



Structural Permit Application

Marion County Public Works
 555 Court Street NE, PO Box 14500, Salem,
 Oregon 97309
 Phone: (503) 588-5147 Fax: (503) 588-7948
 Email: Building@co.marion.or.us
 Internet address: www.co.marion.or.us

FOR CITY USE ONLY	
Required Setbacks	
Front:	Rear:
Left:	Right:
Special:	
Property located in flood plain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zoning by:	Received by:

CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION		
Owner name:		
Owner phone number:		
Job site address:		
City:	State:	ZIP:
Cross Street:		
Subdivision:	Lot no.:	
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City:	State:	ZIP:
Phone:	Fax :	
E-mail:		
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.		
Sign here:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
E-mail:		
CCB license no.:		
Print name:		
Signature:		

FEE SCHEDULE	
1. Valuation information	
(a) Job description:	
Occupancy	
Construction type:	
Square feet:	
Cost per square foot:	
Other information:	
<input type="checkbox"/> new <input type="checkbox"/> alteration <input type="checkbox"/> addition	
(b) Foundation-only permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Plan review only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total valuation:	\$
2. Building fees	
(a) Permit fee (use valuation table):	\$
(b) Investigative fee (equal to [2a]):	\$
(c) Reinspection (\$52.00):	\$
(d) Enter 12% surcharge (.12 x [2a+2b+2c]):	\$
(e) Subtotal of fees above (2a through 2d):	\$
3. Plan review fees	
(a) Plan review (65% x permit fee [2a]):	\$
(b) Fire and life safety (40% x permit fee [2a]):**	\$
(c) Subtotal of fees above (3a and 3b):	\$
4. Miscellaneous fees	
(a) Seismic fee, 1% (.01 x permit fee [2a]): **	\$
(b) Septic Record Review fee (\$47.00)**	\$
(c) Zoning review fee (___ % x permit fee [2a])**	\$
(d) Subtotal of fees above (4a through 4c)	\$
TOTAL fees and surcharges (2e+3c+4d):	
	\$

** if applicable, see other side for details

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

Building Permit Fee Table**			
\$1	to	\$2000	\$60.00
\$2,001	to	\$25,000	\$60.00 for the first \$2000 plus \$8.00 for each additional \$1000, or fraction thereof, to and including \$25,000
\$25,001	to	\$50,000	\$244.00 for the first \$25,000 plus \$6.25 for each additional \$1000, or fraction thereof, to and including \$50,000
\$50,001	to	\$100,000	\$400.25 for the first \$50,000 plus \$4.75 each additional \$1000, or fraction thereof, to and including \$100,000
\$100,001	and up		\$637.75 for the first \$100,000 plus \$3.95 for each additional \$1000, or fraction thereof

** For new 1 & 2 family dwellings less than 3000 square feet in area (do not include area of garage, carport, decks, patios or patio covers) the permit fee shall be equal to the fee calculated using this table with a deduction of: $\$0.30 \times (3000\text{sf} - \text{actual square footage})$, in no case shall the deduction exceed \$360.00 and in no case shall the permit fee be less than \$60.00. The actual square footage shall include bonus rooms and basements.

Fire-Life Safety plan review is required for the following:

1. Group A Occupancies.
2. Group B Occupancies over 4,000 square feet (372m²), or more than 20 feet (6096mm) in height, or with a basement.
3. Group E Occupancies
4. Group F Occupancies over 4,000 square feet (372 m²) or more than 20 feet (6096mm) in height, or with a basement.
5. Group H Occupancies of 1,500 square feet (139 m²) or more than 20 feet (6096 mm) in height, or with a basement.
6. Group I Occupancies.
7. Group M Occupancies over 4,000 square feet (372 m²) or more than 20 feet (6096mm) in height, or with a basement.
8. Group R, Divisions 1, 2, and 4 Occupancies over 4,000 square feet (372 m²) or more than 20 feet (6096 mm) in height, or with a basement over 1,500 square feet (139 m²).
9. Group S, Division 1, 2, 3, and 4 Occupancies over 4,000 square feet (32 m²) or more than 20 feet (6096 mm) in height, or with a basement.
10. Group U, division 1 Occupancies over 4,000 square feet (372 m²) or more than 20 feet (6096 mm) in height, or with a basement.

