

# Plumbing Permit Application

Jurisdiction name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: - - Fax: - -  
 Email: \_\_\_\_\_ Web: \_\_\_\_\_

DEPARTMENT USE ONLY	
Permit no.:	_____
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 requirements under OAR 918-695-0020.		
Signature: _____		
CONTRACTOR INSTALLATION		
Business name: _____		
Address: _____		
City: _____	State: _____	ZIP: _____
Phone: - -	Fax: - -	
Email: _____		
CCB license no.: _____	BCD license no.: _____	
Plumbing license no.: _____		
Print name: _____		
Signature: _____		

<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 \$ _____	

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total cost
<b>New residential</b>			
1 bathroom/1 kitchen (includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages)		\$	\$
2 bathrooms/1 kitchen		\$	\$
3 bathrooms/1 kitchen		\$	\$
Each additional bathroom (over 3)		\$	\$
Each additional kitchen (over 1)		\$	\$
Remodel/alteration (minimum fee)		\$	\$
Each fixture, appurtenance, and piping		\$	\$
Storm water retention/detention facility		\$	\$
Irrigation systems		\$	\$
Piping or private storm drainage systems exceeding the first 100 feet		\$	\$
<b>Residential fire sprinklers (includes plan review)</b>			
0 to 2,000 square feet		\$	\$
2,001 to 3,600 square feet		\$	\$
3,601 to 7,200 square feet		\$	\$
7,201 square feet and greater		\$	\$
<b>Manufactured dwelling or pre-fab (circle one)</b>			
Connections to building sewer and water supply		\$	\$
<b>RV and manufactured dwelling parks</b>			
First 10 or fewer spaces		\$	\$
Each additional 10 spaces		\$	\$
<b>Commercial, industrial, and dwellings other than one- or two-family</b>			
Minimum fee		\$	\$
Each fixture		\$	\$
Piping (based on number of feet)		\$	\$
<b>Miscellaneous fees</b>			
Specialty fixtures		\$	\$
Reinspection (no. of hrs. x fee per hr.)		\$	\$
Special requested inspections (no. of hrs. x fee per hr.)		\$	\$
Fee assessed for technical services, when requested by another government entity, ORS 190		\$	\$
<b>Medical gas piping</b>		Minimum fee	\$
Enter value of installation and equipment \$ _____.			
Enter fee based on installation and equipment value.			\$
APPLICANT USE			
(A) Enter subtotal of above fees			\$
(B) Investigative fee			\$
(C) Enter 12% surcharge (.12 x [A+B])			\$
(D) Plan review ( % of [A])			\$
<b>TOTAL fees and surcharges (A+B+C+D):</b>			\$