

Mechanical Permit Application

Community Development Department-**Building Division**

305 Main Street, Klamath Falls, OR 97601 Phone: (541) 883-5121 #1 Fax: (541) 885-3644 Web: www.klamathcounty.org

OFFICE USE ONLY		
Permit No:		
Received By:	Approved By:	

V	To apply online go to: h	https://aca.oregon.acc	<u>cela.com/oregon/</u>				
TYPE OF WORK			COMMERCIAL FEE SCHEDULE - USE CHECKLIST				
□ New construction □ Addition/alteration/replacement □ Demolition □ Other:			Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit.				
CATE	SORY OF CONSTRUCTION		Value:	\$			
☐ 1- and 2-family dwelling ☐ Commercial/industrial ☐ Accessory building		1 1					
☐ Multi-family ☐ Master builder ☐ Other:							
JOB SITE I	NFORMATION AND LOCA	TION	Description Tot special information	Qty.	Ea.	Total	
Job site address:			Heating/cooling - Please see back of fo	~ .	fuel requirem	ients	
			Airconditioner		16.00		
City/State/ZIP:			Air handling unit of up to 10,000		16.00		
Suite/bldg./apt. no.:	Project name:		Air handling unit of up to 10,001 over		16.00		
Cross street/directions to job si	te:		Boiler up to 200,000 BTU		16.00 16.00		
<u> </u>			Evaporative cooler other than portable Floor furnace, including vent		16.00		
			Furnace/burner, incl. ductwork, vent, and				
			liner		16.00		
			Gas or wood fireplace/insert		16.00		
Subdivision:	Lot no.:		Heat pump		16.00		
Toy man/naraal na	<u> </u>		Hydronic hot watersystem Suspended heater, recessed wall heater,		16.00		
Tax map/parcel no.:			or floor mounted unit heater		16.00		
DE	SCRIPTION OF WORK		Other heating/cooling:		16.00		
			Other fuel appliances - Please see back	s of form for s		irements	
			Barbecue		16.00		
			Chimney/liner/flue/vent w/o appliance Decorative gas fireplace		16.00 16.00		
			Installation or relocation domestic-				
	_	_	type incinerator		16.00		
☐ PROPERTY OW	NER L	TENANT	Oil tanks/gas/diesel generators		16.00		
Name:			Pool or spa heater, kiln*		16.00		
Address:			Radon mitigation Water heater		16.00 16.00		
City/State/ZIP:			Wood/pellet stove/insert		16.00		
-			Other fuel appliance:		16.00		
Phone: ()	Fax: ()		Environmental exhaust and ventilatio	n			
	APPLICANT		Attic/crawlspace fans		16.00		
Business name:			Clothes dryer exhaust		16.00		
Contact name:			Flue vent for water heater or gas fireplace		16.00		
Address:			Hood served by mechanical exhaust,		16.00		
			including ducts for hood Range hood/other kitchen equipment		16.00		
City/State/ZIP:			Ventilation fan connected to single duct		16.00		
Phone: ()	Fax: ()		Ventilation system not a portion of				
E-mail:			heating or air-conditioning system authorized by permit		16.00		
	CONTRACTOR		Other environment exhaust/ventilation:		16.00		
Duoiness nome.	CONTINUE		Fuel piping				
Business name:			Gas fuel piping outlets		16.00		
Address:		MECHANICAL PERMIT FEES					
City/State/ZIP:				ubtotal \$			
Phone: ()	Fax: ()		Permit (minimum :	' т			
	1 /		Plan review (25% of peri State surcharge (12% of peri				
E-mail:	<u> </u>		TOTAL PERMIT				
CCB Lic #:	LP Lic#:		This permit application expires if		ot obtained wi	ithin	

180 days after it has been accepted as complete.

Mechanical Permit Application last revised 9/21/17

MECHANICAL Permit Fees				
Commercial Mechanical Permit:				
Mechanical Valuation	Fee			
\$1 - \$2,000	\$86			
\$2,001- \$25,000	\$86 for the first \$2,000+ \$10.70 for each additional \$1,000, or fraction thereof, to and including \$25,000			
\$25,001 - \$50,000	\$332.10 for the first \$25,000 + \$8.00 for each additional \$1,000 or fraction thereof, to and including \$50,000			
\$50,001 - \$100,000	\$532.10 for the first \$50,000 + \$6.00 for each additional \$1,000 or fraction thereof, to and including \$100,000			
\$100,001 and up	\$832.10 for the first \$100,000 + \$4.85 for each additional \$1,000 or fraction thereof			
Plan Review:	Plan review fee shall be 25% the mechanical permit fee.			
Reinspection or Investigation:	\$86/ hour with 1 hour minimum.			
Work commencing w/o permit:	Fee equal to permit fee in addition to the required permit fees.			
Inspection or plan review outside of	or plan review outside of \$129 / hour with 2 hour minimum.			
normal hours or scope:				
Seismic Surcharge:	Equal to 1% of permit fee for structures classified as essential facilities, hazardous facilities, major structures and special occupancy structures as defined in ORS 455.447.			

Minimum Document Requirements for MECHANICAL Permit Application **Requirements:** Prior to Final mechanical Inspection – Must submit Solid Fuel Burning Appliance Installation Supplement Wood burning stoves require documentation of EPA certification per Klamath County Ordinance Number 406 (Clean Air Ordinance) Information is available at www.co.klamath.or.us and select "Environmental Health" A list of certified woodstoves and fireplace inserts is available at: http://www2.epa.gov/sites/production/files/2013-08/documents/certifiedwood.pdf **Commercial & Multi-Family:** Indicate all that apply by checking Yes or No below. Mechanical Plan Review is required for any Yes answer(s). Provide two complete sets of plans, manufacture cut-sheets, specifications and calculations: Yes / No **☐** New Commercial or Multi-Family building. ☐ Tenant Improvement infill or remodel where floor space is 2,000 sq. ft. or greater. ☐ Change of Use or Occupancy when the building or tenant space is 2,000 sq. ft. or greater. ☐ Occupancy is for a Salon or other use involving caustic materials. ☐ Occupancy is for a Hospital, Medical Clinic, Medical Lab, or Dental Office. Occupancy is for any Hazardous occupancy classification (Consult with Commercial Plans Examiner if uncertain). ☐ Roof mounted equipment weighing 400lbs or more (Cut-sheets required for verification of weight). ☐ Type I hood ☐ Spray booth