



MECHANICAL PERMIT APPLICATION

City of Hermiston- Building Department

180 NE 2nd St, Hermiston, OR 97838

Ph: 541-667-5025 Fax: 541-567-6731

This permit is issued under OAR Chapter 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION

Residential Commercial

JOB SITE INFORMATION AND LOCATION

Job site address:

Owner/Occupant Name:

Address: (if different from above)

City: State: Zip:

Owner phone #:

DESCRIPTION OF WORK

PROPERTY OWNER INSTALLATION

Name:

Address:

City: State: Zip:

Phone: Fax:

E-mail:

This installation is being made on residential of farm property owned by me or a member of my immediate family.

Signature:

CONTRACTOR INSTALLATION

Business Name:

Address:

City/State/Zip:

Phone Fax:

E-mail:

CCB license no.:

Signature:

Print Name:

CREDIT CARD INFORMATION

VISA MASTERCARD Amount: \$

Credit Card No:

Exp: CCV:

Name of cardholder:

FEE SCHEDULE

Description Residential	QTY	Cost(ea)	Total
Heating/Cooling			
Air Conditioner		\$ 15.00	
Air handler unit of up to 10,000 cfm		\$ 11.00	
Air handler unit 10,001 cfm and over		\$ 15.00	
Evaporative cooler other than portable		\$ 11.00	
Furnace- up to 100,000 BTU		\$ 15.00	
Furnace- greater than 100,000 BTU		\$ 15.00	
Furnace/burner includes duct work, vent/liner		\$ 15.00	
Floor Furnace, including vent		\$ 15.00	
Heat Pump		\$ 15.00	
Mini Split system		\$ 15.00	
Suspended heater, recessed wall heater, or floor mounted unit heater		\$ 15.00	
Other fuel appliances			
Barbecue		\$ 11.00	
Decorative gas fireplace		\$ 11.00	
Gas Fireplace / Insert		\$ 15.00	
Wood/Pellet Stove		\$ 15.00	
Hydronic hot water system		\$ 15.00	
Water Heater		\$ 15.00	
Pool or spa heater, kiln		\$ 15.00	
Oil tank/gas/diesel generator		\$ 15.00	
Other:		\$ 11.00	
Environmental exhaust and ventilation			
Range Hood/other kitchen equipment		\$ 15.00	
Clothes dryer exhaust		\$ 11.00	
Flue vent for water heater or gas fireplace		\$ 10.00	
Attic/crawl space fan		\$ 10.00	
Ventilation fan connected to single duct		\$ 10.00	
Other exhaust or ventilation		\$ 10.00	
Gas piping			
Four or less connections		\$ 10.00	
More than four (per outlet)		\$ 6.00	
A) Total Residential Fees:		\$	
Residential- Minimum Fee is \$40.00			
B) 12% State Surcharge (.12 x A)		\$	
C) 25% Plan Review, if required (.25 x A)		\$	
D) 2% Technology Fee (.02 x A)		\$	
E) Total Fees & Surcharge		\$	

COMMERCIAL PERMIT FEE TABLE			
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of the equipment, materials, labor, overhead, and the profit for the work indicated on this application.			
VALUATION(REQUIRED)			\$
\$1	to	\$5,000	\$75.00 minimum permit fee
\$5,000.01	to	\$10,000.00	\$75.00 for the first \$5,000 plus \$1.00 for each additional \$100 or fraction thereof, to and including \$10,000.
\$10,000.01	to	\$100,000.00	\$125.00 for the first \$10,000 plus \$2.00 for each additional \$1,000 or fraction thereof, to and including \$100,000.
\$100,000.01	and	Up	\$305.00 for the first \$100,000 plus \$1.00 for each additional \$1,000 or fraction thereof

A) Commercial- Minimum Fee \$75.00	\$
B) 12% State Surcharge (.12 x A)	\$
C) 25% Plan Review, if required (.25 x A)	\$
D) 2% Technology Fee (.02 x A)	\$
E) Total Fees & Surcharge	\$

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 sq ft 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 sq ft in area. (except warehouses & storage buildings).
- Work in a hospital, clinic or medical lab.

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