

**COMMERCIAL FIRE SYSTEM PERMIT APPLICATION**

	<p><b>CITY OF NEWPORT</b>                  Community Development Dept.                  169 SW Coast Hwy                  Newport, OR 97365                  (541) 574-0629                  (541)574-0644 Fax                  INSP: <a href="http://BuildingPermits.Oregon.gov">BuildingPermits.Oregon.gov</a>                  or phone: 1-888-299-2821</p>	<p><b>Office Use only</b></p> <p>Permit #: _____</p> <p>Parent Permit Applicable?      Yes      No</p> <p>Parent #: _____</p>
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Applications may be obtained online at:  
[www.newportoregon.gov/business/formsAppsPermits.asp](http://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	
<b>WHAT TO SUBMIT:</b> This form must be completed & accompany three (3) sets of plans (drawn to scale).	
<b>ASSOCIATED PERMITS:</b> 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: <span style="color: red;">➔</span>	Permit Fee	Each Add'l	Total
\$0 - \$500	\$13.00	-	
\$501 - \$2,000	\$13.00 for the first \$500	+ \$1.95 ea. Add'l \$100 or fraction thereof to & including \$2,000	
\$2,001 - \$25,000	\$42.25 for the first \$2,000	+ 7.80 for ea. Add'l \$1,000 or fraction thereof to & including \$25,000	
\$25,001 - \$50,000	\$221.65 for the first \$25,000	+ \$5.85 for ea. Add'l \$1,000 or fraction thereof to & including \$50,000	
\$50,001 - \$100,000	\$367.90 for the first \$50,000	+ \$3.90 for ea. Add'l \$1,000 or fraction thereof to & including \$100,000	
\$100,001 & up	\$562.90 for the first \$100,000	+ \$3.25 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 \$65 = \$65.00)			
Plan Review (65% of Permit Total = A x 0.65)			
Investigation fee – working without permits (\$65/hr. w/1 hr. min.)			
State Surcharge (12% of permit subtotal = A x 0.12)			
Re-inspection fee <b>\$65.00</b>			
<b>TOTAL PERMIT FEE</b>			

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**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.

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*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:** \_\_\_\_\_