

**PLUMBING PERMIT APPLICATION**

**Building Codes Services**

800 S.E. Emigrant Ave., #360

Pendleton, OR 97801

Phone: 541-276-7814 • Fax: 541-276-9244 • Web: www.oregon.gov/bcd

Email: building.department@oregon.gov

<u>DEPARTMENT USE ONLY</u>	
Permit #:	_____
County:	_____
By:	_____ Date: _____
<b>Zoning approval verified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Sanitation approval verified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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.*

Select the appropriate county: <input type="checkbox"/> Gilliam <input type="checkbox"/> Sherman <input type="checkbox"/> Wheeler	
<b>CONSTRUCTION CATEGORY</b>	
<input type="checkbox"/> Residential <input type="checkbox"/> Government <input type="checkbox"/> Commercial	
<b>JOB SITE INFORMATION &amp; LOCATION</b>	
Job site address: _____	
City/State/ZIP: _____	
Project Name: _____	
Directions to job site: _____	
Subdivision: _____ Lot #: _____	
<b>DESCRIPTION OF WORK</b>	
Job #: _____	
<b>PROPERTY OWNER INSTALLATION</b>	
Name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	Fax: _____
Email: _____	
<input type="checkbox"/> The installation is being made on residential or farm property owned by me or a member of my immediate family.	
Signature: _____	
<b>CONTRACTOR INSTALLATION</b>	
Business name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	Fax: _____
Email: _____	
<input type="checkbox"/> Contractor CCB license #: _____	
<input type="checkbox"/> BCD license #: _____	
Signature: _____	
<b>Make check or money order payable to DCBS.</b> If paying by credit card, complete all information below. <b>DO NOT SEND CASH.</b>	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Phone: _____	
Amount: _____	Expires: _____
Name on card: _____	
Card number: _____	
Signature: _____	

<b>FEE SCHEDULE – EFFECTIVE JANUARY 1, 2014</b>			
	Fee	# of items	Total
<b>Residential</b>			
New single family dwelling 1 bath/1 kitchen – incl’s 1 <sup>st</sup> 100’ of ea site utility, hose bibbs, icemakers, underfloor low-point drains, and rain drain packages	\$252.00		
Ea additional bath (1/2 bath counts as whole)	\$ 90.00		
Ea additional kitchen	\$ 60.00		
Ea additional 100’ of site utilities or fraction thereof	\$ 36.00		
Each fixture – Addition/Alteration – complete fixture list on reverse & note Qty here	\$ 24.00		
<b>Manufactured dwellings</b>			
Site utilities -1 <sup>st</sup> 30 lineal ft included in Manuf. Home Permit	N/A		
Ea additional 100’ of site utilities or fraction thereof	\$ 36.00		
<b>RV &amp; manufactured dwelling parks</b>			
Base fee (incl. the first 10 or fewer spaces)	\$384.00		
Each additional space	\$ 33.00		
<b>Commercial</b>			
Each fixture – complete fixture list on reverse and note Qty here	\$ 24.00		
Site utilities ea. 100’ or fraction thereof	\$ 36.00		
<b>Residential fire sprinkler 13D</b> (continuous loop/multipurpose) – fee includes plan review (13R Standalone system req’s Structural)			
0 to 2000 sq ft, area covered	\$ 98.00		
2001 to 3600 sq ft, area covered	\$103.50		
3601 to 7200 sq ft, area covered	\$139.75		
7201 sq ft and greater	\$186.25		
<b>Miscellaneous fees</b>			
Backflow device/backwater valve	\$ 24.00		
Reinspection/each	\$ 78.00		
Inspections which no fee specified/hour	\$ 78.00		
Requested by government agency under ORS 190	As agreed		
<b>Medical gas piping Valuation: \$</b>			
\$1 to \$10,000	\$270.00		
\$10,0001 and up - \$270 for the 1 <sup>st</sup> \$10,000 plus \$1.80 for ea add’tl \$100 or fraction thereof			
<b>Subtotal:</b> (add up above fees) – minimum fee \$60			
12% surcharge (.12 x subtotal)			
Investigative fee – actual cost			
Plan review, if req. – 50% Com / 25% Res of subtotal			
<b>GRAND TOTAL</b> (fees and surcharges)			

<b>Fixture List – RES &amp; COM</b> <i>Note Qty on front of application</i>	<b># of Items</b>	<b>Total</b>
Absorption valve		
Alternate potable water heating system		
Catch basin or area drain		
Clothes washer		
Dishwasher		
Drinking fountain		
Drywell, leach line or trench drain		
Ejectors/sump pump		
Expansion tank		
Fixture cap		
Floor drain/floor sink/hub drain		
Garbage disposal		
Hose bib		
Ice maker		
Primer		
Septic abandonment		
Sink/basin/lavatory		
Swimming pool piping		
Tub/shower/shower pan		
Urinal		
Water closet		
Water heater		
Other – plumbing – <i>please include description:</i>		
<b>Subtotal – # of items above x \$24.00/ea</b>		
<b>Commercial Fixtures Only</b>	<b># of Items</b>	<b>Total</b>
Interceptor/grease trap		
Manholes		
Roof drain		
<b>Subtotal – # of items above x \$24.00/ea</b>		
<b>GRAND TOTAL</b>		