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Permit #:

Date Received:

## **Mechanical Affidavit Application**

TYPE OF WORK						
☐ New Construction ☐ Addition/Alteration/Replacemen	t 🔲 Other:					
JOB SITE INFORMATION AND LOCATION						
Job site address:						
City/State/ZIP:						
Suite/bldg./apt. no.:						
Project name:						
DESCRIPTION OF WORK						
PROPERTY OWNER						
Name:						
Address:						
City/State/ZIP:						
Phone:						
E-mail:						
APPLICANT						
Business name:						
Contact name:						
Address:						
City/State/ZIP:						
Phone:						
E-mail:						
CONTRACTOR						
Business name:						
Address:						
City/State/ZIP:						
Phone:						
E-mail:						
CCB License:						
Authorized Signature:						
Print name:	Date:					

REQUIRED INFORMATION					
Valuation: \$					
Occupancy:					
Construction Type:					
A sketch showing the area of work within the building's structure should be submitted with this application.					
AFFIDAVIT REQUIREMENTS					
All work is limited to one or more of the following:					
<ul> <li>Bathroom exhaust fan installations/replacements</li> <li>Commercial kitchen exhaust fan replacements</li> <li>Ventilation and exhaust air duct installations and/or relocations (except Type I grease ducts and ducts conveying hazardous materials)</li> <li>Ceiling diffuser relocations with no change of use (7 maximum)</li> </ul>					
☐ The proposed work does not penetrate or is not located within any fire resistive assemblies.					
☐ The proposed work does not require seismic bracing.					
☐ The proposed work does not require structural calculations.					
☐ The installation shall comply with the current adopted edition of the Oregon Mechanical Specialty Code.					
The proposed work shall not be concealed until inspected or approved.					
BUILDING PERMIT FEES					
State Surcharge (12% of permit fee)					
TOTAL PERMIT FEE					

This permit application expires if a permit is not obtained within 180 days.