



Mechanical Permit Application

City of Corvallis, Development Services
 PO Box 1083, Corvallis OR 97339
 501 SW Madison Avenue, Corvallis OR 97333
 Phone: 541-766-6929 Fax: 541-766-6936
 E-mail: development.services@ci.corvallis.or.us
 Web: www.corvallispermits.com

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|-------------------------------|
| DEPARTMENT USE ONLY |
| Permit No: MFC16-00008 |
| Receipt No: |
| Date: |

| | | |
|--|---|-------------------|
| CATEGORY OF CONSTRUCTION | | |
| <input checked="" type="checkbox"/> 1 & 2 Family Dwelling | <input type="checkbox"/> Commercial or Multi-Family | |
| JOB SITE LOCATION | | |
| Address: 2327 NW 11TH | | |
| DESCRIPTION OF WORK | | |
| INSTALL GAS FIREPLACE TO EXISTING GAS LINE | | |
| APPLICANT INFORMATION | | |
| Name or Company Name: CINDY FISHER | | |
| Address: 2327 NW 11TH | | |
| City: CORVALLIS | State: OR | Zip: 97330 |
| Phone: 541-619-6665 | Fax: | |
| E-mail: | | |
| Signature: | | |
| PROPERTY OWNER INSTALLATION | | |
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: | |
| E-mail: | | |
| 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: | | |
| Print Name: | | |
| CONTRACTOR INSTALLATION | | |
| Business name: ALBANY STOVES INC. | | |
| Address: 805 SE 7TH AVE | | |
| City: ALBANY | State: OR | Zip: |
| Phone: 541-928-4986 | Fax: | |
| E-mail: astoves@albanystoves.com | | |
| CCB license no.: 108643 | Expiration date: | |
| Signature: Kerry Shtata | | |
| Print Name: KERRY SHATA | | |

| | | | |
|---|-------------|---|-------------------|
| FEE SCHEDULE | | | |
| Residential – 1 & 2 Family | Qty. | Cost ea. | Total cost |
| Fuel burning stove, fireplace, insert, lighter | | \$30.00 | \$ |
| Furnace, air conditioner | | \$30.00 | \$ |
| Clothes dryer, exhaust fan, hood | | \$20.00 | \$ |
| Other appliance or equipment | | \$20.00 | \$ |
| Gas piping system, new or altered | | \$20.00 | \$ |
| Alteration to mechanical equipment or system | | \$20.00 | \$ |
| Commercial & Multi-Family | | | |
| Enter total valuation of mechanical system and installation costs: \$ _____ | | | |
| Valuation Range | | Fee Based on Valuation | |
| \$1.00 - \$2,000.00 | | \$30.00 | |
| \$2,001.00 - \$5,000.00 | | (\$72.50 for the first \$2,000.00) + (\$2.30 for each additional \$100.00 or fraction thereof) | |
| \$5,001.00 - \$10,000.00 | | (\$141.50 for the first \$5,000.00) + (\$1.80 for each additional \$100.00 or fraction thereof) | |
| \$10,001.00 - \$50,000.00 | | (\$231.50 for the first \$10,000.00) + \$1.35 for each additional \$100.00 or fraction thereof) | |
| \$50,001.00 - \$100,000.00 | | (\$771.50 for the first \$50,000.00) + \$1.25 for each additional \$100.00 or fraction thereof) | |
| \$100,001.00 and up | | (\$1,396.50 for the first \$100,000.00) + (\$1.10 for each additional \$100.00 or fraction thereof) | |
| Enter fee based on valuation of mechanical system | | | \$ |
| APPLICANT USE | | | |
| (A) Enter subtotal of above fees | | | \$ |
| (B) Enter 12% state surcharge (.12 x [A]) | | | \$ |
| (C) Plan review (50% of [A]) | | | \$ |
| TOTAL fees and surcharges (A through C): | | | \$ |
| <p><i>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.</i></p> | | | |