



# Mechanical PERMIT APPLICATION

Community Development – Building Division  
333 Broadalbin Street SW • Albany, OR 97321  
(541) 917-7553

[cd.customerservice@cityofalbanynet.net](mailto:cd.customerservice@cityofalbanynet.net)

Obtain applications online at: [www.cityofalbanynet/forms](http://www.cityofalbanynet/forms)

**Job Site Location (where the work is taking place):**

Job Site Address: \_\_\_\_\_

Suite #: \_\_\_\_\_ Business Name: \_\_\_\_\_

**Project Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner:**

Name of Owner: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant (permit owner):**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Owner Installation:** Please complete form on the reverse side.

**Contractor Company Information:**

Name of Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Oregon CCB # (required): \_\_\_\_\_

*I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.*

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Plan Review Requirements**

Plan review is required on all multi-family and commercial buildings, **except** as follows:

- Repair or replacement of existing vents when not replacing an appliance
- Repair or alteration of existing HVAC appliances or controls
- Replacement of appliances rated less than 80,000 BTUs
- Gas line extensions less than six feet
- Reconnecting gas lines to appliances rated at less than 80,000 BTUs
- Walk-in coolers less than 120 square feet

**NOTE:** Structural, electrical, plumbing permits, and plan review may be required on some of these exempted items.

Permit #: \_\_\_\_\_

**One- & Two-Family Permit**

Scope of Work			
<input type="checkbox"/> New			<input type="checkbox"/> Addition
<input type="checkbox"/> Alteration			<input type="checkbox"/> Repair
Equipment Schedule			
Description	Quantity	Each	Sum
Gas Connections		X \$ 7.00	
Appliances		X \$20.00	
Venting		X \$10.00	
Gas Fireplace		X \$30.00	
For totals less than \$72.00, please enter \$72.00 as the subtotal.			<b>Subtotal</b>
State Surcharge, 12% of subtotal (Subtotal x 0.12)			
Document Imaging, \$1.00 per page			\$ 1.00
<b>TOTAL PERMIT FEE</b>			

**Multi-Family Permit**

**Commercial Permit**

Scope of Work	
<input type="checkbox"/> New	<input type="checkbox"/> Addition
<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: _____	
Valuation	Fee
\$0 - \$25,000	\$75.00 for the first \$2,000*, plus \$11.10 for each additional \$1,000**
\$25,001 to \$50,000	\$330.00 for the first \$25,000, plus \$8.45 for each additional \$1,000**
\$50,001 - \$100,000	\$540.00 for the first \$50,000, plus \$6.45 for each additional \$1,000**
\$100,000 and up	\$863.00 for the first \$100,000, plus \$4.80 for each additional \$1,000**
* Maximum of one inspection. ** or fraction thereof.	
Mechanical Plan Review, 35% of subtotal	Subtotal x 0.35
State Surcharge, 12% of subtotal	Subtotal x 0.12
Document Imaging Fee, \$1.00 per page	_____ pages x \$1.00
<b>Total Permit Fee</b>	

**NOTICES**

PERMITS BECOME VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITH 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

**INSPECTION RESULTS**

AS PART OF OUR EFFORT TO BE SUSTAINABLE AND TO BE EFFICIENT GOVERNMENT, INSPECTION RESULTS ARE EMAILED TO THE APPLICANT LISTED ON THE APPLICATION. IF YOU WOULD LIKE TO RECEIVE PAPER NOTICES AT THE JOBSITE, PLEASE CHECK HERE

# Property Owner Statement Regarding Construction Responsibilities

Oregon Law requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. (ORS 701.325 (2))

**This statement is required for residential building, electrical, mechanical, and plumbing permits. Licensed architect and engineer applicants, exempt from licensing under ORS 701.010 (7), need not submit this statement. This statement will be filed with the permit.**

Please check the appropriate box:

I own, reside in, or will reside in the completed structure and my general contractor is:

\_\_\_\_\_

Name

\_\_\_\_\_

CCB#

\_\_\_\_\_

Expiration Date

I will inform my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.

or

I will be performing work on property I own, a residence that I reside in, or a residence that I will reside in. If I hire subcontractors, I will hire only subcontractors licensed with the Construction Contractors Board. If I change my mind and hire a general contractor, I will select a contractor who is licensed with the CCB and will immediately give the name of the contractor to the office issuing this Building Permit.

**I have read and understand the Information Notice to Homeowners About Construction Responsibilities, and I hereby certify that the information on this homeowner statement is true and accurate.**

\_\_\_\_\_  
Print Name of Permit Applicant

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Date

Permit #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