A Seismic Surcharge is required for the following:

For new structures that are essential facilities, hazardous facilities, major structures and special occupancy structures as defined in ORS 455.447

Septic Record Review:

Required in those instances when a septic permit is not required AND the structural permit is for a new structure or an addition that changes the footprint of the structure AND there is a septic system on the property.

Zoning Review Fee:

Zoning review fees are required for all new structures, additions to structures, and changes of occupancy. The zoning review fees vary depending on the city.

Unincorporated Marion County	20%	City of Jefferson	10%
City of Aumsville	20%	City of Keizer	10%
City of Aurora	20%	City of Mount Angel	25%
City of Detroit	20%	City of Saint Paul	25%
City of Donald	5%	City of Scotts Mills	10%
City of Gates	20%	City of Stayton	15%
City of Gervais	15%, min. \$10.00	City of Sublimity	10%
City of Hubbard	20%, min. \$25.00	City of Turner	20%
City of Idanha	15%		



INSTRUCTIONS FOR PREPARATION OF A RESIDENTIAL SITE PLAN

Site plan must be current, drawn to scale on 8 1/2 x 11 paper, and show all property lines. If unable to draw to scale, property lines must still be shown noting actual dimensions or total acreage.

Failure to include all of the items listed below may delay the review necessary to obtain a permit

ITEMS THAT MUST BE SHOWN ON YOUR SITE PLAN:

- 1. NORTH ARROW.
- 2. SCALE OF DRAWING.
- 3. STREET NAME accessing the parcel.
- 4. ALL PROPERTY LINES AND DIMENSIONS - existing and proposed.
- 5. DRIVEWAYS AND ROADS - existing and proposed.
- 6. EXISTING AND PROPOSED STRUCTURES - label as "Proposed" and "Existing". Include dimensions and distance to all property lines and other structures.
- 7. UTILITY LINES AND EASEMENTS.
- 8. GEOGRAPHIC FEATURES - ground slope and direction of slope, escarpments, streams, ponds, or other drainage ways.
- 9. WELLS - existing and proposed on this parcel and adjacent parcels within 100 feet.
- 10. FENCES, RETAINING WALLS - location of existing and/or proposed.
- 11. PARTITIONING (if applicable) - shown by dotted lines, with parcels labeled as "Parcel 1", "Parcel 2", etc.
- 12. SEPTIC SYSTEM and REPLACEMENT AREA - existing and proposed. Show existing septic tank, drain field lines and distance from structure(s).
- 13. CUTS/FILLS - show existing and proposed.
- 14. ELEVATIONS - at lot corners or construction area and at corners of building site.

If sanitary sewer service is not available, a septic system must be installed. Include the following additional items on the site plan:

- TEST HOLES - show distances between holes and property lines. One test hole should be located in the center of the initial system installation site, the other in the center of the replacement area. Accuracy of location is very important.

Additional information, such as patio slabs, walkways, roof overhangs, etc., may be required for the issuance of your permit.

➤ Permit Specialist Initials _____ Date _____

USE THE REVERSE SIDE OF THIS FORM TO DRAW YOUR SITE PLAN

SITE PLAN FOR PROPOSED RESIDENTIAL DEVELOPMENT

TWO (2) COPIES REQUIRED

Property Owner(s) Name: _____ Phone: _____
 Site Address: _____ City: _____ Zip: _____
 Subdivision: _____ Lot: _____ Block: _____ Manufactured Home Park: _____ Space: _____
 Assessor Map # (T-R-Sec-TL(s)): _____ Total # Acres: _____
 Zoning Designation: _____ Planning Map _____

