

Plumbing Permit Application

CITY OF SPRINGFIELD, OREGON

225 Fifth Street ♦ Springfield, OR 97477 ♦ PH(541)726-3753 ♦ FAX(541)726-3689



| DEPARTMENT USE ONLY | |
|---------------------|--|
| Permit no.: | |
| Date: | |

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.

| LOCAL GOVERNMENT APPROVAL | |
|---|---|
| Zoning approval verified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sanitation approval verified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CATEGORY OF CONSTRUCTION | |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Government <input type="checkbox"/> Commercial |
| JOB SITE INFORMATION AND LOCATION | |
| Job site address: | |
| City: | State: ZIP: |
| Reference: | Taxlot.: |
| DESCRIPTION OF WORK | |
| | |
| | |
| PROPERTY OWNER | |
| Name: | |
| Address: | |
| City: | State: ZIP: |
| Phone: - - | Fax: - - |
| E-mail: | |
| This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-695-0020. | |
| Signature: | |
| CONTRACTOR INSTALLATION | |
| Business name: | |
| Address: | |
| City: | State: ZIP: |
| Phone: - - | Fax: - - |
| E-mail: | |
| CCB license no.: | BCD license no.: |
| Plumbing license no.: | |
| Print name: | |
| Signature: | |

| FEE SCHEDULE | | | |
|--|-------------|----------|------------|
| Description | Qty. | Cost ea. | Total cost |
| New residential | | | |
| 1 bathroom/1 kitchen (<i>includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages</i>) | | \$238.00 | \$ |
| 2 bathrooms/1 kitchen | | \$374.00 | \$ |
| 3 bathrooms/1 kitchen | | \$439.00 | \$ |
| Each additional bathroom (over 3) | | \$95.00 | \$ |
| Each additional kitchen (over 1) | | \$95.00 | \$ |
| Residential fire sprinklers (includes plan review) | | | |
| 0 to 2,000 square feet | | \$58.00 | \$ |
| 2,001 to 3,600 square feet | | \$116.00 | \$ |
| 3,601 to 7,200 square feet | | \$174.00 | \$ |
| 7,201 square feet and greater | | \$232.00 | \$ |
| Manufactured dwelling or pre-fab (circle one) | | | |
| Connections to building sewer and water supply | | \$58.00 | \$ |
| Commercial, industrial, and dwellings other than one- or two-family | | | |
| Minimum fee | | \$58.00 | \$ |
| Each fixture | | \$19.00 | \$ |
| Miscellaneous fees | | | |
| 100' storm, sewer, water line | | \$76.00 | \$ |
| Each fixture, appurtenance, and piping | | \$19.00 | \$ |
| Storm water retention/detention facility | | \$19.00 | \$ |
| Irrigation systems | | \$19.00 | \$ |
| Piping or private storm drainage systems exceeding the first 100 feet | | \$19.00 | \$ |
| Specialty fixtures | | \$19.00 | \$ |
| Reinspection (no. of hrs. x fee per hr.) | | \$58.00 | \$ |
| Special requested inspections (no. of hrs. x fee per hr.) | | \$58.00 | \$ |
| Each additional inspection: (1) | | \$58.00 | \$ |
| Medical gas piping | Minimum fee | | \$ |
| Enter value of installation and equipment \$ _____. | | | |
| Enter fee based on installation and equipment value. | | | \$ |
| APPLICANT USE | | | |
| (A) Enter subtotal of above fees (Minimum Permit Fee \$58.00) | | | \$ |
| (B) Investigative fee (equal to [A]) | | | \$ |
| (C) Enter 12% surcharge (.12 x [A+B]) | | | \$ |
| (D) Technology Fee (5% of [A]) | | | \$ |
| TOTAL fees and surcharges (A through D): | | | \$ |