



Plumbing Permit Application

Department of Consumer and Business Services
 Building Codes Division • Pendleton Field Office
 800 S.E. Emigrant Ave., #360
 Pendleton, OR 97801
 800-452-8256 or 541-276-7814 • Fax: 541-276-9244
 Web: oregon.gov/bcd

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 050-0100. 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"/> Tenant improvement
<input type="checkbox"/> Move	<input type="checkbox"/> New	<input type="checkbox"/> Other
<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement	
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.		
Sign here:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone: - -	Fax: - -	
Email:		
CCB lic.:	BCD lic. no.:	
Signature:		
Print name:	Lic. no.:	

FEE SCHEDULE			
Description			
Minimum permit fee		\$46.00	
	Qty.	Cost ea.	Total
New residential			
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 st 100 ft. of water, sanitary, and storm lines. Add each additional 100 sq. ft., or fraction thereof, under site utilities below			
Site utilities			
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	
Fixture or item			
(New multi-family / new commercial / all other additions / alterations / repairs			
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	



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. Indicate 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])	\$
TOTAL fees and surcharges (A+B+C):		\$

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:
541-276-9244

DCBS fiscal use only: