Plumbing Permit Application

City of Durham
17160 SW Upper Boones Ferry Road, Durham, OR 97224
Phone 503-639-6851 Fax 503-598-8595
Assistant.cityofdurham@comcast.net www.durham-oregon.us
Call for Inspection 503-691-3040

OFFICE USE ONLY

Date received: _____ **Permit #** _____

Date Issued: _____ **By:**_____ **Receipt:** _____

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:

☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax: :
E-mail:	

CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	Plumbing. lic.:
CCB lic.:	City or metro lic. no.:

Authorized signature: _____

Print name:	Date:

FEE SCHEDULE			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		240.00	
SFR (2) bath		300.00	
SFR (3) bath		375.00	
Each additional bath/kitchen		125.00	
Fire sprinkler (sq. ft.)			
Site utilities			
Catch basin or area drain		15.00	
Drywell, leach line, or trench drain		15.00	
Footing drain (no. linear ft.: **15.00**)			
Manufactured home utilities		60.00	
Manholes		15.00	
Rain drain		15.00	
Sanitary sewer (no. linear ft.:		60.00	
Storm sewer (no. linear ft.:		60.00	
Water service (no. linear ft.:		60.00	
Fixture or item			
Absorption valve		15.00	
Backflow preventer		15.00	
Backwater valve		15.00	
Clothes washer		15.00	
Dishwasher		15.00	
Drinking fountain		15.00	
Ejectors/sump		15.00	
Expansion tank		15.00	
Fixture/sewer cap		15.00	
Floor drain/floor sink/hub		15.00	
Garbage disposal		15.00	
Hose bibb		15.00	
Ice maker		15.00	
Interceptor/grease trap		15.00	
Medical gas (value: $ _____)			
Primer		15.00	
Roof drain (commercial)		15.00	
Sink/basin/lavatory		15.00	
Tub/shower/shower pan		15.00	
Urinal		15.00	
Water closet		15.00	
Water heater		15.00	
Other: **Hourly Fee**		60.00	
Other:			

Fee Type	Amount	Date Paid
Permit Fee (minimum $60.00)		
Plan review (25 % of permit fee)		
State surcharge (12% of permit		
TOTAL PERMIT FEE		

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