



1655 First Street
 P.O Box 650
 Baker City, OR 97814
 EMAIL: permits@bakercity.gov

RESIDENTIAL MECHANICAL APPLICATION

FOR DEPARTMENT USE ONLY

PERMIT NUMBER

INSPECTIONS/OFFICE: (541) 524 2054

JOB SITE INFORMATION		OWNER INFORMATION	
Company Name:	Name:		
Contact Name:	Address:		
Address:	City:	State:	Zip:
City, State, Zip:	Phone:	Work:	
Directions:	Cell:	Fax:	
Description of work being performed:	Email:		

Permit Fees			
	COST EACH:	NO. OF ITEMS:	SUM:
1. Furnace/burner including vents:			
a. Up to 100k BTU/HR gas/elec:	\$24.25		
b. Over 100k BTU/HR gas/elec:	\$27.28		
2. Heaters/stove/vents:			
a. Unit Heater suspended/wall mount/floor mount:	\$21.81		
b. Wood/Pellet Stove/Flue gas installation/free standing:	\$16.37		
c. Repair/alter/Add to Heating Appliance/Refrigeration/cooling in floor:	\$24.25		
d. Evaporative Cooler/swamp cooler:	\$16.37		
e. Vent Fan with 1 Duct/bathroom fan:	\$16.37		
f. Hood with Exhaust & Duct/range:	\$16.37		
g. Appliance Vent (dryer vents; water heater):	\$16.37		
3. Gas Piping:			
a. One to Four Outlets:	\$7.27		
4. Heating/cooling appliances including vents:			
a. Up to 10,000 CFM:	\$26.37		
b. Over 10,000 CFM:	\$36.35		
c. Air Conditioner:	\$26.67		
d. Heat Pump/Mini-Split:	\$16.37		
5. Miscellaneous Fees:			
a. Re-inspection:	\$69.26		
b. Specially requested inspections (per hr)	\$69.26		
TOTAL PROJECT VALUE:			\$
(A) Enter total of above fees (minimum permit fee \$69.26):			\$
(B) Investigation Fee (\$66.59 per hour, if applicable):			\$
(C) Enter 25% Plan Review fee (0.25 x A) if applicable:			\$
(D) Enter 12% state surcharge fee (0.12 x A):			\$
(E) Miscellaneous Fee:			\$
GRAND TOTAL:			\$

The person performing the work must hold a valid license from the Oregon CCB, or be exempt from this requirement. By signing below you agree that all work will be performed in accordance with all Oregon Building Code laws, and will call for all required inspections. This permit is issued for 180 days and will expire if an inspection is not requested within this time. It is the responsibility of the permit holder to request all inspections.

I AM THE PROPERTY OWNER DOING MY OWN WORK

Contractor:	Phone:
Address:	
Email:	
CCB#:	Other Lic. #:
Exp. Date:	Exp. Date:
LPG#:	
Signature:	Date: