Logo

PLUMBING PERMIT APPLICATION	DEPARTMENT USE ONLY Permit #:		
	Zoning approval	verified? 🗆 Yes 🗆 No	
	Onsite approval verified? ☐ Yes ☐ No		

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

This permit is issued under OAK 318-440-0030. Fermits expire if work is in				
CONSTRUCTION CATEGORY				
☐ Single Family Dwelling ☐ Mfd Dwelling				
☐ Res Accessory Structure ☐ Duplex ☐ Townhome				
☐ Commercial/Industrial ☐ Multifamily ☐ Mixed Use				
TYPE OF WORK				
□ New □ Addition □ Alteration □ Repair				
☐ Demolition ☐ Other ☐ Replacement ☐ Tenant Improv.				
JOB SITE INFORMATION & LOCATION				
Job site address:				
City/State/ZIP:				
Project Name:				
Parcel #:				
Directions to job site:				
DESCRIPTION OF WORK				
Job # (optional):				
PROPERTY OWNER INSTALLATION				
Name:				
Address:				
City/State/ZIP:				
Phone:				
Email:				
☐ The installation is being made on residential or farm				
property owned by me or a member of my immediate				
family.				
Signature:				
CONTRACTOR INSTALLATION				
Business name:				
Address:				
City/State/ZIP:				
Phone:				
Email:				
Contractor CCB license #:				
BCD license #:				
Applicant Signature:				

Site Utilities and	l Fixtures	Fee	# of items	Total
NEW Residential		,		
New single family dwelli	ng - 1 bath/1			
kitchen – incl's 1st 100' of ea site utility,				
hose bibbs, icemakers, underfloor low-				
point drains, and rain dr	ain packages			
Ea additional bath >1 (1/2 bath counts				
as whole)				
Ea additional kitchen >1				
Ea additional 100' of site	e utilities or fraction	on thereo	f:	
Water Line				
Storm Sewer Line				
Sanitary Sewer Line				
Fixtures				
Each fixture – complete	fixture list on reve	erse -		
note Qty and Total here				
Site Utilities – 1st 10	0′\$, ea a	ddtl 100'	\$	
Water Line				
Storm Sewer				
Sanitary Sewer Line				
Manufactured dwe	llings			
Site utilities -1st 30 linea				
Manuf. Dwelling Placement Permit				
Residential fire spri	nkler 13D (con	itinuous lo	op/multip	urpose)
– fee includes plan revie	w (13R Standalon	e system i	eq's Struct	ural)
0 to 2000 sq ft, area o	covered			
2001 to 3600 sq ft, area covered				
3601 to 7200 sq ft, area covered				
7201 sq ft and greater				
Medical gas piping				
Valuation of Install		\$		
\$1.00 to \$			\$	
\$ to \$	for the first	\$ p	lus \$	for ea
â	addtl\$ to a	nd includi	ng \$	
\$ to \$				for ea
	addtl \$ to and including \$			
\$ to \$	for the first \$ plus \$ for ea			
6	addtl\$ to a	nd includi	ng Ş	
C blatal a same as a same				
Subtotal: (total all fees above) – min fee				
State Surcharge (.12 x subtotal)			1	
Plan review, if req	. – subtotal x			
GRAND TOTAL (fees and surcharges)			\$	

Revised: August 24, 2018

Fixture List – RES & COM	Fee	# of Items	Total
Absorption valve			
Alternate potable water heating			
system			
Backflow preventer			
Backwater valve			
Catch basin or area drain			
Clothes washer			
Dishwasher			
Drinking fountain			
Leach line or trench drain			
Ejectors/sump pump			
Expansion tank			
Fixture cap			
Floor drain/floor sink/hub drain			
Garbage disposal			
Hose bib			
Ice maker			
Interceptor/grease trap			
Manholes			
Primer			
Rainwater harvesting system			
Roof drain			
Septic abandonment			
Sink/basin/lavatory			
Stormwater retention/detention tank/facility			
Swimming pool piping			
Tub/shower/shower pan			
Urinal			
Water closet			
Water heater			
Other – plumbing – please include description:			
Subtotal – note # of Items and Subtotal on front of application	\$	ı	ı

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