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PLUMBING PERMIT APPLICATION



16-187150PF 6/13/16CH

City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds

Type of work				
☐ New construction	Addition/alteration/replacement			
☐ Demolition	☐ Other:			
Category of construction				
1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory building		
☐ Multifamily	☐ Master builder	☐ Other:		
Job site information and lo	cation			
Job no.: Job addre	ess: 3934 SE	67th		
City/State/ZIP: PDX				
Suite/bldg./apt. no.:	Project name:			
Cross street/directions to job site	e:			
Subdivision:	Lot no.	Tax map/parcel no.		
Description of work (exan	nple: 2 fixtures for kitche	n remodel)		
Replace appr	ox 20ft of	scever on		
	1 B - " 1	0 1		
Provide RS Permit no.	id kow v	in therening		
Property owner	Tenai	it .		
Name:	E-mail:			
Address:				
City/State/ZIP:				
Phone:	FAX:			
Owner installation: This installation i or exchange.	s being made on property that I ow	n, which is not intended for sale, lease, rent,		
Owner signature:		Date:		
✓ Contractor	Subc	ontractor		
Business name: TC Exce	E-mailife	excavatorg @ ameil		
Address: P.O BOX 747(
0	7471	scarring & and		
0	2471 la OR 97	<i>J</i>		
Address: P.O BOX	2471	<i>J</i>		
Address: P.O BOX City/State/ZIP: F5feeCoc	1471 La DR 97 8118 FAX:	<i>J</i>		
Address: P.O BOX City/State/ZIP: F SteeCoc Phone: 503-899- Lic. no.	1471 La DR 97 8118 FAX:	023		
Address: P. O BOX City/State/ZIP: F. S. fee Coc Phone: 503 - 819 - Lic. no. Authorized signature:	J471 Da OR 97 81(8 FAX: CCB lic. n	0.150402		
Address: P.O BOK City/State/ZIP: F Stecon Phone: 503 - 519 - Lic. no. Authorized signature: Print name: Joseph Con	J471 la OR 97 81(8 FAX: CCB lic. no Walters	0. 150402 Date: 6/13/14		
Address: P.O BOX City/State/ZIP: F.S. fee.Coc Phone: 503-819- Lic. no. Authorized signature: Print name: Joseph Applicant	J471 la DR 97 81(8 FAX: CCB lic. no Walters Contr	0.150402		
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Address: P. O BOX City/State/ZIP: F. Steecoo Phone: 503 - 819 - Lic. no. Authorized signature: Print name: 100 - Applicant Business name: T. A	J471 la DR 97 81(8 FAX: CCB lic. no Walters Contr	0. 150402 Date: 6/13/14		
Address: P. O BOX City/State/ZIP: F. Steecon Phone: 503 - 819 - Lic. no. Authorized signature: Print name: Applicant Business name: Contact name:	J471 la DR 97 81(8 FAX: CCB lic. no Walters Contr	0. 150402 Date: 6/13/14		
Address: P. O BOX City/State/ZIP: F 5 fee Coc Phone: 503 - 819 - Lic. no. Authorized signature: Print name: Applicant Business name: F & C Contact name: Address:	J471 la DR 97 81(8 FAX: CCB lic. no Walters Contr	0. 150402 Date: 6/13/14		
Address: P. O BOX City/State/ZIP: F Steecon Phone: 503 - 519 - Lic. no. Authorized signature: Print name: 65 - Applicant Business name: 7 - Contact name: Address: City/State/ZIP:	J471 la DR 97 8118 FAX: CCB lic. no Walters Conta	0. 150402 Date: 6/13/14		
Address: P. O BOX City/State/ZIP: F 5 fee Cor Phone: 503 - 819 - Lic. no. Authorized signature: Print name: Applicant Business name: F Contact name: Address: City/State/ZIP: Phone:	J471 la OR 97 81(8 FAX: CCB lic. no Walters Conta	0. 150402 Date: 6/13/14		
Address: P. O BOK City/State/ZIP: F S fee Cor Phone: 503 - 519 - Lic. no. Authorized signature: Print name: Applicant Business name: F Contact name: Address: City/State/ZIP: Phone: E-mail:	J471 Da DR 97 81(8 FAX: CCB lic. no Walters Conte	0. 150402 Date: 6/13/14		
Address: P. O BOX City/State/ZIP: F. S. fee Cox Phone: 503 - 819 - Lic. no. Authorized signature: Print name: Applicant Business name: F. Contact name: Address: City/State/ZIP: Phone: E-mail: Plan Review, please check	FAX: Call that apply alth care facility A OR 97 FAX: CCB lic. no	Date: 6/13/14		
Address: P. O BOK City/State/ZIP: F 5 fee Coc Phone: 503 - 819 - Lic. no. Authorized signature: Print name: Applicant Business name: F Contact name: Address: City/State/ZIP: Phone: E-mail: Plan Review, please check Med gas/vacuum system for hea	FAX: Call that apply alth care facility Reclaim of the system Wasteway	Date: 6/13/16 act Person ed wastewater/harvested rainwater system		