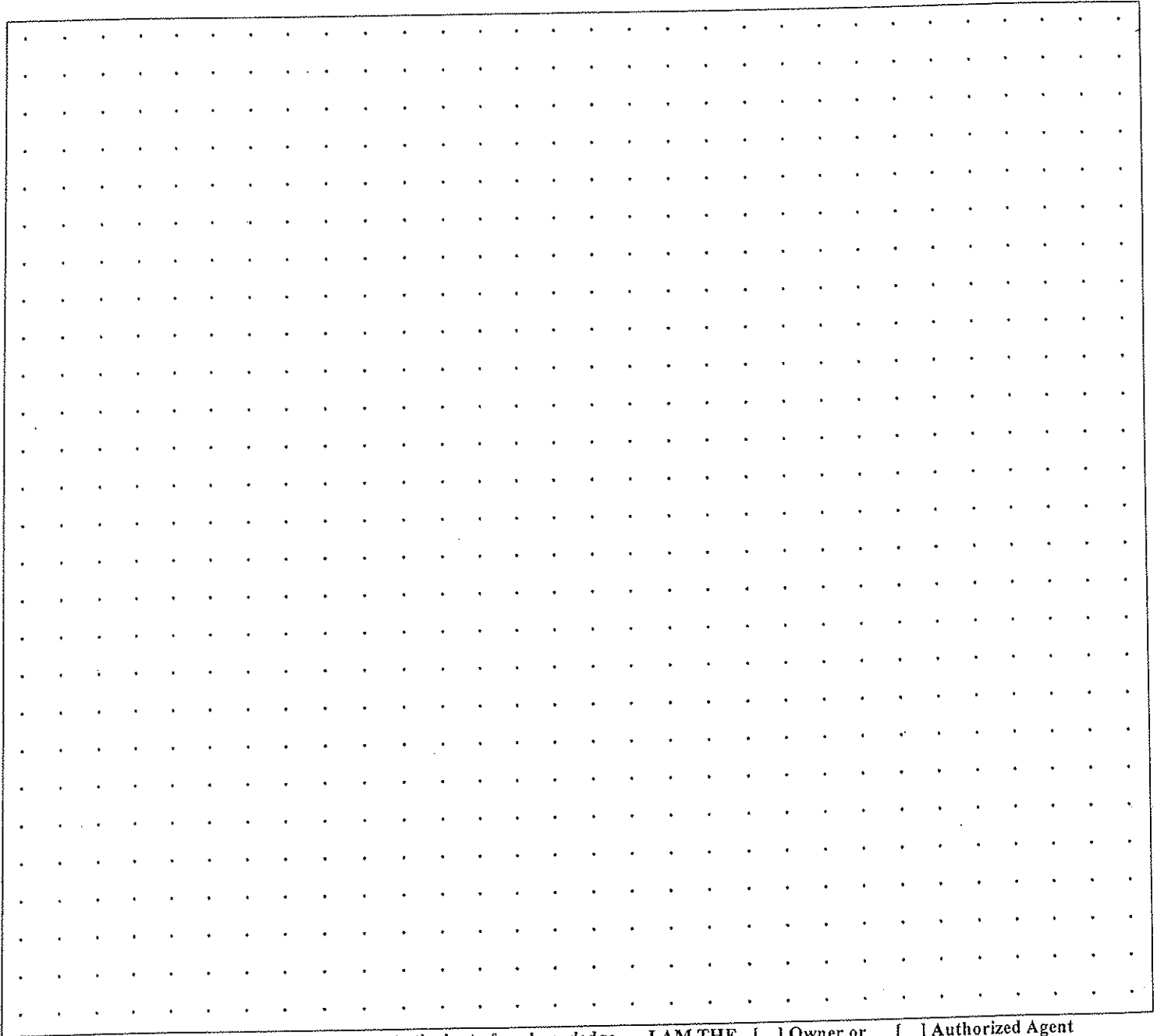
SITE PLAN FOR PROPOSED RESIDENTIAL DEVELOPMENT

TWO (2) COPIES REQUIRED

Property Owner(s) Name: _____ Phone: _____
Site Address: _____ City: _____ Zip: _____
Subdivision: _____ Lot: _____ Block: _____ Manufactured Home Park: _____ Space: _____
Assessor Map # (T-R-Sec-TL(s)): _____ Total # Acres: _____
Zoning Designation: _____ Planning Map: _____

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

- Drawn to Scale: 1 square = _____
Feet Not Drawn to Scale: Total Acres _____



I certify that the above information is accurate to the best of my knowledge. I AM THE [] Owner or [] Authorized Agent

