



# MECHANICAL PERMIT APPLICATION

Crook County Community Development  
 300 NE 3<sup>RD</sup> St. Room 12, Prineville, OR 97754  
 Phone: (541) 447-3211  
 Email: bld@crookcountyor.gov

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

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

TYPE OF WORK	
<input type="checkbox"/> New construction <input type="checkbox"/> Addition/alteration/replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling <input type="checkbox"/> Commercial/industrial <input type="checkbox"/> Accessory building <input type="checkbox"/> Multi-family <input type="checkbox"/> Other, Specify:	
DESCRIPTION OF WORK	
JOBSITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	
Tax/map parcel no:	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
OWNER INSTALLATION	
<b>This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.</b>	
Signature:	Date:
APPLICANT	
Name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
CCB Lic#:	BCD Lic#:
CONTACT FOR ISSUANCE	
Print Name:	Date:

See Page 2 for Mechanical Plan Review Information

COMMERCIAL FEE SCHEDULE – VALUATION BASED			
Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit.			
<b>Valuation Amount \$</b>			
<b>FOR SPECIAL INFORMATION, USE CHECKLIST ON PAGE 2</b>			
RESIDENTIAL EQUIPMENT / SYSTEM / FEES			
DESCRIPTION	QTY	EA.	TOTAL
HEATING / COOLING			
Furnace, incl. ductwork, vent, and liner		<b>20.50</b>	
Air conditioner/Air handling unit up to 10,000 cfm		<b>15.50</b>	
Air Handling unit 10,001 cfm and over		<b>20.50</b>	
Duct work, alterations, and additions		<b>8.95</b>	
Hydronic piping system		<b>82.15</b>	
Evaporative cooler other than portable		<b>8.95</b>	
Gas heaters/unit in-wall, in-duct, suspended, etc. <b>not</b> incl. vent.		<b>20.50</b>	
Heat Pump		<b>19.15</b>	
Mini Split System		<b>19.15</b>	
Other heating/cooling		<b>12.85</b>	
OTHER FUEL APPLIANCES			
Water heater		<b>51.45</b>	
Gas or wood fireplace/insert/stove		<b>20.50</b>	
Pool or spa heater, kiln*		<b>12.85</b>	
Wood stove/pellet stove		<b>20.50</b>	
Flue vent for water heater or gas fireplace		<b>10.75</b>	
Chimney/liner/flue/vent w/o appliance		<b>12.85</b>	
Oil tanks/gas/diesel generators		<b>19.15</b>	
Other fuel appliance		<b>12.85</b>	
ENVIRONMENTAL EXHAUST AND VENTILATION			
Range hood/other kitchen equipment		<b>12.35</b>	
Clothes dryer exhaust		<b>12.85</b>	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		<b>8.95</b>	
Attic/crawlspace fans		<b>8.95</b>	
Ventilation system not a portion of heating or air-conditioning system		<b>8.95</b>	
Appliance Vent Installation, relocation or replacement not included in an appliance		<b>12.35</b>	
Other environment exhaust/ventilation		<b>8.95</b>	
<b>FUEL PIPING: Piping per outlet</b>		<b>12.85</b>	
OFFICE USE ONLY			
Minimum permit fee			<b>115.75</b>
Plan review (75% of permit fee)			
State surcharge (12% of permit fee)			
<b>TOTAL PERMIT FEE</b>			

\* Site plan required for an outdoor unit

# Mechanical Plan Review

**1 set of plans required for all mechanical plan review (Full Size)**

**Check all that apply:**

- Educational or Institutional Occupancy
- Hazardous Location
- Installation in Patient Care Areas
- Agricultural Buildings Used for Commercial Purposes
- Any System Providing Greater Than 2000 CFM, per OMSC 606.2.1 / 606.2.2
- Complex Structures
- Commercial Exhaust Hood

2022 OMSC 508.1.2 Air Balance – Design plans for a facility with a commercial kitchen ventilation system shall include a schedule or diagram indicating the design outdoor air balance. The design outdoor air balance shall indicate all exhaust and replacement air for the facility, plus the net exfiltration if applicable. The total replacement airflow rate shall equal the total exhaust airflow rate plus the net exfiltration.

- Commercial Fuel Piping