



Silvies Valley Ranch (SVR) Project Plumbing Permit Application

Department of Consumer and Business Services
 Building Codes Division • Web: bcd.oregon.gov
 1535 Edgewater St. NW, Salem, OR
 P.O. Box 14470, Salem, OR 97309-0404
 Phone: 503-378-4133 or Fax: 503-378-2322

DEPARTMENT USE ONLY	
Permit no.:	Date:
Office:	
By:	Date:

This permit is issued under OAR 918-780-0060. Permits are issued only to the person or contractor doing the work. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

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
CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION		
Job site address:		
City:	State:	ZIP:
Subdivision:		Lot no.:
DESCRIPTION OF WORK		
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City:	State:	ZIP:
Phone: ()	Fax: ()	
Email:		
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing under OAR 918-695-0020.		
Sign here:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone: ()	Fax: ()	
Email:		
CCB license no.:	BCD license no.:	
Plumbing license no.:		
Print name:		
Signature:		

FEE SCHEDULE			
DESCRIPTION	Cost ea.	Qty.	Total
New residential			
1 bathroom/1 kitchen (includes: first 100 feet of water/sewer lines, hose bibbs, ice maker, underfloor low-point drains, and rain drain packages)	\$210.00		\$
Additional bath	\$75.00		\$
Additional kitchen	\$50.00		\$
Additional 100 feet of sewer/water	\$30.00		\$
Remodel/alteration per fixture	\$20.00		\$
Manufactured dwellings			
Sewer/water supply first 30 feet	NA	-	-
Additional 100 feet sewer/water	\$30.00		
RV & Manufactured Dwelling Parks			
Base fee (incl. the first 10 or fewer spaces)	\$320.00		\$
Each additional space	\$27.50		\$
Commercial, industrial, and dwellings other than (1) or (2)-family			
Base fee (incl. up to (3) fixtures)	\$60.00		\$
Each fixture beyond the first (3)	\$20.00		\$
Site utilities ea. 100 feet or part thereof	\$30.00		\$
Miscellaneous fees			
Residential fire sprinkler	\$100.00		\$
Indirect wastes	\$46.00		\$
Specialty fixtures	\$46.00		\$
Backflow devices	\$46.00		\$
Re-inspection/hr.	\$65.00		\$
Special requested inspection(s)/hr.	\$65.00		\$
Requested by government agency under ORS 190	As agreed		\$
Medical Gas Piping			
Base fee	\$219.00		\$
Each inlet/outlet	\$1.00		\$

Make check or money order payable to Department of Consumer and Business Services. If paying by credit card, applicant must sign credit card information box. Do **not** send cash. Secure fax: 503-947-2333

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: ()
Credit card number	Expiration
Name of cardholder as shown on credit card	\$
Cardholder signature	Amount

APPLICANT USE		
70611/1195	(A) Subtotal (min. fee \$50.00)	\$
70611/1195	(B) Investigative fee	\$
70611/1291	(C) Enter 12% surcharge (.12 x [A+ B])	\$
70611/1212	(D) Plan review 50%, if required (.50 x [A])	\$
TOTAL fees and surcharges (A+B+C+D):		\$

DCBS Fiscal use only: 70611/See above

