


COMMERCIAL FIRE SYSTEM PERMIT APPLICATION

	CITY OF NEWPORT Community Development Dept. 169 SW Coast Hwy Newport, OR 97365 (541) 574-0629 (541) 574-0644 Fax INSP: BuildingPermits.Oregon.gov	Office Use only Permit #: _____ Parent Permit Applicable? Yes No Parent #: _____
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Applications may be obtained online at:
www.newportoregon.gov/business/formsAppsPermits.asp

Application **MUST** be complete for processing, or will be returned.

1. Job Information (where work is taking place)

Job Site Address: _____

2. Owner's Name: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

3. Applicant Information (owner or authorized agent)

☐ Mark if same as owner ☐ Mark if same as contractor

Name of Applicant: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

4. Contractor Information (person/company performing work)

Name of contractor: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

OR CCB # (req'd): _____ **Active?** ☐

City Business License # (req'd): _____

5. Contact Person (receives permit correspondence)

same as: ☐ owner ☐ contractor ☐ applicant

Name of Contact: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

6. Full Description of work proposed: _____

7. JOB INFORMATION – to be completed by Applicant:

TYPE OF WORK	
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
<input type="checkbox"/> New	<input type="checkbox"/> Repair
TYPE OF SYSTEM	
<input type="checkbox"/> Alarm	<input type="checkbox"/> Sprinkler
<input type="checkbox"/> Suppression (ie. Hood)	<input type="checkbox"/> Fire Service Line
<input type="checkbox"/> Other (please specify): _____	
NOTICE	
WHAT TO SUBMIT: This form must be completed & accompany three (3) sets of plans (drawn to scale).	
ASSOCIATED PERMITS: All building permits associated with this permit are applied for separately .	

PERMIT FEES are based on the value of the work performed. Indicate the value (rounded up to the nearest **thousand**) of all equipment, materials & labor for the work indicated on this application:

VALUATION: ➡			
Total Valuation	Permit Fee	Each Add'l	Total
\$1 - \$2,000	\$75.00	---	
\$2,001 - \$25,000	\$75.00 for the first \$2,000	+ \$10.25 for ea. add'l \$1,000 or fraction thereof to & including \$25,000	
\$25,001 - \$50,000	\$310.75 for the first \$25,000	+ \$7.75 for ea. add'l \$1,000 or fraction thereof to & including \$50,000	
\$50,001 - \$100,000	\$504.50 for the first \$50,000	+ \$5.50 for ea. add'l \$1,000 or fraction thereof to & including \$100,000	
Over \$100,000	\$779.50 for the first \$100,000	+ \$4.25 for ea. add'l \$1,000 or fraction thereof	
Commercial Fire System Permit Fee			
A) Permit Subtotal (total from above checklist)			
B) Minimum permit fee (only if A is less than \$75 = \$75.00)			
Plan Review (\$200.00 + \$50 per floor above three levels)			
Investigation fee – working without permits (\$75/hr. w/1 hr. min.)			
State Surcharge (12% of permit subtotal = A x 0.12)			
Re-inspection fee (per hour) \$75.00			
TOTAL PERMIT FEE			

Note: This permit becomes null & void if work authorized is not commenced within 180 days, or is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

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By attaching a signature, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form. I agree: ____

Authorized/Owner Signature: _____

Print Name: _____

Date: _____