

PLUMBING Permit Application



INSPECTIONS, INC.

445 SW 24th St.

Ontario, OR. 97914

Phone: (541) 889-7422 or (800) 916-0028 Fax: (541) 889-7529

Serving Malheur & Harney Counties

DEPARTMENT USE ONLY
Permit No.:
Date Issued:

This permit is issued under OAR 918-780-0060. Permits are issued only to the person or contractor doing the work. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

TYPE OF WORK (Check Box)			
<input type="checkbox"/> New Const <input type="checkbox"/> Addition / alteration / replacement <input type="checkbox"/> Other			
CATEGORY OF CONSTRUCTION (Check Box)			
<input type="checkbox"/> 1&2 Family Dwelling <input type="checkbox"/> Commercial / Industrial <input type="checkbox"/> Accessory Building <input type="checkbox"/> Multi-Family			
JOB SITE INFORMATION AND LOCATION			
Job site address:			
Suite/Apt/Sp #:	City:	OR	Zip:
Job site Business Name:			
Cross St / Directions to Job Site:			
DESCRIPTION OF WORK			
PROPERTY OWNER INFORMATION			
Print Name:			
Mailing Address:			
City:	ST.:	Zip:	
Phone: ()	Cell: ()		
This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. OAR 918-695-0020			
Owner Signature:			
Print Name:			Date:
CONTRACTOR INFORMATION			
Business Name:			
Contact Person:			
Address:			
City:	ST.:	Zip:	
Phone: ()	Cell: ()		
Fax: ()	Email:		
CCB Lic. #:	Plumbing Business Lic#:		
Journeyman Plumbers Lic. #:			
Authorized signature required :			
Print Name:			Date:
I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701), that I am the owner or authorized agent of the owner, that the registration No. is correct and current, that the plans submitted are in compliance with state law.			

FEE SCHEDULE			
	Qty	Cost ea.	Total cost
(1) Residential - One & Two Family Dwellings (new / remodel /addition)			
Base Fee (includes 1 bath / 1 kitchen)		\$150.00	
Additional Baths (each)		\$100.00	
Additional 1/2 bath (each) (closet & lav. only)		\$75.00	
Minor Installation (no bath) \$20.00 per fixture – with minimum fee		\$100.00	
Water or Drain- re-pipe (no fixture relocation)		\$100.00	
Additional fixtures (each)		\$20.00	
(2) Commercial, Industrial and Dwellings over One & Two Family			
3 or less fixtures (minimum fee)		\$120.00	
Base Fee (includes 4 to 10 fixtures)		\$240.00	
11 or more fixtures (base fee+\$20.00 per fixture)		\$20.00	
(3) Utility Piping			
Water Service- No. Linear Ft _____ 1st100'		\$55.00	
Each Additional 100' or part thereof per 100'		\$30.00	
Sewer Service- No. Linear Ft _____ 1st100'		\$55.00	
Each Additional 100' or part thereof per 100'		\$30.00	
Storm Sewer- No. Linear Ft _____ 1st100'		\$55.00	
Each Additional 100' or part thereof per 100'		\$30.00	
Interceptors, Catch Basin, Manholes, Roof Leaders and / or Overflow Drains, Etc., (each)		\$40.00	
Storm Sewer drywell, Leach Bed (each)		\$120.00	
(4) RV and Manufactured Dwelling Parks			
5 or fewer spaces (Base Fee)		\$240.00	
6 to 19 spaces (Base Fee + cost per space)		\$45.00	
20 or more spaces (Base Fee + cost per space)		\$35.00	
(5) Med Gas			
Medical Gas (Base Fee)		\$300.00	
Enter value of installation and equipment (see fee schedule) \$ _____		*****	
(6) Miscellaneous Fees			
Backflow Device, Water Treatment Equip. Water Heater, Etc., (Single Inspection)		\$55.00	
Re-Inspection or Special Inspection Fee		\$65.00	
PERMIT FEES			
(A) Enter subtotal of above fees			\$
(B) Investigative fee(equal to (A)subtotal fee) if applicable			\$
(C) Enter 12% surcharge (.12 x (A)) & (B) if applicable			\$
(D) Dwelling(1) or Commercial (2) under 30 fixtures Plan review fee 30% (.30 x (A))			\$
(E) Commercial (2)over 30 fixtures, Utilities(3),RV/MFH Parks(4),Med Gas (5).Plan review fee 40%(.40 x (A))			\$
Total Permit Fees (A) thru (D) & (E) if applicable			\$