CITY OF SANTA ANA
DEVELOPMENT FEES WORKSHEET -- MECHANICAL PERMIT

Project Address:	Contractor:
Tenant Name:	Address:
Building Owner:	City: St.: Zip:
Address:	Contractor License No.:
City: St.: Zip:	Contractor e-mail:
Phone:	Phone:
Contact Person:	**Contact E-Mail Strongly Recommended PLEASE PRINT:**
Contact Phone:	

NEW BUILDING ☐ ALTERATIONS/ADDITIONS ☐

ITEM	NO.	EACH	TOTAL
Each Furnace Including Ducts & Vents (includes Floor Furnace)			
Up to 100,000 BTU		54.20	
Over 100,000 BTU		77.35	
Furnace/Compressor Combo (Res)		104.90	
____Compressor, ____Heat Pump (packaged or split), ____ Boiler			
5 HP or less		74.55	
Over 5 to 30 HP		89.15	
Over 30 to 50 HP		111.45	
Over 50 HP		120.10	
VAV Box (includes ductwork)			
Up to 2,000 CFM		36.80	
Over 2,000 CFM		54.20	
Air Handling			
Up to 2,000 CFM		36.80	
Over 2,000 CFM		54.20	
Absorption System			
Up to 1,000,000 BTU		64.70	
1,000,001 to 1,750,000 BTU		92.00	
1,750,001 and over		155.70	
Miscellaneous			
Outdoor Dual Pkgd Heat/Cool		93.60	
Wall Heater		54.20	
Unit Heater		53.65	
Suspended Heater		48.05	
Decorative Fireplace: Wood ☐, Gas ☐		48.05	
Clothes Dryer (residential)		33.35	
Clothes Dryer (commercial)		45.05	

ITEM	NO.	EACH	TOTAL
Ventilation System			
Alt. ☐ Rpr. ☐, Add. ☐ (per system)		36.05	
Type I Hood w/Duct & Fan		93.60	
Type II Hood w/Duct & Fan		54.20	
Bathroom/Restroom Fan		25.22	
Laundry Fan		28.80	
Range Hood (residential)		26.70	
Environmental Air Fan (res/comm)		29.10	
Vent Fan (non-residential)		36.05	
Fan Coil		46.95	
Evaporative Cooler		54.20	
Gas Piping (Incidental)		18.50	
Fire Dampers		54.20	
Fire Suppression (Fire Department)		54.20	
Clean Agent System (Fire Department)		155.70	
Install/Repair/Replace Appliance Vent		54.20	
Product Conveying System (flammable Vapors, fumes, heat, etc.)		155.70	
Dust Collection System		155.70	
Appliances not Listed		54.20	
System Not Listed (halon, smoke evac, crematory, etc.)		155.70	

SUBTOTAL	$
P/C – 65% OF SUBTOTAL	$
MIN. FEE – (Nonresidential)	$ 60.65
ISSUANCE & **General Plan Surcharge**	$ 45.50 + 18.25 = $63.75
TOTAL	$

Office Use Only

BLDG PMT #	*RECEIPT #*	*DATE:*
OCCUPANCY:	*P/C FEE PD:*	*BY:*
CONST TYPE:		*P/C#*