

	Parm	Permit Number:							
TYPE OF WORK			Date Received: By:						
New Construction	Demolition Demolition	Date Issued:							
Addition/Alteration/Replacement	Other	Date 133ucu.							
CATEGORY OF CONSTRUCTION		COMMERCIAL FEE SCHEDULE							
		Mechanical permit fees are based on the value of the work performed.							
1 and 2 Family Dwelling	Commercial/Industrial	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.							
Accessory Building	Multi-Family	Valuation: \$							
JOB SITE INFORMATION AND LOCATION		RESIDENTIAL FEE SCHEDULE							
Job site address:		DESCRIPTION QTY. FEE TOTAL							
City, State, Zip:			HVAC \$23.00						
Suite/Bldg/Space/Apt #:			_dir:				\$23.00		
Subdivision: Lot #:			Air Conditioner Heat Pump			\$23.00 \$23.00			
Project Name:			Alteration of existing HVAC			\$22.00			
•			Residential Boiler (for radiator or hydronic system)			\$43.00			
DESCRIPTION OF WORK			Install/Replace/Relocate Heater (suspended/wall/floor)			\$23.00			
		Other:							
		Other Fuel Appliances							
			Gas Water Heater  Vent for appliance other than furnace			\$28.00 \$16.00			
			ce/Wood Stove/Pell		t		\$30.00		
☐ PROPERTY OWNER	TENANT	Other	,		•		400.00		
Name:			Environr	nental Ex	haust ar	nd Ve	entilation		
Address:		Range Hood/other Kitchen Equipment \$16.00							
City, State, Zip:			Clothes dryer exhaust			\$16.00			
Email Address:			Exhaust Fan—single duct (bath, toilet compartments, utility rooms)				\$16.00		
Phone Number:			Exhaust System apart from heating/AC (attic/crawl space/radon/fans)				\$16.00		
		Fuel Pi	Fuel Piping Outlets (first four)			\$16.00			
L APPLICANT	CONTACT PERSON		Each additional Outlet \$2.35						
Name:			Check for each gas outlet used						
Address:			Furnace Water Heater	Range			Heat Pump Wall/Unit He	entor	
City, State, Zip:			Barbecue	Clothe		H	Other	atei	
Email Address:			NOTICE						
Phone Number:		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701, as well as licensed with the City of Sandy.							
CONTRACTOR									
Business Name:			Fees are calculated by office staff based on project valuation						
Contact Name:		MECHANICAL PERMIT FEES (OFFICE USE ONLY)							
Address:			Subtotal \$ Permit Fee (minimum \$90.00) \$						
City, State, Zip:			State Surcharge (12%) \$						
Email Address:			Plan Review (30%) \$						
Phone Number:	hone Number: CCB#:		TOTAL PERMIT FEE \$						
Signature: Date:			This permit application expires if not obtained within 180 days after it is deemed ready to issue.						