

MILWAUKIE BUILDING 10501 SE Main St Milwaukie OR 97222 503.786.7623 | 503.786.7612 building@milwaukieoregon.gov www.buildingpermits.oregon.gov

PLUMBING PERMIT APPLICATION

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY C	OF CONSTRUCTI	ON		FEE SC	
☐ 1 & 2 Family ☐ Coi	Description				
☐ 1 & 2 Family ☐ Commercial ☐ Multi-Family ☐ Accessory Bldg ☐ Other:			New 1-2 fa	New 1-2 family dwelling (includes	
TYPE	OF WORK		SFR (1) bath		
☐ New Construction	☐ Demolitic	n	SFR (2) bath	SFR (2) bath	
_			SFR (3) bath		
Addition/Alteration/Repl	acemeni		Each additional		
Description of work:			Dwelling square	ler based on square fo	
			Bwoming square	Site	
JOB SITE INFORM	ATION AND LO	CATION	Catch basin or o		
Job site address:				ne or trench drain	
City:	State:	ZIP:	Manholes		
Subdivision:	Lot r)O .	Rain drain conn	ector	
	PROPERTY OWNER		Sanitary sewer	ft. (per 100 lin. ft)	
	KII OWINER		Storm sewer	ft. (per 100 lin. ft)	
Name:			Water service	ft. (per 100 lin. ft)	
Address:	T	T	-	Fixture	
City:	State:	ZIP:	Backflow prever	nter	
Phone:	Fax:		Clothes washer		
Email:			Dishwasher		
This installation is being made			Drinking fountain	n	
by a member of my immediat		=		Ejector / sump	
licensing requirements under ORS 701.010. Homeowner Sign here:			Expansion tank		
			Fixture / sewer cap Floor drain / floor sink / hub		
CONT	RACTOR		T		
Business name:			Garbage dispos	sui	
Address:			Ice maker		
City:	State:	ZIP:	1	otor (attach worksheet	
Phone:	Fax:	1 •	Primer	Primer	
Email:	T GA.		Roof drain (com	Roof drain (commercial)	
	DD 1:- //.		Septic abandonment		
CCB license no.:	PB Lic #:	A DOVE	Sink / basin / lav	ratory	
APPLICANT IF DIF	FERENI FROM A	AROAE	Tub / shower / sl	nower pan	
Name:			Water closet / U	rinal	
Address:			Water heater	at.	
City:	State:	ZIP:	Residential Interior	Piping - 1 st Floor / 100 Lin. 2 nd Floor / 100 Lin.	
Phone:	Fax:	1	Commercial Inte	erior Piping (per fixture	
Email:			Medical Gas (vo		
REQUIRED AUTI	HORIZED SIGNA	TIIDE		PLUMBING PE	
Authorized	IORIZED SIGNA	TORL	Subtot	al (Minimum pern	
Signature:		Plan Review (30%			
Printed name:		State surcharge (12%			
			l le	chnology Fee (5% TC	
Date:			」└──		

FEE SCHEDULE						
Description Description	Qty	Fee	Total			
New 1-2 family dwelling (includes 100 f						
SFR (1) bath		\$ 654.90	J,			
SFR (2) bath		\$ 723.65				
SFR (3) bath		\$ 860.00				
Each additional bath / kitchen		\$ 342.35				
Fire sprinkler based on square footage	e (per curren		dule)			
Dwelling square feet:		\$				
Site Utilitie	s					
Catch basin or area drain		\$ 52.75				
Drywell, leach line or trench drain		\$ 118.45				
Manholes		\$ 103.20				
Rain drain connector		\$ 52.75				
Sanitary sewer ft. (per 100 lin. ft)		\$ 120.00				
Storm sewer ft. (per 100 lin. ft)		\$ 120.00				
Water service ft. (per 100 lin. ft)		\$ 120.00				
Fixture or Ite	m					
Backflow preventer		\$ 33.60				
Clothes washer		\$ 33.60				
Dishwasher		\$ 33.60				
Drinking fountain		\$ 33.60				
Ejector / sump		\$ 33.60				
Expansion tank		\$ 33.60				
Fixture / sewer cap		\$ 33.60				
Floor drain / floor sink / hub		\$ 33.60				
Garbage disposal		\$ 33.60				
Hose bibb		\$ 33.60				
Ice maker		\$ 33.60				
Grease interceptor (attach worksheet)		\$ 33.60				
Primer		\$ 33.60				
Roof drain (commercial)		\$ 33.60				
Septic abandonment		\$ 33.60				
Sink / basin / lavatory		\$ 33.60				
Tub / shower / shower pan		\$ 33.60				
Water closet / Urinal		\$ 33.60				
Water heater		\$ 33.60				
Residential Interior Piping - 1 st Floor / 100 Lin. Ft.		\$ 103.20				
2 nd Floor / 100 Lin. Ft.		\$ 35.90				
Commercial Interior Piping (per fixture)		\$ 33.60				
1 0 11 7	¢	Ψ 00.00				
Medical Gas (valuation) PLUMBING PERMI	S FFFS					
Subtotal (Minimum permit fe) \$					
Plan Review (30% of I						
State surcharge (12% of I	· -					
Technology Fee (5% of Permit fee) TOTAL PERMIT FEE:						
IOIAL	E: \$					