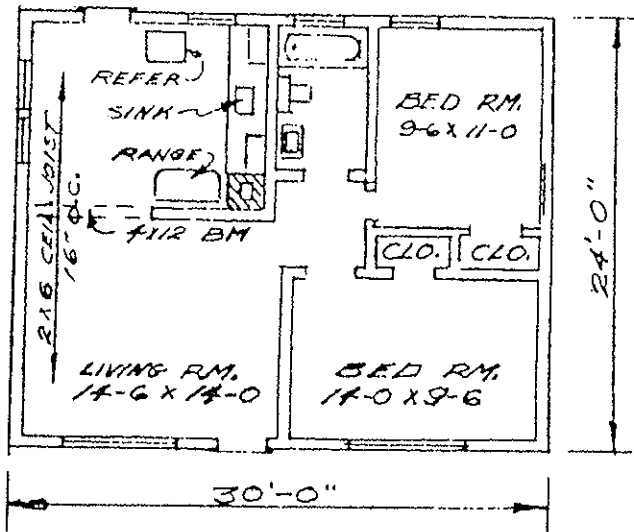
My telephone number is: _____ NAME (please print): _____
Applicant's Signature: _____ Date: _____
Applicant's Mailing Address: _____ City: _____ Zip: _____

FOR OFFICE USE ONLY

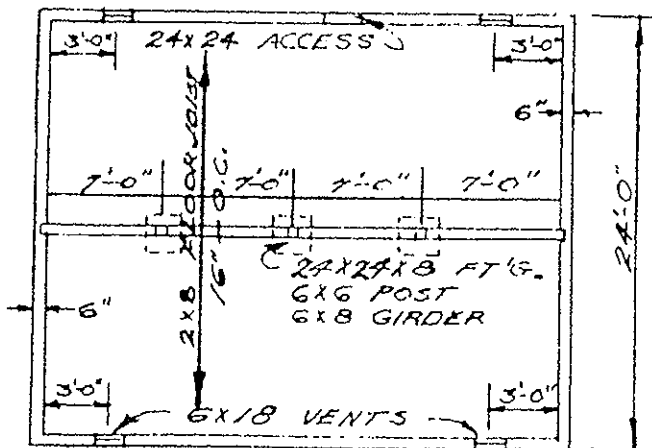
PLANNING: _____ Date: _____
PUBLIC WORKS: _____ Date: _____
BUILDING INSPECTION: Acceptable for Planning requirements only _____ Date: _____

MINIMUM BUILDING PLAN REQUIREMENTS
FOR A RESIDENTIAL BUILDING PERMIT IN MARION COUNTY

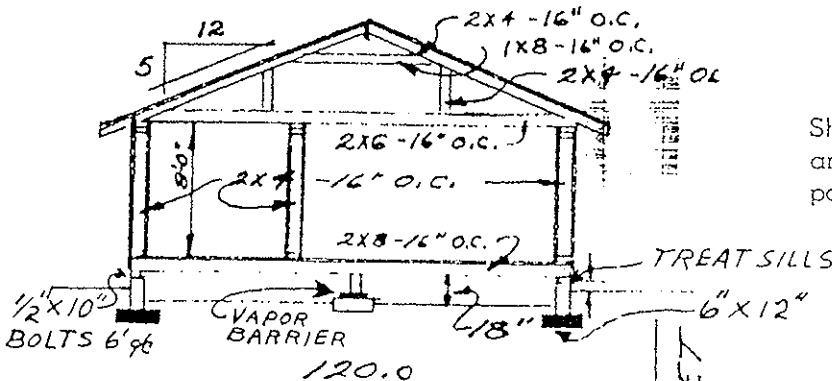
Two copies of plans are required, one of which shall be marked approved and returned to the applicant. Plans must be indelible reproductions such as blueprints or originals on a good grade of plain white paper. **They must also be drawn to scale in a standard architectural manner.** Figures shown are for illustration only, please insert your figures.



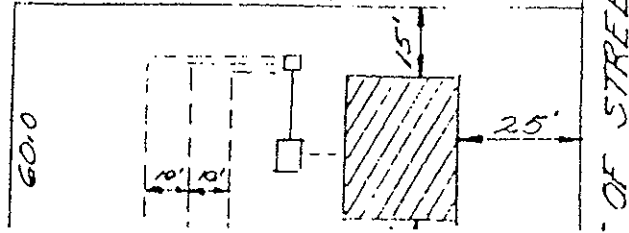
Show the arrangement of partitions and rooms, the location of plumbing fixtures, appliances, cupboards, windows, doors, chimney, and the size, direction, and spacing of ceiling joists.



Show the size and shape of the foundation wall, and the size and location of beams, posts, footings, air vents or windows, access hole or stairway, and the size, direction and spacing of floor joists.



Show the method of framing, roof pitch, roof braces, amount of cornice, ceiling height, bearing partitions, posts, beams, foundation, finish grade, and excavation



Show the shape and size of the lot, the location of the building on the lot, the location of the cess pool or septic tank and drain field, give approximate elevation at each corner of the lot.



