Mechanical Permit Application - Commercial
City of Wood Village
23335 NE Halsey St. Wood Village, OR 97060
Phone: 503-489-6861 or 503 489-6859 Fax: 503-669-8723
www.Woodvillageor.gov Email: Building@woodvillageor.gov

TYPE OF WORK
☐ New Construction    ☐ Other:
☐ Addition/Alteration/Replacement

CATEGORY OF CONSTRUCTION
☐ Commercial/Industrial    ☐ Other:
☐ Multi-family (Apts. & Condos)

JOB SITE INFORMATION AND LOCATION
Job Site Address: Wood Village OR 97060
Suite #: Bldg./Apt. #:
Project Name:
Directions to Job Site:
Cross Street Name:
Subdivision: Lot #:

DESCRIPTION OF WORK
(Please include information on the weight of any new or replacement equipment to be roof-mounted or suspended.)

☐ PROPERTY OWNER    ☐ TENANT
Name:
Address:
City/State/Zip:
Phone: Email:

☐ APPLICANT    ☐ CONTACT PERSON
Name:
Address:
City/State/Zip:
Phone: Email:

CONTRACTOR
Business Name:
Address:
City/State/Zip:
Phone: Email:

*CCB Lic. #:
Metro or City Lic. #:

Authorized Signature

Print Signer’s Name

Date: _________________________________

FOR OFFICE USE ONLY
Application #: Issued Permit #
Receipt #: Receipt #
Date: Date Issued:
Received by: Issued by:

COMMERCIAL FEE SCHEDULE
Mechanical permit fees are based on the total value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead and profit. Note: Permit forms should be filled out based on scope of work (check box below) and contractor doing the work. Example: If you have HVAC, Hood & Walk-in cooler checked and the same contractor is doing all three you would put the total value for all three in one form. If you have three separate contractors doing the work you would need three forms, one for each contractor with the value separated out.

☐ HVAC Value: $
☐ Hood Value:
☐ Walk-in Cooler Value: $
☐ Refrigeration (Equipment & Piping for cooler or case) Value: $
☐ Industrial/Commercial Equipment (less than 10 tools) -Value of specialized equip. -Value of Installation and Labor Value: $
Other: Value: $

MECHANICAL PERMIT FEES (OFFICE USE ONLY)
Subtotal $
Plan Review Fee (65% of Permit Fee) $
State Surcharge (12% of Permit Fee) $
Subtotal $
Total Fee $

* Note: Permit will not be processed without valid CCB#.