ashland OR 97520

Phone: 541-488-5305 Fax: 541-488-6006

Web: [www.ashland.or.us](http://www.ashland.or.us)

## MECHANICAL PERMIT APPLICATION

Permit #: BD -

Date:

**This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

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:
Subdivision:		Lot no.:
DESCRIPTION OF WORK		
PROPERTY OWNER		
Name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
This property owner 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:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
CCB license no.:		
City of Ashland license no.:		
Print name:		
Signature:		

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - -
_____ / _____	
Credit card number	Expiration
_____	
Name of cardholder as shown on credit card	
_____	
Cardholder signature	\$ _____
	Amount

FEE SCHEDULE			
Residential	Qty.	Cost ea.	Total cost
Mechanical permit Minimum Fee		\$75	\$
Supplemental fee		N/A	\$
Furnace/burner including ducts and vents			
Up to 100k BTU/hr.		\$20	\$
Over 100k BTU/hr.		\$20	\$
Heaters/stoves/vents			
Unit heater		\$20	\$
Wood/pellet/gas stove/flue		\$20	\$
Repair/alter/add to heating appliance/ refrigeration unit or cooling system/ absorption system		\$20	\$
Evaporated cooler		\$20	\$
Vent fan with one duct/appliance vent		\$20	\$
Hood with exhaust and duct		\$20	\$
Floor furnace including vent		\$20	\$
Gas piping			
Any number of outlets		\$20	\$
Air-handling units, including ducts			
Up to 10,000 CFM		\$20	\$
Over 10,000 CFM		\$20	\$
Compressor/absorption system/heat pump			
Up to 3 hp/100k BTU		\$20	\$
Up to 15 hp/500k BTU		\$20	\$
Up to 30 hp/1,000 BTU		\$20	\$
Up to 50 hp/1,750 BTU		\$35	\$
Over 50 hp/1,750 BTU		\$45	\$
Incinerators			
Domestic incinerator		\$20	\$
Commercial			
Enter total valuation of mechanical system and installation costs \$ _____.			
Miscellaneous fees	Items	Cost ea.	Total cost
Reinspection		\$90	\$
Specially requested inspections (per hr.)		\$90	\$
Regulated equipment (unclassified)		\$50	\$
APPLICANT USE			
(A) Enter subtotal of above fees		\$	
(B) Investigative fee (equal to [A])		\$	
(C) Enter 12% surcharge (.12 x [A+B])		\$	
(D) Seismic fee, 1% (.01 x permit fee [A])		\$	
(E) Plan review ( % of [A])		\$	
<b>TOTAL fees and surcharges (A through E):</b>			\$