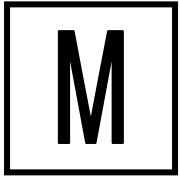




**CITY OF GRANTS PASS
BUILDING DEPARTMENT**
(541) 450-6060 Fax (541) 476-9218
101 NW A St, Grants Pass OR 97526
www.grantspassoregon.gov
GPPermits@grantspassoregon.gov

PERMIT NO. _____
DATE _____
ISSUED BY _____



MECHANICAL PERMIT APPLICATION

To be used as application for mechanical permit only,
not in conjunction with a construction permit,
or when a plan review is required.

PLEASE COMPLETE ALL SECTIONS, 1 THRU 4

1. LOCATION OF INSTALLATION

Address _____

Job Description _____

PERMITS EXPIRE IF WORK IS NOT STARTED WITHIN 180 DAYS OF
ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.

2A. CONTRACTOR INSTALLATION ONLY:

Mechanical Contractor _____

Address _____

General Contractor _____

City Business Tax No. _____

Contractor's Board Reg. No. _____

License No. _____ Phone _____

2B. OWNER INFORMATION: (REQUIRED)

Owner Name _____

Address _____

Phone _____

For Owner installations please verify and sign below

The installation is being made on property I own which is
not intended for sale, lease, or rent.

Owner's signature _____

**NOTE: It is the responsibility of the permittee to
call for required inspections.**

3. COMPLETE FEE SCHEDULE BELOW

A. Residential Mechanical Equipment Installation Base Permit Fee. **\$30.00**

Item	#Items	Cost (ea.)	Total
Heat Pump	_____	\$22.50	_____
Air Conditioner	_____	\$9.00	_____
Single Duct Exhaust	_____	\$6.75	_____
Range Hood	_____	\$6.75	_____
Gas Piping (Up to 4)	_____	\$3.00	_____
Freestanding Gas Stove/BBQ	_____	\$6.75	_____
Gas Fireplace Insert*	_____	\$6.75	_____
Woodstove Insert	_____	\$6.75	_____
Force Air Furnace	_____	\$9.00	_____
Floor Furnace	_____	\$9.00	_____
Recessed Wall Heater	_____	\$9.00	_____
Gas Appliance Vent (for each vented appliance)	_____	\$4.50	_____
Residential Water Heater for Radiator or Hydronic System	_____	\$22.50	_____
Stationary Evaporative Cooler	_____	\$6.75	_____
Vent System apart from Heat/AC	_____	\$6.75	_____
Gas Water Heater	_____	\$6.75	_____
Attic/Crawl Space Fans	_____	\$6.75	_____
Unclassified Appliance/Equipment	_____	\$6.75	_____
Repair of Mechanical System	_____	\$9.00	_____

*If equipped with an electronic ignitor, an electrical permit may also be
required.

B. Commercial

Enter total valuation of mechanical
system and installation costs: \$ _____

Fee bases on valuation of mechanical system:

\$1 to \$5,000	\$52.25
\$5,001 to \$10,000	\$52.25 + \$1.56 for each additional \$100 over \$5,000
\$10,001 to \$100,000	\$198.63 + \$10.69 for each additional \$1,000 over \$10,000
\$100,000 and up	\$1,166.87 + \$5.13 for each additional \$1,000 over \$100,000

Commercial fee from chart above \$ _____

4. TOTAL FEES DUE

A. Enter total of above fees \$ _____

B. Calculate Surcharge (A x .22) \$ _____
(12% STATE AND 10% PLANNING)

C. TOTAL BALANCE DUE (A+B) \$ _____