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.

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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 a	nd Fixtures	Fee	# of items	Total	
NEW Residential					
New single family dwe					
kitchen – incl's 1st 100' of ea site utility,					
hose bibbs, icemakers, underfloor low-					
point drains, and rain drain packages					
Ea additional bath >1 (1/2 bath counts as whole)					
Ea additional kitchen	>1				
Ea additional 100' of site utilities or fraction thereof:					
Water Line					
Storm Sewer Line					
Sanitary Sewer Line					
Fixtures				,	
Each fixture – complet	te fixture list on reve	erse -			
note Qty and Total he					
Site Utilities – 1st 1	L00' \$, ea a	ddtl 100'	\$	T	
Water Line					
Storm Sewer					
Sanitary Sewer Line					
Manufactured dw		1	1	1	
Site utilities -1st 30 line					
Manuf. Dwelling Placement Permit					
Residential fire sp					
- fee includes plan rev		e system i I	reg's Struct	ural)	
0 to 2000 sq ft, area covered					
2001 to 3600 sq ft, area covered					
3601 to 7200 sq ft, area covered					
7201 sq ft and grea					
Medical gas pipin	g		T 4		
Valuation of Install			\$		
\$1.00 to \$	for the first	Ċ ,	\$ olus \$	for ea	
\$ 105				ioi ea	
\$ to \$				for ea	
7 .57	addtl \$ to and including \$				
\$ to \$				for ea	
	addtl \$ to a	nd includi	ng \$		
Subtotal: (total all fees above) – min fee					
State Surcharge (.12 x subtotal)					
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

Revised: August 24, 2018