

Mechanical Permit Application- Commercial

Gresham/East Multnomah County
 1333 NW Eastman Parkway Gresham, OR 97030
Phone: 503-618-2845 **Fax:** 503-618-2224
www.GreshamOregon.gov

FOR OFFICE USE ONLY	
Application #:	

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Other:
<input type="checkbox"/> Addition/Alteration/Replacement	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Other:
<input type="checkbox"/> Multi-family (Apts. & Condos)	
JOB SITE INFORMATION AND LOCATION	
Job Site Address:	
Suite #:	Bldg./Apt.#:
Project Name:	
Subdivision:	Lot #:
DESCRIPTION OF WORK	
(Please include information on the weight of any new or replacement equipment to be roof-mounted or suspended.)	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
CONTRACTOR	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Email:
*CCB Lic. #:	

COMMERCIAL FEE SCHEDULE	
Mechanical permit fees are based on the total value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead and profit. Note: Permit forms should be filled out based on scope of work (check box below) and contractor doing the work. Example: If you have HVAC, Hood & Walk-in cooler checked and the same contractor is doing all three you would put the total value for all three in one form. If you have three separate contractors doing the work you would need three forms, one for each contractor with the value separated out.	
<input type="checkbox"/> HVAC	Value: \$
<input type="checkbox"/> Hood	Value: \$
<input type="checkbox"/> Walk-in Cooler	Value: \$
<input type="checkbox"/> Refrigeration (Equipment & Piping for cooler or case)	Value: \$
<input type="checkbox"/> Industrial/Commercial Equipment (less than 10 tools)	Value: \$
-Value of specialized equip.	Value: \$
-Value of Installation and Labor	Value: \$
Other:	Value: \$
MECHANICAL PERMIT FEES (OFFICE USE ONLY)	
Subtotal	\$
Plan Review Fee (25% of Permit Fee)	\$
State Surcharge (12% of Permit Fee)	\$
Subtotal	\$
Total Fee	\$

* Note: Permit will not be processed without valid CCB#.

Authorized Signature: _____

Print Signer's Name: _____

Date: _____