

			Permit Number:						
TYPE OF WORK			Date Received: By:						
New Construction	Demolition	Date Issued:							
Addition/Alteration/Replacement	Other								
CATEGORY OF CONSTRUCTION		COMMERCIAL FEE SCHEDULE							
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	ON AND LOCATION		RESI	DEN	NTIAL FEE S	CHE	EDULE		
Job site address:			DESCRIPTION QTY. FEE TOTAL						
City, State, Zip:		Heating/Cooling							
Suite/Bldg/Space/Apt #:			HVAC \$24.00						
			Air Conditioner			\$24.00			
Subdivision: Lot #:			Heat Pump			\$24.00			
Project Name:			Alteration of existing HVAC				\$24.00 \$24.00		
DESCRIPTION OF WORK		Install/Replace/Relocate Heater (suspended/wall/floor)					Ψ2-1.00		
		Othe		OTF.	au Fral Ameli	:			
		Gas Water Heater \$28.00							
			for appliance other th	an furr	nace		\$17.00		
			lace/Wood Stove/Pello				\$31.00		
		Othe	r						
□ PROPERTY OWNER	TENANT		Environn	nent	al Exhaust a	nd \	/entilation		
Name:			Range Hood/other Kitchen Equipment			\$17.00			
Address:			Clothes dryer exhaust			\$17.00			
City, State, Zip:			Exhaust Fan—single duct (bath, toilet compartments, utility rooms) 5 June 16 June 16 June 16 June 16 June 17						
Email Address:			Exhaust System apart from heating/AC (attic/crawl space/radon/fans) \$17.00						
Phone Number:			Fuel Piping Outlets (first four)				\$17.00		
			Each additional Outlet \$2.50						
L APPLICANT	CONTACT PERSON	Check for each gas outlet used Furnace Range Heat Pump							
Name:			Water Heater	H	Fireplace	\vdash	Wall/Unit He	eater	
Address:			Barbecue		Clothes dryer				
City, State, Zip:		NOTICE							
Email Address:		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701,							
Phone Number:	Y .		as well a	as lic	ensed with the	City	of Sandy.	(3 / 01,	
CONTRACTOR		Fees are calculated by office staff based on project valuation							
Business Name:		MECHANICAL PERMIT FEES (OFFICE USE ONLY)							
Contact Name:		Subtotal \$							
Address:		_ F	Permit Fee (minimum \$93.00) State Surcharge (12%)						
City, State, Zip:			State Surcharge (12%) \$ Plan Review (40%) \$						
Email Address:			Technology Fee (3%)			\$			
Phone Number: CCB#:			-			\$			
Signature:	Date:	This pe	mit application expires			0 days	after it is deem	ed ready to issue.	