



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	
OWNER	
MAILING ADDRESS	PHONE
CITY	ZIP CODE

BUILDING OFFICIAL REVIEW

APPROVED Yes/No

DATE _____

INITIAL _____

PDAC Req'd? Yes/No

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
<input type="checkbox"/> 2 sets of plans
<input type="checkbox"/> calculations
<input type="checkbox"/> _____ (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.