Information Notice to Owners About Construction Responsibilities

(ORS 701.055 (5))

Homeowners acting as their own general contractors to construct a new home or make a substantial improvement to an existing structure, can prevent many problems by being aware of the following responsibilities:

- Homeowners who use labor provided by workers not licensed by the Construction Contractors Board, may be considered an employer, and the workers who provide the labor may be considered employees. **As an employer, you must comply with the following:**
- **Oregon's Withholding Tax Law:** Employers must withhold income taxes from employee wages at the time employees are paid. You will be liable for the tax payments even if you don't actually withhold the tax from your employees. For more information, call the Department of Revenue at 503-378-4988.
- **Unemployment Insurance Tax:** Employers are required to pay a tax for unemployment insurance purposes on the wages of all employees. For more information, call the Oregon Employment Department at 503-947-1488.
- **Oregon's Business Identification Number (BIN):** is a combined number for both Oregon Withholding and Unemployment Insurance Tax. To file for a BIN, call 503-945-8091 or go to <http://www.oregon.gov/DOR/BUS/docs/211-055.pdf> for the appropriate forms.
- **Workers Compensation Insurance:** Employers are subject to the Oregon Workers Compensation Law, and must obtain Workers Compensation Insurance for their employees. If you fail to obtain Workers Compensation Insurance, you could be subject to penalties and be liable for all claim costs if one of your workers is injured on the job. For more information, call the Workers Compensation Division at the Department of Consumer and Business Services at 503-947-7815.
- **Tax Withholding:** Employers must withhold Social Security Tax and Federal Income Tax from employee wages. You may be liable for the tax payment, even if you didn't actually withhold the tax. For a Federal EIN number, call the IRS at 1-800-829-4933 or visit their website at www.irs.gov.

Other Responsibilities of Homeowners:

- **Code Compliance:** As the permit holder for a construction project, the homeowner is responsible for notifying building officials at the appropriate times, so that the required inspections can be performed. Homeowners are also responsible for resolving any failure to meet code requirements that may be found through inspections.
- **Property Damage and Liability Insurance:** Homeowners acting as their own contractors should contact their insurance agent to ensure adequate insurance coverage for accidents and omissions, such as falling tools, paint overspray, water damage from pipe punctures, fire, or work that must be redone. Liability Insurance must be sufficient to cover injuries to persons on the job site who are not otherwise covered as employees by Workers Compensation Insurance.
- **Expertise:** Homeowners should make sure they have the skills to act as their own general contractor, and the expertise required to coordinate the work of both rough-in and finish trades.

CONSTRUCTION CONTRACTORS BOARD

700 Summer St NE, Suite 300, PO Box 14140, Salem, OR 97309-5052

Telephone: 503-378-4621 ~ Fax: 503-373-2007

Website Address: www.oregon.gov/cob

Property Owner Statement Regarding Construction Responsibilities

Oregon Law requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. (ORS 701.055 (4))

This statement is required for residential building, electrical, mechanical, and plumbing permits. Licensed architect and engineer applicants, exempt from licensing under ORS 701.010 (7), need not submit this statement. This statement will be filed with the permit.

Please check the appropriate box:

I own, reside in, or will reside in the completed structure and my general contractor is:

Name

CCB#

Expiration Date

I will inform my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.

or

I will be performing work on property I own, a residence that I reside in, or a residence that I will reside in. If I hire subcontractors, I will hire only subcontractors licensed with the Construction Contractors Board. If I change my mind and hire a general contractor, I will select a contractor who is licensed with the CCB and will immediately give the name of the contractor to the office issuing this Building Permit.

I have read and understand the Information Notice to Homeowners About Construction Responsibilities, and I hereby certify that the information on this homeowner statement is true and accurate.

