



COMMERCIAL MECHANICAL AFFIDAVIT FOR REPLACING GAS FURNACES, SUSPENDED HEATERS, GAS WATER HEATERS, VAV AND AIR HANDING UNITS

(Without Plans)

Submittal of **TYPED** form by Fax, Email (permits@orc.org) or Over the Counter

PROJECT INFORMATION			
Project Name:	Permit # BM-	Date:	
Project Address:	Oregon City, OR 97045		
Scope of Work:			
Contact Person:	Company:		
Phone:	Fax:		
Email:			
Address:	City:	State:	ZIP:

I, _____, Oregon Construction Contractors Board No. _____, certify the following is true and reasonably defines the scope of work for this project:

Check All That Apply: Furnace Suspended Heater Water Heater VAV AHU

- The existing gas furnace, suspended heater or water heater (to be removed) has an input rating of _____ BTUs.
- The proposed gas fire furnace, suspended heater or water heater (Replacing the existing unit) has an input rating of _____ BTUs. The proposed unit’s BTU input rating must be equal to or less than the existing unit.
- The proposed AHU has a rating of _____ CFM. The proposed unit’s CFM rating must be equal to the existing unit. Where required by the Oregon Mechanical Specialty Code, provide smoke detector shutdown.
- The existing gas fired furnace, suspended heater, water heater, VAV or AHU (replacing the existing unit) has a total weight (weight includes water for completely filled water heater) of _____ pounds. The proposed unit’s weight must be equal to or less than the existing unit.
- The proposed gas fired furnace, suspended heater, water heater, VAV or AHU (replacing the existing unit) has a total weight (weight includes water for completely filled water heater) _____ pounds. The proposed unit’s weight must be equal to or less than the existing unit.
- The proposed gas fired furnace, suspended heater, water heater, VAV or AHU will be placed in the same location as the existing unit being replaced.
- The installation shall comply with the current adopted edition of the Oregon Mechanical Specialty Code.
- The proposed work shall not be concealed until inspected and approved.

This affidavit does not eliminate the need for: unit support and attachment details (vertical and lateral); an engineered lateral design for suspended units weighing over 75 pounds; plans and details for unit locations; unit cut sheets; SEER/EER ratings, etc. If multiple units are involved list them below:

Existing Unit BTU input or CFM/Weight _____/_____
 Existing Unit BTU input or CFM/Weight _____/_____
 Existing Unit BTU input or CFM/Weight _____/_____

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 Existing Unit BTU input or CFM/Weight _____/_____

In addition, I understand the following is required:

- A completed Mechanical Permit application and a copy of all the applicable information shall be available on the job site for all inspections.

Signature: _____

Date: _____