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 Mechanical Permit #_____ Building Permit #_____ (If Applicable)

JOB LOCATION/ADDRESS		BUILDING OFFICIAL REVIEW APPROVED Yes/No DATE INITIAL	DESIGNATED CONTRACTOR INFORMATION CONTRACTOR ADDRESS CITY/STATE/ZIP
MAILING ADDRESS	PHONE	PDAC Req'd? Yes/No	PHONE FAX
	ZIP CODE		CCB OR REG#
TYPE OF PERMIT:	RESIDENTIAL		
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.			
<u>(OFFICE USE ONLY)</u> PERMIT FEE			
PLAN REVIEW Commercial Only			_
STATE SURCHARGE permit x .08			_
Submitted Documents: Commercial 2 sets of plans calculations (other)			
It shall be the responsibility of the permit applicant to request the required inspections including the final inspection. All			

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

Complete all areas marked yellow.