



Tillamook County
PLUMBING PERMIT APPLICATION
 Department of Community Development
 1510-B Third Street
 Tillamook Oregon 97141
 (503) 842-3408 • Fax (503) 842-1819

Permit No: _____ -P
 Tracking No: _____
 Date Issued: _____
 Issued By: _____
 Check/Cash: _____

1. JOB ADDRESS

Job Site Address _____
 Nearest City/Town _____
 Map & Tax Lot: T _____ R _____ S _____ TL _____
 Owner Doing Work* Hiring Contractor

*Owner may do own work if property is NOT for sale, lease, or rent

2. CONTACT PERSON & PHONE NUMBER:

➤ **Name of Property Owner** _____
 Full Mailing Address _____
 City/State/Zip _____
 Phone # _____
 Building Permit # _____
EMAIL ADDRESS _____

➤ **Plumbing Contractor** _____
 Address _____
 City/State/Zip _____
 Phone # _____
 OR State CCB Reg. # _____ Exp. Date _____
 Plumbing Cont. Lic. # _____ Exp. Date _____
 Journeyman # _____ Exp. Date _____

3. FULL DESCRIPTION OF WORK _____

Residential Commercial Manuf. Dwelling
 New Repair/Remodel Other

Two sets of complete plans must be submitted and plans review fees paid if you are adding or altering 25 or more fixture units.

Applicant Signature: _____
 Date: _____

<u>Fixtures</u>	<u>Qty</u>	<u>Fixtures</u>	<u>Qty</u>
Area Drain	_____	Laundry Tub	_____
Basin	_____	Oil/Sand Separator	_____
Bidet	_____	Sewage Ejector	_____
Catch Basin	_____	Shower	_____
Clothes Washer	_____	Sink	_____
Dental Unit	_____	Sink, Mop	_____
Dishwasher	_____	Steam Bath	_____
Disposal	_____	Sump Pump	_____
Drain, Floor	_____	Trough Drain	_____
Drain, Pool	_____	Tub/Shower	_____
Drain, Roof	_____	Urinal	_____
Drinking Fountain	_____	Toilet	_____
Grease Trap	_____	Water Heater	_____
Interceptor	_____	Misc.	_____
Hose Bibb (first 2 free)	_____	Total number of fixtures	_____

FEE SCHEDULE

	No.	Ea.	Amount
1. New SFR including 100 ft of Sewer/Water			
a) SFR 1 Bath	_____	x \$ 341.00 =	_____
b) SFR 2 Bath	_____	x \$ 425.00 =	_____
c) SFR 3 Bath	_____	x \$ 475.00 =	_____
d) Each additional Bath	_____	x \$ 65.00* =	_____
e) Misc. fixtures, (new construction only)	_____	x \$ 31.00* =	_____
j) Fire Sprinkler (_____ sq ft) <i>see reverse side of form</i>	_____		_____
2. Site Utilities			
f) Storm water drainage/Rain Drains			
1) 1 st 100' of pipe or fraction thereof	_____	x \$ 88.50 =	_____
2) Ea add'l 100 ft of pipe or fraction thereof	_____	x \$ 46.25 =	_____
g) Each backflow device	_____	x \$ 65.00 =	_____
h) Water service (new or replace)			
1) 1 st 100' of pipe or fraction thereof	_____	x \$ 88.50 =	_____
2) Ea add'l 100 ft of pipe or fraction thereof	_____	x \$ 46.25 =	_____
i) Sanitary Sewer			
1) 1 st 100' of pipe or fraction thereof	_____	x \$ 88.50 =	_____
2) Ea add'l 100 ft of pipe or fraction thereof	_____	x \$ 46.25 =	_____
2. Manufactured dwellings:			
a) Water service (new or replace) > 30'	_____	x \$ 88.50 =	_____
b) Sanitary sewer > 30"	_____	x \$ 88.50 =	_____
3. Maintenance:			
a) Interior mainline- sewer- total linear feet	_____	x \$ 105.00 =	_____
b) Interior mainline- water piping- total linear feet	_____	x \$ 105.00 =	_____
c) Replacing in-building water supply lines -			
Number of branches (each additional)	_____	x \$ 75.00 =	_____
	_____	x \$ 29.00 =	_____
4. Manufactured Dwelling Park			
a) Base fee (includes 5 or less spaces)	_____	x \$ 235.00 =	_____
b) each additional (base fee + cost per space) 5	_____	x \$ 45.00 =	_____
5. Medical Gas			
a) Based off valuation	_____		_____
6. Remodel, additions and other:			
a) Each Fixture	_____	x \$ 25.00* =	_____
b) Reinspection	_____	x \$ 100.00 =	_____
c) Special Inspection fee(per hour)	_____	x \$ 100.00 =	_____

8. FEES

A) Enter total of above fees (minimum \$ 131.25)	\$ _____
B) Investigative fee - if necessary	\$ _____
C) 12% State Surcharge (.12 % x 8a+8b)	\$ _____
D) Plan Review, if required (35% of line 8a)	\$ _____
E) Tech Fee 5%	\$ _____
TOTAL FEES DUE	\$ _____

Notice: Permits become void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Permits are non-refundable.

Commercial Plan Review Requirements

Plan Review – Job involving (if yes to any, plan review required):

Yes / No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Medical gas and vacuum system for healthcare facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical drainage waste and vent system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Sewer wastewater pretreatment?
(Grease pretreatment systems do not apply) |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacuum drainage waste and vent systems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial potable water pressure booster pump system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Water service line with interior diameter of two inches or larger? Exception: those two inch systems which have been designed and stamped by a licensed engineer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Residential multi-purpose or continuous loop fire suppression system? (See note below for Stand Alone Systems) |

Residential Fire Suppression

A. Combination loop fire suppression systems (fee based on area of the home to be covered by the system)*

0 sq. ft to 2,000 sq. ft	-	\$195.00
2,001 sq. ft to 3,600 sq. ft.	-	\$247.50
3,601 sq. ft. to 7,200 sq. ft.	-	\$295.00
7,201 sq. ft. and greater	-	\$352.50

*Combination Loop Fire Suppression System is connected to house plumbing and is subject to 25% Plumbing plan review