



Plumbing Permit Application

Department of Consumer and Business Services
Building Codes Division • Pendleton Field Office
800 SE Emigrant Ave., Suite 360
Pendleton, OR 97801
541-276-7814 • Fax: 541-276-9244
building.department@dcbs.oregon.gov
www.oregon.gov/bcd

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"/> Multifamily
<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	

JOBSITE INFORMATION AND LOCATION	
Jobsite address:	
City/state/ZIP:	
Project name:	
Directions to jobsite:	
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 (CONT.)	
Expansion tank	\$20.00

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

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 first 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	

FISCAL USE	APPLICANT USE	
70611/1195	(A) Enter total of above fees	\$

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		

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 <i>not</i> send cash.		
<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

Fax for credit card payments:
541-276-9244