



# City of Umatilla

**Building Division**  
 700 6<sup>th</sup> St  
 Umatilla, OR 97882  
[epermitting@umatilla-city.org](mailto:epermitting@umatilla-city.org)  
 (541) 922-3226 x114 Fax (541) 922-5758

<b>COMMERCIAL MECHANICAL PERMIT APPLICATION</b> DEPARTMENT USE ONLY	
Permit No:	
Date Issued:	By:

## WORK SITE LOCATION:

<b>PARENT PERMIT NUMBER:</b> (Building)	
<b>STREET ADDRESS OF WORK SITE:</b>	
<b>CATEGORY OF CONSTRUCTION:</b>	
<input type="radio"/> Multi-Family <input type="radio"/> Commercial	
<b>TYPE OF WORK:</b>	
<input type="radio"/> New <input type="radio"/> Addition <input type="radio"/> Alteration/Repair	<input type="radio"/> Gas line only <input type="radio"/> Accessory Structure
<b>PROJECT DESCRIPTION:</b>	

## PROJECT INFORMATION:

<b>Valuation*:</b>	
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\*The value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and profit for the work described.

<b>Commercial &amp; Multi-Family</b>
<p>***Indicate all that apply by checking Yes or No Below. Mechanical Plan Review is required for any yes answer(s). Provide two complete sets of plans, manufacture cut-sheets, specifications and calculations.</p> <p>Yes/No</p> <p><input type="checkbox"/> <input type="checkbox"/> New Commercial or Multi-Family building.</p> <p><input type="checkbox"/> <input type="checkbox"/> Tenant Improvement infill or remodel where floor space is 2,000 sq.ft. or greater.</p> <p><input type="checkbox"/> <input type="checkbox"/> Change of Use or Occupancy when building or tenant space is 2,000 sq. ft. or greater.</p> <p><input type="checkbox"/> <input type="checkbox"/> Occupancy is for a Salon or other use involving caustic materials.</p> <p><input type="checkbox"/> <input type="checkbox"/> Occupancy is for a Hospital, Medical Clinic, Medical Lab, Or dental office.</p> <p><input type="checkbox"/> <input type="checkbox"/> Occupancy is for any Hazardous occupancy classification  <i>(Consult with Commercial Plans Examiner if uncertain.)</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Roof mounted equipment weighing 400lbs.  <i>(Cut-sheets required for verification of weight.)</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Type I hood.</p> <p><input type="checkbox"/> <input type="checkbox"/> Spray booth.</p>

## PEOPLE INFORMATION:

<b>APPLICANT:</b>		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>PROPERTY OWNER:</b>		
Same as applicant? <input type="radio"/> Yes <input type="radio"/> No		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>CONTRACTOR INSTALLATION</b>		
Same as applicant? <input type="radio"/> Yes <input type="radio"/> No		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
E-mail:		
CCB license no.:		City Lic No.:
Contact Name:		
Contact Phone Number:		
<b>REQUIRED DOCUMENTS FOR APPLICATION</b>		
I have downloaded and reviewed the plans and documents Checklist (Initials): _____		
<b>SUBMITTAL METHOD FOR PLANS AND DOCS</b>		
<input type="radio"/> Paper <input type="radio"/> Electronic		

COMMERCIAL MECHANICAL FEES		
VALUATION		FEE
\$0 - \$5000.00	\$50.00 + \$1.35 For each add'l \$100 over \$1000.00	
\$5000.01 - \$10,000.00	\$50.00 for first \$5000.00 plus \$1.25 for each add'l \$100 or fraction thereof, to include \$10,000	
\$10,000.01 - \$100,000.00	\$112.50 for first \$10,000.00 plus \$3.25 for each add'l \$1000 or fraction thereof, to include \$100,000	
\$100,000.01 and above	\$405.00 for first \$100,000.00 plus \$1.75 for each add'l \$1000 or fraction thereof	
	Subtotal \$	
Permit Subtotal		
Mechanical Plan Review (25% of subtotal)		
Technology Fee (2% of Permit Subtotal and Plan Review Total)		
State Surcharge 12% of Permit Subtotal		
	<b>Permit Total</b>	
	Additional Inspections \$88.00/per inspection	
	Additional Plan Review \$88.00/per hour	

## Notices

**Expiration of application:** This application is valid for 180 days after it has been accepted as complete.

**Inspections required:** Approved city inspections must be completed before the work performed is enclosed.

**Terms and conditions**

**Correct information:** I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

**Copyright release for government entities:** I hereby grant permission to the City of Umatilla to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

**Indemnity:** I, the permit applicant, shall indemnify, defend and hold harmless the City of Umatilla, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit. **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. OAR 479.540(1) and 479.560(1).

**Owner permission:** I have the legal right or permission from any property owner whose property is affected by the work covered under this permit to: 1) enter the property; 2) perform the work covered under this permit; 3) leave structures on or in the affected property. The issuance of this permit shall not be construed as permission or a grant of a legal right to enter upon or remain on any property affected by the work covered under this permit.

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_