



MECHANICAL PERMIT APPLICATION

CITY OF ONTARIO
 444 SW 4TH ST ONTARIO OR 97914
 Building Official 541-881-3220
 Permit Desk 541-881-3224
 Fax 541 881 3251

NEW INSTALLATION Mechanical App. # _____
 ADDITION TO EXISTING Mechanical Permit # _____
 Building Permit # _____
 (If Applicable)

BLDG USE _____
DESCRIPTION OF WORK _____
 OCCUPANCY GROUP _____
CONSTRUCTION VALUATION _____
 PERMIT/PLAN REVIEW TOTAL _____

JOB LOCATION/ADDRESS ↗	
OWNER ↗	
MAILING ADDRESS ↗	PHONE ↗
CITY ↗	ZIP CODE ↗

BUILDING OFFICIAL REVIEW

APPROVED
 DENIED
 DATE _____

DESIGNATED CONTRACTOR INFORMATION

CONTRACTOR _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
FAX _____
CCB OR REG# _____

TYPE OF PERMIT: **RESIDENTIAL**
COMMERCIAL

VALUATION OF THE INSTALLATION: \$ _____
 Valuation shall include total value of work such as appliances, material gas piping, electrical and labor. May require the submittal of documentation.

(OFFICE USE ONLY)
 PERMIT FEE _____
 PLAN REVIEW Commercial Only _____
 STATE SURCHARGE permit x .08 _____

Submitted Documents:
 Commercial
 2 sets of plans
 calculations
 _____ (other)

TOTAL _____
DESCRIPTION OF WORK _____

It shall be the responsibility of the permit applicant to request the required inspections including the final inspection. All installations shall be as per the current code and or the manufacturing installation requirements. THE OWNER, OR GENERAL CONTRACTOR, IS RESPONSIBLE FOR HIRING OREGON LICENSED CONTRACTORS OR SUB-CONTRACTORS, AND WILL BE SUBJECT TO FINES IF VIOLATED, IN ACCORDANCE WITH ORS CHAPTER 701.

Applicant Signature _____ Date _____

Complete all areas marked yellow.