



Mechanical Permit Application Marion County Public Works

5155 Silverton Rd NE
Salem, Oregon 97305
Phone: (503) 588-5147 Fax: (503) 588-7948
Email: Building@co.marion.or.us
Internet address: www.co.marion.or.us

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/Zip:	
Suite/Bldg/apt no.:	Project name:
Business Name, if applicable:	
DESCRIPTION OF WORK	
PROPERTY OWNER INFORMATION	
Name:	
Mailing Address:	
City/State/ ZIP:	
Phone:	Fax:
E-mail:	
For Property Owner Installations: This installation is being made on property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.	
Signature: _____ Date: _____	
CCB form is required for property owner installations Click Here	
CONTRACTOR INFORMATION	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CCB License no.:	
Print name :	
Signature:	
APPLICANT	
<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor

See other side for Commercial Mechanical
Permit Fee Schedule

FEE SCHEDULE			
Residential	Qty.	Cost each	Total cost
Furnace/burner including ducts and vents			
Up to 100k BTU/hr.		\$20.75	\$
Over 100k BTU/hr.		\$20.75	\$
Heaters/stoves/vents			
Unit heater		\$20.75	\$
Wood/pellet/gas stove/flue		\$20.75	\$
Repair/alter/add to heating appliance/ refrigeration unit or cooling system/ absorption system		\$20.75	\$
Evaporated cooler		\$20.75	\$
Vent fan with one duct/appliance vent		\$10.25	\$
Hood with exhaust and duct		\$10.25	\$
Floor furnace including vent		\$20.75	\$
Gas piping			
One to four outlets		\$20.75	\$
Additional outlets (each)		\$0.00	\$
Air-handling units, including ducts			
Up to 10,000 CFM		\$20.75	\$
Over 10,000 CFM		\$20.75	\$
Compressor/absorption system/heat pump			
Up to 3 hp/100k BTU		\$20.75	\$
Up to 15 hp/500k BTU		\$20.75	\$
Over 30 hp/1,000 BTU		\$20.75	\$
Incinerators			
Domestic incinerator		\$20.75	\$
Commercial			
Enter total valuation of mechanical system and installation costs \$_____.			
Enter fee based on valuation of mechanical system, etc.			\$
Miscellaneous fees	Items	Cost ea.	Total cost
Reinspection		\$52.00	\$
Specially requested inspections (per hr)		\$67.25	\$
Other regulated residential equipment		\$20.75	\$
FOR APPLICANT USE			
Minimum Permit Fee			\$67.25
(A) Enter subtotal of above fees (or min. permit fee, whichever is greater.)			
(B) Investigative fee – if applicable (equal to [A])			
(C) Enter 12% surcharge (.12 x [A+B])			
(D) Seismic fee, 1% (.01 x permit fee [A])			
(E) Plan review 25% - if applicable (0.25 x [A])			
TOTAL fees and surcharges (A through E):			

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.
G: FORMS\MECH\M-01 0 6/2020

City of _____ Rec'd by: _____ Date: _____

Table B-1: Commercial Mechanical Permit Fee Table

Commercial: New, Alterations, Additions, Repairs, & Accessory Structure		
Multifamily: New, Alterations, Additions, Repairs, & Accessory Structures		
Total Valuation		Mechanical Permit Fee
\$1	to \$2,000	\$67.25 minimum permit fee
\$2,001	to \$25,000	\$65.00 for the first \$2000 plus \$11.00 for each additional \$1000, or fraction thereof, to and including \$25,000
\$25,001	to \$50,000	\$318.00 for the first \$25,000 plus \$9.00 for each additional \$1000, or fraction thereof, to and including \$50,000
\$50,001	to \$100,000	\$543.00 for the first \$50,000 plus \$6.00 for each additional \$1000, or fraction thereof, to and including \$100,000
\$100,001	and up	\$843.00 for the first \$100,000 plus \$4.00 for each additional \$1000, or fraction thereof

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 ft² 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 sf² in area (except warehouses & storage buildings).
- Work in a hospital, clinic or medical lab.

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