

City of Central Point Building Department 140 S. 3rd Street, Central Point, OR 97502 Phone (541) 664-6325, Fax (541) 664-1611 Internet address: www.centralpointoregon.gov

Mechanical Permit Application

Date Rec'd_

_____ Ву ____

TYPE OF WORK		FEE SCHEDULE			
RESIDENTIAL OR COMMERCIAL AND VALUATION \$		Description	Qty.	Fee	Total
		Heating/cooling			
		Furnace up to 100,000 Btu/hr including duct work/vent/liner		0.00	
Job address:		Air conditioner		20.00	
City/State/ZIP:		Heat pump		20.00	
Subdivision:	Lot:	Air handling unit		20.00	
DESCRIPTION OF WORK		Space heater		0.00	
		Appliance vent (separate)		0.00	
		Extend HVAC ducts	1	0.00	
		Wall/floor furnace	2	0.00	
PROPERTY OWNER BUSINESS NAME		Other fuel appliances			
Name:		Wood burning stove, fireplace			
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.		or insert Zero clearance /gas logs		2.50	
		Gas water heater		2.50	
Owner signature: Date:		Environmental exhaust a			n
OWNER INSTALLATION		Range hood/other kitchen		matic	///
Name:	-	equipment	2	0.00	
		Clothes dryer exhaust	1	0.00	
Address:		Single-duct exhaust(bathroom,	1	0.00	
City/State/ZIP:		toilet compartments, etc.) Unclassified equipment	2	0.00	
Phone: ()	Fax:()			0.00	
CONTRACTOR		Fuel piping			
Business name:		Gas piping	1	0.00	
Addroso		Commercial			
Address: City/State/ZIP:		Enter total valuation of mechanical system and installation costs \$			
Phone: () Fax: ()		Enter fee based on valuation of mechanical system, etc.		I	\$
CCB lic. no.:		RE-INSPECTION FEE	5	5.00	
Print Name:				i0.00	
Signature:	Date:				
			Subt	total	
CREDIT CARD INFORMATION		Plan review (30% of permit fee) if applicable			
Name of Cardholder as shown on credit card:		State surcharge (12% of permit fee)		fee)	
Cardholder Signature: (needed on every permit application)		TOTAL PERMIT FEE			
☐Visa ☐Master Card Credit card number:	Expiration Date:				

PERMITS ARE NON-TRANSFERABLE, NON-REFUNDABLE AND EXPIRED IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.

It is the responsibility of the owner or contractor to call for inspections. 541-664-0700 by 7:00 am for same day inspection