Print Name of Permit Applicant

Signature of Permit Applicant

Date

Permit #: _____

Address: _____

Issued by: _____ Date: _____





Plumbing Permit Application

Marion County Public Works

555 Court Street NE, PO Box 14500, Salem, Oregon 97309

Phone: (503) 588-5147 Fax: (503) 588-7948

Email: Building@co.marion.or.us

Internet address: www.co.marion.or.us

CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION		
Owner name:		
Owner phone number:		
Job site address:		
City/State/Zip:		
Suite/Bldg/apt no.:	Project name:	
Business name, if applicable:		
Cross Street/ Directions to job site:		
Subdivision:	Lot no:	
Tax map/parcel no:		
DESCRIPTION OF WORK		
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City/State/ ZIP:		
Phone:	Fax:	
E-mail:		
<p>This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-695-0020.</p>		
Signature:		
CONTRACTOR INSTALLATION		
Business name:		
Contact name:		
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		
CCB License no:	BCD Lic. no.:	
Plumbing License no.:		
Print Name:		
Signature:		

FEE SCHEDULE			
Description	Qty	Cost Each	Total Cost
New 1 & 2 family dwellings (includes 100 ft. for each utility connections) Note: A "half" bath is equivalent to a single bathroom			
1 bathroom/ 1 kitchen		\$285.00	
2 bathrooms/ 1 kitchen		\$363.00	
3 bathrooms/ 2 kitchen		\$441.00	
Each additional bath (over 3)/ kitchen (over 1)		\$78.00	
Fire sprinkler system (13-D) (sq. ft.)		Fee per schedule	
Additional site utilities over 100 feet (per 100')		\$26.00	
Site Utilities			
Catch Basin or area drain		\$17.50	
Drywell or trench drain		\$17.50	
Sanitary Sewer – First 100 feet		\$41.00	
Each additional 100 feet		\$26.00	
Water Service – First 100 feet		\$41.00	
Each additional 100 feet		\$26.00	
Storm/Rain Drain – First 100 feet		\$41.00	
Each additional 100 feet		\$26.00	
Fixture or item			
Backflow preventer / Valve		\$17.50	
Backwater valve		\$17.50	
Clothes washer		\$17.50	
Commercial dishwasher		\$17.50	
Drinking fountain		\$17.50	
Ejectors/sump		\$17.50	
Expansion tank		\$17.50	
Fixture/sewer cap		\$17.50	
Floor or roof drain/floor sink/hub		\$17.50	
Hose bib		\$17.50	
Ice maker		\$17.50	
Interceptor/grease trap		\$17.50	
Sink/basin/lavatory		\$17.50	
Tub/shower/shower pan		\$17.50	
Water closet/Urinal		\$17.50	
Water heater		\$17.50	
Other		\$17.50	
Miscellaneous Fees			
Specially requested inspections (no. of hrs x fee per hour)		\$67.25	
Fire sprinkler system (13-D) (sq.ft.)		Per fee schedule	
Medical gas (\$____ value)		Per fee schedule	
Reinspection Fee		\$52.00	
Investigation Fee			
Dwelling Permit Labels		NC	
Other			
FOR APPLICANT USE			
Minimum permit fee			\$67.25
[A] Enter subtotal of above fees (or minimum permit fee, whichever is greater)			
[B] Investigation fee – if applicable (Equal to [A])			
[C] Enter 12 % state surcharge (0.12 x [A + B])			
[D] Plan review 30% - if applicable (0.30 x [A])			
TOTAL fees and surcharges (A through D)			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

See other side of this form for additional information.

City of _____ Rec'd by: _____ Date: _____

1 & 2 Family Dwelling Fire Suppression System (13-D) Fee Schedule

(Fee includes permit & plan review)

Total Square Feet	Fee
0 to 2000	\$98.00
2001 to 3600	\$129.00
3601 to 7200	\$139.75
Over 7200	\$186.25

Two sets of plans must be submitted for review. NOTE: Standalone systems (13-R) are permitted under a separate building permit, however, a plumbing permit for a backflow prevention device is required.

Medical Gas Installation

The Permit Fee is based on the value of the installation

Total Valuation	Permit Fee
\$1 to \$2,000	\$60.00
\$2,001 to \$25,000	\$60.00 for the first \$2000 plus \$8.00 for each additional \$1000, or fraction thereof, to and including \$25,000
\$25,001 to \$50,000	\$244.00 for the first \$25,000 plus \$6.25 for each additional \$1000, or fraction thereof, to and including \$50,000
\$50,001 to \$100,000	\$400.25 for the first \$50,000 plus \$4.75 each additional \$1000, or fraction thereof, to and including \$100,000
\$100,001 and up	\$637.75 for the first \$100,000 plus \$3.95 for each additional \$1000, or fraction thereof

Commercial Plan Review Requirements

Plan Review -- Job Involving (if yes to any, plan review required):

Yes / No

- Medical gas and vacuum system for healthcare facility?
- Chemical drainage waste and vent system?
- Sewer wastewater pretreatment?
(Grease pretreatment systems do not apply)
- Vacuum drainage waste and vent system?
- Commercial potable water pressure booster pump system?
- Water service line with interior diameter of two inches or larger?
Exception: those two inch systems which have been designed and stamped by a licensed engineer.
- Residential multi-purpose or continuous loop fire suppression system?

