

# Plumbing Permit Application

Jurisdiction name: **City of Philomath**  
 Address: **980 Applegate St, PO Box 400, Philomath OR 97370**  
 Phone: **541-929-6148** Fax: **541-929-3044**  
 Inspection #: **541-766-6898** Web: [www.ci.philomath.or.us](http://www.ci.philomath.or.us)



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:
Subdivision:	Lot no.:	
DESCRIPTION OF WORK		
PROPERTY OWNER INSTALLATION		
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
<b>New residential</b>			
1 bathroom/1 kitchen *		\$300.00	\$
2 bathrooms/1 kitchen *		\$400.00	\$
3 bathrooms/1 kitchen *		\$500.00	\$
Each additional bathroom (over 3)		\$75.00	\$
Each additional kitchen (over 1)		\$75.00	\$
Remodel/alteration (minimum fee)		\$80.00	\$
Each fixture, appurtenance, and piping		\$19.00	\$
Storm water retention/detention facility		\$80.00	\$
Irrigation systems		\$80.00	\$
Piping or private storm drainage systems exceeding the first 100 feet		\$30.00	\$
<b>Residential fire sprinklers (includes plan review)</b>			
0 to 2,000 square feet		\$200.00	\$
2,001 to 3,600 square feet		\$250.00	\$
3,601 to 7,200 square feet		\$325.00	\$
7,201 square feet and greater		\$410.00	\$
<b>Manufactured dwelling or pre-fab (circle one)</b>			
Connections to building sewer and water supply		\$80.00	\$
<b>RV and manufactured dwelling parks</b>			
Base fee (including the first 10 or fewer spaces)		\$359.60	\$
Each additional 10 spaces		\$312.00	\$
<b>Commercial, industrial, and dwellings other than 1- or 2-family</b>			
Minimum fee		\$80.00	\$
Each fixture		\$20.00	\$
Each 100' of piping or portion thereof		\$20.00	\$
Sewer 1 <sup>st</sup> 100 feet		\$100.00	\$
Sewer each additional 100 feet		\$35.00	\$
Water Service 1 <sup>st</sup> 100 feet		\$100.00	\$
Water Service each additional 100 feet		\$35.00	\$
Storm and Rain Drain 1 <sup>st</sup> 100 feet		\$100.00	\$
Storm and Rain Drain each add'l 100 feet		\$35.00	\$
Specialty fixtures		\$20.00	\$
Re-inspection (no. of hrs. x fee per hr.)		\$80.00	\$
Special requested inspections (no. of hrs. x fee per hr.)		\$80.00	\$
Fee assessed for technical services, when requested by another government entity, ORS 190		\$As Agreed	\$
<b>Medical gas piping</b>	Minimum fee		<b>\$78.00</b>
Enter value of installation and equipment \$ _____.			
Enter fee based on installation and equipment value.			\$
APPLICANT USE			
(A) Enter subtotal of above fees			\$
(B) Investigative fee (equal to [A])			\$
(C) Enter 12% surcharge (.12 x [A+B])			\$
(D) Plan review (25% of [A])			\$
<b>TOTAL fees and surcharges (A through D):</b>			<b>\$</b>

\*Includes: first 100 feet of water/sewer lines, hose bibs, ice maker, under-floor low-point drains and rain-drain packages