



City of Independence

Residential

Mechanical Permit

555 S Main ST, Independence, OR 97351

Office: 503-838-1212 / Fax: 503-606-3282

Inspection Line: 503-837-1199 (Mon-Thur)

Email: permits@ci.independence.or.us

Permit No. _____

Permit Fee _____

Surcharge (12%) _____

Total Fees _____

Date Permit Issued _____

Issued By _____
(Office Use Only)

Permit shall be obtained prior to commencement of installation for all appliances which are to become a fixture to the building, for relocation's, replacements, or changes to duct work or burners.

In accordance with ORS 455.355, the disposal of thermostats that contain mercury shall be in accordance with programs established by thermostat manufacturers, their representative or distributor, or by delivery to sites that will ensure that the mercury does not become part of the solid waste stream or wastewater.

Inspection is required before cover. Gas piping is required to be tested and inspected before the gas is turned on.

Applicant _____ Address _____ Phone # _____

Mechanical Contractor _____ Address _____ Phone # _____

Site Address _____ Applicant Email Address _____

Type Of Work: New Alteration Replacement
Addition Repair Other

Description Of Work _____

Item	No.	Fee	Amount	Item	No.	Fee	Amount
Minimum Permit Fee		\$60.00		Whole House Ventilation		\$30.00	
Furnace < 100,000 BTU		\$30.00		Radon Mitigation		\$30.00	
Furnace > 100,000 BTU		\$30.00		Gas Water Heater		\$30.00	
Floor Furnance		\$30.00		Kitchen Exhaust		\$30.00	
Suspended Unit Heater		\$30.00		Attic or Crawl Space Fan		\$30.00	
Wall Heater		\$30.00		Hydronic Systmes		\$30.00	
Gas Fireplace		\$30.00		Wood Stove		\$30.00	
Heat Pump		\$30.00		Pellet Stove or Stove Insert		\$30.00	
Residential Air-Conditioner		\$30.00		Gas Outlet Without Appliance		\$30.00	
Evaporative cooler		\$30.00		Gas Piping (1 to 4 Outlets) Each Outlet		X \$20.00	
Each Single Exhaust Vent		X \$20.00		Each Gas Outlet Over 4		X \$5.00	
Air Handling Unit		\$30.00		Appliance/Accessory Not Covered		\$30.00	

Signature of Applicant _____ Date _____