



Inspection Line
541-323-5202

City of Sisters
520 E. Cascade Ave. / PO Box 39
Sisters, OR 97759
(541) 549-6022
www.ci.sisters.or.us

Mechanical Permit Application		Permit Number:		
TAX LOT		SUBDIVISION:		
Job site address:		City:	State: Zip:	
PROPERTY OWNER INSTALLATION				
Name:		Address:	City: State: Zip:	
Phone:	E-mail:	Signature:	Date:	
This installation is being made on residential or farm property owned by me or a member of my immediate family and is exempt from licensing requirements under ORS 701.010.				
Signature:		Date:		
CONTRACTOR INSTALLATION		RESIDENTIAL		
Business name:		Appliance	Qty. Cost Total	
Address:		Issuance of each permit:	___ X \$55.00 \$ ___	
City:	State: Zip:	Electrical appliances:		
Phone:	Fax:	Furnace (including duct work and vent)	___ X \$14.00 \$ ___	
E-mail:		Cooling unit (Heat Pump)	___ X \$14.00 \$ ___	
CCB license no:		Clothes Dryer	___ X \$14.00 \$ ___	
City business license no:		Exhaust Fans	___ X \$14.00 \$ ___	
Print name:		Kitchen Hood	___ X \$14.00 \$ ___	
Signature:		Down Draft for Range	___ X \$14.00 \$ ___	
CATEGORY OF CONSTRUCTION		Electrical Fireplace	___ X \$14.00 \$ ___	
Residential	Commercial	Government	Evaporated cooler	___ X \$14.00 \$ ___
DESCRIPTION OF WORK		Fuel Burning Appliances:		
		Furnace (including duct work and vent)	___ X \$30.00 \$ ___	
		Wood Stove \ Gas Fireplace	___ X \$30.00 \$ ___	
		Pellet Stove	___ X \$30.00 \$ ___	
		Gas Range	___ X \$30.00 \$ ___	
		Chimney Inspection if needed	___ X \$16.00 \$ ___	
		All Others	___ X \$20.00 \$ ___	
		Gas Piping System		
		(New or Altered) Any Number of Outlets	___ X \$15.00 \$ ___	
		Supplemental Permit Fee	___ X \$35.00 \$ ___	
COMMERCIAL		Commercial mechanical fee based on valuation	\$ ___	
Total valuation of mechanical system \$ ___		Mechanical permit fee	\$ ___	
Signature: _____		State Surcharge 12%	\$ ___	
Date: _____		Plan review (if applicable) 25%	\$ ___	
Notice: This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.		Total fees and surcharges	\$ ___	