TUALATIN VALLEY FIRE & RESCUE
MOBILE EMERGENCY RESPONDER RADIO COVERAGE (MERRC) APPLICATION

This application is to be used when requesting approval for participation in the TVF&R MERRC program in lieu of providing an in-building OFC 510 emergency responder radio coverage system

North Operating Center
11945 SW 70th Avenue
Tigard, OR 97223
Phone: 503-649-8577

South Operating Center
8445 SW Elligsen Road
Wilsonville, OR 97070
Phone: 503-259-1500

Building Information
(Separate Application Required for Each Building)

Business/ Building Name: _____

_____

Proposed Use of Building: _____

_____

Address: _____

_____

City/County: _____

Building Permit # _____

_____

Applicant Contact Information

Contact Person: _____

Phone: _____

Email: _____

MERRC FEE:

Approved Fee Schedule (as of 11/2015)
First 0 - 50,000 sq.ft. = $0.50 per sq.ft.
Additional sq.ft. from 50,001 - 100,001 = $0.30 per sq.ft.
For each sq.ft. over 100,000 = $0.10 per sq.ft.

Example fee for 300,000 sf building:
First 50,000 sq.ft. x $0.50 = $25,000 +
50,001 to 100,001 sq.ft. x $0.30 = $15,000 +
100,002 to 300,000 sq.ft. x $ 0.10 = $19,999
TOTAL = $59,999

Total Square Footage: _____

_____SF x $0.50 =

_____SF x $0.30 =

_____SF x $0.10 =

TOTAL MERRC FEE: $_____

As an authorized representative for the above referenced building, I hereby request the building be permanently approved under the TVF&R Mobile Emergency Responder Radio Coverage program as having an approved method of compliance with Oregon Fire Code Section 510 and TVF&R Resolution 2015-09. If the application is accepted, I understand that full payment of the calculated MERRC fee is required prior to completing the approval process. For construction projects under a building permit, payment must be received prior to plan review completion, unless otherwise approved by the Fire Marshal.

_____ _____ _____

Name & Title of Authorized Representative Signature Date

For Fire Marshal's Office Use Only

This section is for APPLICATION APPROVAL ONLY.

Application Approved by Fire Marshal: YES or NO

Reviewer Name: _____

Reviewer Signature _____

Date: _____

Comments:

_____

_____

_____

This section is for FINAL APPROVAL ONLY.

Payment Total: _____

Received By: _____

Date: _____

Comments:

_____

_____

Provide a signed, approved final copy to applicant.