



# 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

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

#### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> 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.: \_\_\_\_\_

#### FEE SCHEDULE

Description	Qty.	Ea.	Total
<b>New 1- 2-family dwellings</b> (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.)			
<b>Site utilities</b>			
Catch basin or area drain		15.00	
Drywell, leach line, or trench drain		15.00	
Footing drain (no. linear ft.: <b>15.00</b> )			
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	
<b>Fixture or item</b>			
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: <b>Hourly Fee</b>		60.00	
Other:			
<b>Fee Type</b>	<b>Amount</b>	<b>Date Paid</b>	
<b>Permit Fee</b> (minimum \$60.00)			
Plan review ( 25 % of permit fee)			
State surcharge (12% of permit			
<b>TOTAL PERMIT FEE</b>			

Authorized signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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