



# Plumbing Permit Application

Department of Consumer and Business Services  
 Building Codes Division • Coos Bay Field Office  
 500 Central Ave., Suite #135  
 Coos Bay, OR 97420  
 Phone: 541-266-1098 • Fax: 541-266-1146  
 Web: bcd.oregon.gov

DEPARTMENT USE ONLY	
Permit no.:	
Office:	
By:	Date:
LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitation approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permits are issued only to the person or contractor doing the work. This permit is issued under OAR Chapter 918, Division 780. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Detached accessory structure	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Manufactured dwelling	<input type="checkbox"/> Industrial
<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Mixed use
<input type="checkbox"/> Two-family dwelling	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Townhouses	<input type="checkbox"/> Other
<input type="checkbox"/> Other	
TYPE OF WORK	
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
<input type="checkbox"/> Move	<input type="checkbox"/> New
<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement
<input type="checkbox"/> Tenant improvement	<input type="checkbox"/> Other
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Project name:	
Directions to job site:	
Parcel no.:	
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name:	
ADDRESS:	
City/State/ZIP:	
Contact phone: - -	Email:
This installation is being made on residential or farm property owned by me or a member of my immediate family.	
<b>Sign here:</b>	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/State/ZIP:	
Phone: - -	Fax: - -
Email:	
CCB lic.:	BCD lic. no.:
Signature:	
Print name:	Lic. no.:

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total
<b>Minimum permit fee</b>		<b>\$60.00</b>	
<b>New residential</b>			
One (1) bath / One (1) kitchen		\$210.00	
Two (2) bath / One (1) kitchen		\$277.00	
Three (3) bath / One (1) kitchen		\$344.00	
Additional bath or kitchen each		\$67.00	
New residential items above include up to 1 <sup>st</sup> 100 ft. of water, sanitary, and storm lines. Add each additional 100 sq. ft., or fraction thereof, under site utilities below			
<b>Site utilities</b>			
Connections to building sewer and water supply (manufactured dwelling or pre-fab)		\$64.00	
Manufactured home utilities (beyond 30 ft. for new placement. Use each additional 100 ft. or fraction thereof)		\$20.00	
Sanitary sewer (no. linear ft. _____) first 100 ft. of line		\$60.00	
Each additional 100 ft. or fraction thereof		\$20.00	
Storm sewer (include trench drains, leach lines) (no. linear ft. _____) first 100 ft. of line		\$60.00	
Each additional 100 ft. or fraction thereof		\$20.00	
Water service (no. linear ft. _____) first 100 ft. of line		\$60.00	
Each additional 100 ft. or fraction thereof		\$20.00	
<b>Fixture or item</b>			
<b>(New Multi-family / New Commercial / All other Additions / Alterations / Repairs</b>			
Alternate potable water heater		\$46.00	
Swimming pool		\$46.00	
Residential fire suppression _____ sq. ft.		\$46.00	
Absorption		\$20.00	
Backflow preventer (water)		\$20.00	
Backwater valve (storm or sewer)		\$20.00	
Clothes washer		\$20.00	
Dishwasher		\$20.00	
Drinking fountain		\$20.00	
Ejectors / sump		\$20.00	



440-2500-CB (5/15/COM)

FEE SCHEDULE (CONT.)				
Expansion tank			\$20.00	
Floor drain / floor sink / hub			\$20.00	
Garage disposal			\$20.00	
Hose bib			\$20.00	
Ice maker			\$20.00	
Interceptor / grease trap			\$20.00	
Primer			\$20.00	
Roof drain (Commercial)			\$20.00	
Sink / basin / lavatory			\$20.00	
Tub / shower / shower pan			\$20.00	
Urinal			\$20.00	
Water closet			\$20.00	
Water heater			\$20.00	
Other fixture (be specific)			\$20.00	
MEDICAL GAS INSTALLATIONS				
Permit fees are based on the value of the work performed. Indicated the value (rounded to the nearest thousand) of the equipment, materials, labor, overhead, and the profit for the medical gas work indicated on this application.				
Valuation: \$ _____				
Total valuation	Permit fee	Ea. add'l	Cost ea.	Total
\$0 to \$25,000	\$220.00 min. permit fee		\$220.00	
\$25,001 to \$50,000	\$220.00 for the first \$25,000 Plus \$5.85 for each additional \$1,000, or fraction thereof, to and including \$50,000			
\$50,001 to \$100,000	\$366.25 for the first \$50,000 Plus \$3.90 for each additional \$1,000, or fraction thereof, to and including \$100,000			
\$100,001 and up	\$561.25 for the first \$100,000 Plus \$3.25 for each additional \$1,000, or fraction thereof			

FISCAL USE	APPLICANT USE	
70611/1195	(A) Enter total of above fees	\$
70611/1291	(B) Enter 12% surcharge (.12 x [A])	\$
70611/1212	(C) Plan review 30%, if required (.30 x [A])	\$
<b>TOTAL fees and surcharges (A+B+C):</b>		<b>\$</b>

**Make check or money order payable to Department of Consumer and Business Services.** If paying by credit card, applicant must sign the credit card information box. Do *not* send cash.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover    Phone:    -    -		
Credit card number		CCV2 #
Expiration		/
Name of cardholder as shown on credit card		
Cardholder signature		\$ Amount

**Fax for credit card payments:**  
541-266-1146

**DCBS fiscal use only:**