Two sets of plans must be submitted and plans review fees paid if you answered yes to any of the above questions.



Electrical Permit Application

Marion County Public Works

555 Court Street NE, PO Box 14500, Salem, Oregon 97309

Phone: (503) 588-5147 Fax: (503) 588-7948

Email: Building@co.marion.or.us

Internet address: www.co.marion.or.us

CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION		
Owner name:		
Owner phone number:		
Job site address:		
City/State/Zip:		
Suite/Bldg/apt no.:	Project name:	
Cross Street:		
Subdivision:	Lot no:	
Tax map/parcel no:		
DESCRIPTION OF WORK		
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City/State/ ZIP:		
Phone:	Fax:	
Email:		
<p>Owner Installation: This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. ORS 479.540(1) and 479.560(1).</p>		
Signature:	Date:	
CONTRACTOR INSTALLATION		
Business name:		
Contact name:		
Address:		
City/State/ZIP:		
Phone:	Fax :	
E-mail:		
CCB License no:	Electrical Lic:	
Supervising Electrician Lic no:		
Print name of signing supervisor:		
Signature of signing supervisor:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 601 amps <input type="checkbox"/> Building over three stories <input type="checkbox"/> Marinas and boatyards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of 75 KVA or larger separately derived system <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy <input type="checkbox"/> Recreational vehicle parks <input type="checkbox"/> Health-care facilities <input type="checkbox"/> Hazardous locations		
<input type="checkbox"/>	Service or feeder 400amps or more where the available fault current exceeds 10,000 amps at 150 volts or less to ground, or exceeds 14,000 amps for all other installations			
<input type="checkbox"/>	Fire pump			
<input type="checkbox"/>	Emergency system			
<input type="checkbox"/>	Addition of new motor load of 100HP or more			
<input type="checkbox"/>	Six or more residential units			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
Residential single-or-multifamily dwelling unit. Includes attached garage.				
1,000 sq. ft. or less		\$139.75		4
Ea. Add'l 500 sq ft or portion		\$26.00		
Limited energy, residential (with above sq ft)		\$67.25		2
Each manufactured or modular dwelling, service, and/or feeder		\$67.25		2
Services or feeders installation, alteration, and/or relocation				
200 amps or less		\$82.75		2
201 amps to 400 amps		\$98.25		2
401 amps to 600 amps		\$163.50		2
601 amps to 1,000 amps		\$212.00		2
Over 1,000 amps or volts		\$491.50		2
Reconnect only		\$67.25		2
Temporary services or feeders installation, alteration, and/or relocation				
200 amps or less		\$67.25		2
201 amps to 400 amps		\$89.00		2
401 amps to 599 amps		\$129.50		2
Over 600 amps or 1,000 volts, see services or feeders section above				
Branch circuits – new, alteration, or extension, per panel				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		\$5.50		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		\$67.25		2
Each add'l branch circuit		\$5.50		
Miscellaneous (service or feeder not included)				
Pump or irrigation circle		\$65.00		2
Sign or outline lighting		\$65.00		2
Signal circuit(s) or limited energy panel, alteration, or extension, Describe:		\$65.00		2
Hourly rate (no. of hrs. x fee per hour)		\$67.25		
Dwelling Permit Labels		NC		
Each additional inspection over: allowable in any of the above				
Per inspection		\$52.00		
Investigation fee				
ELECTRICAL PERMIT FEES				
(A) Enter subtotal of above fees		\$		
(B) Enter 12% State of Oregon Surcharge (0.12 x [A])		\$		
(C) Plan review, if required (0.25 x [A])		\$		
TOTAL fees and surcharges (A through C)		\$		

* Number of inspections allowed per permit.

