



PLUMBING PERMIT APPLICATION	DEPARTI	DEPARTMENT USE ONLY		
	Permit #:			
	By:	Date:		
	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.

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 #:				

I Anniicant Signatiiro					
Applicant Signature:					
Site Utilities and Fixtures	Fee	# of items	Total		
NEW Residential					
New single family dwelling - 1 bath/1					
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 fractio	n thereof	:			
Water Line					
Storm Sewer Line					
Sanitary Sewer Line					
Fixtures					
Each fixture – complete fixture list on rever	rse -				
note Qty and Total here					
	ddtl 100'	\$			
Water Line					
Storm Sewer					
Sanitary Sewer Line					
Manufactured dwellings					
Site utilities -1st 30 lineal ft included in					
Manuf. Dwelling Placement Permit					
Residential fire sprinkler 13D (continuous loop/multipurpose)					
– fee includes plan review (13R Standalone	system r	eq'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 greater					
Medical gas piping					
Valuation of Install		\$			
\$1.00 to \$		\$			
\$ to \$ for the first \$	\$ р	lus \$	for ea		
'	nd includir				
\$ to \$ for the first \$		lus \$	for ea		
	nd includir				
\$ to \$ for the first \$		lus \$	for ea		
addtl \$ to an	nd includir	ng \$			
Subtotal: (total all fees above) – min fee	<u>!</u> _				
State Surcharge (.12 x subtotal)					

Revised: August 24, 2018

Plan review, if req. – subtotal	х		
GRAND TOTAL (fees and surchar	ges)	\$	
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	\$		1