PERMIT # _____ City of Boardman Morrow County City of Irrigon P.O. Box 229 200 City Center Circle Phone: 541.481.9252 DATE ISSUED Boardman, Oregon 97818 Fax: 541.481.3244 SPRINKLER VALUATION INFORMATION **TYPE OF WORK** Permit fees are based on the value of the work performed. Indicate Repair ☐ New construction the value (rounded up to the nearest dollar) of all equipment, ☐ Addition Alteration materials, labor, overhead, and the profit for the work indicated on this application. ☐ Replacement Other **CATEGORY OF CONSTRUCTION** Valuation: \$ ☐ 1 and 2-family dwelling ☐ Industrial Value of Work Fee Method Fee Accessory building Multi-family \$1.00-\$1,000 \$23.00 None ☐ Commercial Other: \$1,001 - \$10,000 \$23+\$1.35 for ea. addl. \$100 over \$1,000 **JOB SITE INFORMATION AND LOCATION** \$10,001 - \$100,000 \$144.50+\$8.50 for ea. addl. \$1,000 over \$10,000 Job site address: City/State/Zip: \$100,001 & above \$991.50+\$5.70 for ea. addl. \$1,000 over \$100,000 Suite/bldg./apt. no.: Project name: Calculated Fee Tax map/parcel no.: INFORMATION ON PLAN AND SPECIFICATIONS **DESCRIPTION OF WORK** Plans and specifications shall be drawn to scale and shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of this code and relevant law, ordinances, rules and regulations. What type of system? (Circle Below) PROPERTY OWNER INSTALLATION Dry / Wet / Deluge / Pre-Action / Anti-Freeze Name: What Area Density/s is the system design to? ____ What is the Sprinkler Occupancy Classification? Address: What is the Building Use? _ City/State/Zip: Do plans show all required seismic supports? ____ Phone: (What is the water Flow Data? Residual Static Email: When was it taken? _____Who took it? _____ This installation is being made on residential or farm property owned by me What NFPA Code is the system designed to? _____ or a member of my immediate family, and is exempt from licensing requirement under ORS 701.010. Where is alarm signal sent, if system is required to be centrally monitored? Sign here: Date: SPRINKLER SITE UTILITIES /UNDERGROUND **CONTRACTOR INSTALLATION** OTY EACH TOTAL Business name: Sprinkler Service - First 100' 30.00 Address: Sprinkler Service - Add'l 100' 25.00 City/State/Zip: **SPRINKLER PERMIT FEES** Phone: (Fire Sprinkler System Fee (Valuation Schedule) Email: 20.00 Permit Issuance Fee CCB Lic.: **Expiration Date:** Sub-Total (Fees + Permit Issuance Fee) **Authorized Signature:** Minimum Permit Fee (if Sub-Total Not to \$45) 45.00 Plan Review Fee (65% of Permit Fee) Print name: Date: State Surcharge Fee (12% of Permit Fee) For Office Use Only: Date: _____ Notice: This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days. Building Official Signature:

Fire Sprinkler Permit Application

Print Name: _