City of _____ Received by: _____ Date: _____



Mechanical Permit Application

Marion County Public Works

555 Court Street NE, PO Box 14500

Salem, Oregon 97309

Phone: (503) 588-5147 Fax: (503) 588-7948

Email: Building@co.marion.or.us

Internet address: www.co.marion.or.us

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Owner name:	
Owner phone number:	
Job site address:	
City/State/Zip:	
Suite/Bldg/apt no.:	Project name:
Cross Street/ Directions to job site:	
Subdivision:	Lot no:
DESCRIPTION OF WORK	
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:	
CONTRACTOR	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CCB License no.:	
Print name :	
Signature:	

See other side for Commercial Mechanical Permit Fee Schedule

FEE SCHEDULE			
Residential	Qty	Cost each	Total cost
Furnace/burner including ducts and vents			
Up to 100k BTU/hr.		\$20.75	\$
Over 100k BTU/hr.		\$20.75	\$
Heaters/stoves/vents			
Unit heater		\$20.75	\$
Wood/pellet/gas stove/flue		\$20.75	\$
Repair/alter/add to heating appliance/ refrigeration unit or cooling system/ absorption system		\$20.75	\$
Evaporated cooler		\$20.75	\$
Vent fan with one duct/appliance vent		\$10.25	\$
Hood with exhaust and duct		\$10.25	\$
Floor furnace including vent		\$20.75	\$
Gas piping			
One to four outlets		\$20.75	\$
Additional outlets (each)		\$0.00	\$
Air-handling units, including ducts			
Up to 10,000 CFM		\$20.75	\$
Over 10,000 CFM		\$20.75	\$
Compressor/absorption system/heat pump			
Up to 3 hp/100k BTU		\$20.75	\$
Up to 15 hp/500k BTU		\$20.75	\$
Over 30 hp/1,000 BTU		\$20.75	\$
Incinerators			
Domestic incinerator		\$20.75	\$
Commercial			
Enter total valuation of mechanical system and installation costs \$			
Enter fee based on valuation of mechanical system, etc.			\$
Miscellaneous fees	Items	Cost ea.	Total cost
Dwelling Permit Labels		NC	
Reinspection		\$52.00	\$
Specially requested inspections (per hr)		\$67.25	\$
Other regulated residential equipment		\$20.75	\$
FOR APPLICANT USE			
Minimum Permit Fee			\$67.25
(A) Enter subtotal of above fees (or min. permit fee, whichever is greater.)			
(B) Investigative fee - if applicable (equal to [A])			
(C) Enter 12% surcharge (.12 x [A+B])			
(D) Seismic fee, 1% (.01 x permit fee [A])			
(E) Plan review 25% - if applicable (0.25 x [A])			
TOTAL fees and surcharges (A through E):			

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.

1 & 2 Family Dwelling Fire Suppression System (13-D) Fee Schedule

(Fee includes permit & plan review)

Total Square Feet	Fee
0 to 2000	\$98.00
2001 to 3600	\$129.00
3601 to 7200	\$139.75
Over 7200	\$186.25

Two sets of plans must be submitted for review. NOTE: Standalone systems (13-R) are permitted under a separate building permit, however, a plumbing permit for a backflow prevention device is required.

Medical Gas Installation

The Permit Fee is based on the value of the installation

Total Valuation	Permit Fee
\$1 to \$2,000	\$60.00
\$2,001 to \$25,000	\$60.00 for the first \$2000 plus \$8.00 for each additional \$1000, or fraction thereof, to and including \$25,000
\$25,001 to \$50,000	\$244.00 for the first \$25,000 plus \$6.25 for each additional \$1000, or fraction thereof, to and including \$50,000
\$50,001 to \$100,000	\$400.25 for the first \$50,000 plus \$4.75 each additional \$1000, or fraction thereof, to and including \$100,000
\$100,001 and up	\$637.75 for the first \$100,000 plus \$3.95 for each additional \$1000, or fraction thereof

Commercial Plan Review Requirements

Plan Review – Job Involving (if yes to any, plan review required):

Yes / No

- Medical gas and vacuum system for healthcare facility?
- Chemical drainage waste and vent system?
- Sewer wastewater pretreatment?
(Grease pretreatment systems do not apply)
- Vacuum drainage waste and vent system?
- Commercial potable water pressure booster pump system?
- Water service line with interior diameter of two inches or larger?
Exception: those two inch systems which have been designed and stamped by a licensed engineer.
- Residential multi-purpose or continuous loop fire suppression system?

Two sets of plans must be submitted and plans review fees paid if you answered yes to any of the above questions.