Address: P. O BOK City/State/ZIP: F S fccoo Phone: 503 - 519 - Lic. no. Authorized signature: Print name: Applicant Business name: F Contact name: Address: City/State/ZIP: Phone: E-mail: Plan Review, please check Ned gas/vacuum system for hea Vacuum drainage waste and ver Fire sprinkler system Commercial booster pump	FAX: Call that apply alth care facility Reclaim Wastewn Chemica Grease Grease Call Ca	Date: 6/13/16 act Person ed wastewater/harvested rainwater system atter pretreatment system al drainage waste and vent system processing/interception equipment system		
Address: P. O BOK City/State/ZIP: F S fee Cor Phone: 503 - 519 - Lic. no. Authorized signature: Print name: Address: Contact name: Address: City/State/ZIP: Phone: E-mail: Plan Review, please check Ned gas/vacuum system for hea Vacuum drainage waste and ver Fire sprinkler system Commercial booster pump Plumbing related site utilities out	FAX: Call that apply alth care facility of the system of the content of the cont	Date: 6/3/1/2 Date: 6/3/1/2 act Person ed wastewater/harvested rainwater system atter pretreatment system all drainage waste and vent system processing/interception equipment system service/food processing		
Address: P. O BOK City/State/ZIP: F S fee Cor Phone: 503 - 519 - Lic. no. Authorized signature: Print name: Address: Contact name: Address: City/State/ZIP: Phone: E-mail: Plan Review, please check Ned gas/vacuum system for hea Vacuum drainage waste and ver Fire sprinkler system Commercial booster pump Plumbing related site utilities out	FAX: Call that apply alth care facility wastewn chemical staide building ameter or nominal pipe size of 2"	Date: 6/13/16 act Person ed wastewater/harvested rainwater system atter pretreatment system all drainage waste and vent system processing/interception equipment system		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Fee Schedule					
Description	Qty.	Fee	Total		
New 1&2 family dwellings					
(includes 100 ft. for each utility conne	ction)	0500			
SFR (1) bath		\$520			
SFR (2) bath		\$780			
SFT (3) bath		\$910	1		
Each additional bath/kitchen		\$218			
Fire sprinkler (sq.ft.)	Per fee	schedule			
Site utilities					
Catch basin or area drain		\$39			
Manufactured home utilities		\$92	-		
The following fees for exterior lines ar fees. The prices listed below are for					
additional 100 feet or portio					
Rain drain (linear ft.)		\$116			
Installing drywell? ☐ yes ☐ no Sanitary sewer (ZO linear ft.)		No fee			
Sanitary sewer (ZO linear ft.)		\$116			
Storm sewer (linear ft.)		\$116			
Water service (linear ft.)		\$116			
Fixture or item					
Backflow preventer		\$39			
Backwater valve		\$39			
Clothes washer		\$39			
Dishwasher		\$39			
Drinking fountain		\$39			
Ejectors/sump		\$39			
Fixture cap		\$39			
Floor drain/floor sink/primer		\$39			
Garbage disposal		\$39			
Hose bib		\$39			
Ice maker		\$39			
Interceptor/grease trap		\$39			
Interior mainline piping	y				
Water piping - first 100 feet		\$116			
Drainage piping - first 100 feet		\$116			
Each additional 100 feet or portion of		\$87			
Replacing in-building water supply lines					
Residential - first floor		\$83	l		
each additional floor		\$32			
Commercial - first five branches		\$83			
each fixture branch over five		\$20			
Medical gas (\$value.)	Per fee schedule				
Rainwater harvesting (\$value)	Per fee schedule				
Roof drain (commercial)		\$39			
Sewer cap		\$103			
Sink/basin/lavatory		\$39			
Stormwater retention/detention tank/facility		\$104			
Tub/shower/shower pan		\$39			
Urinal		\$39			
Water closet		\$39			
Water heater/expansion tank		\$39			
Other		\$39			
		400			
Plumbing permit fees	Sul	ototal			
Minimum pe	Subtotal Minimum permit fee (\$95)				
Plan review (25%	of permi	t fee)			
State surcharge (12%					
TOTAL P			2.81.23		
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