

## **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 #					
Data Issuad:	By Doggints					

TYPE OF WORK			FEE SCHEDULE			
☐ New construction	☐ Demolition		Description	Qty. Ea.		
Addition/alteration/replacement	Other:		New 1- 2-family dwellings (includes 1	1	1	
-	CONSTRUCTION		SFR (1) bath	310.		
	T	otaio1	SFR (2) bath	390.		
1- and 2-family dwelling	Commercial/indu	striai	SFR (3) bath	480.		
Accessory building	☐ Multi-family		Each additional bath/kitchen	160. 160.		
Master builder	Other:		Re-pipe SFR  Site utilities	100.	.00	
JOB SITE INFORMA	TION AND LOCATIO	-N	Catch basin or area drain	25.	00	
Job site address:			Drywell, leach line, or trench drain	50.		
City/State/ZIP:			Footing drain (no. linear ft.:)	25.		
Suite/bldg./apt. no.:	Project name:		Manufactured home utilities	75.		
Cross street/directions to job site:			Manholes	25.	.00	
Cross succedifications to job site.			Rain drain connector	25.	.00	
			Sanitary sewer (no. linear ft.:)	75.	.00	
	1		Storm sewer (no. linear ft.:)	75.	.00	
Subdivision:	Lot no.:		Water service (no. linear ft.:)	75.	.00	
Tax map/parcel no.:			Additional per 100 linear ft.	60.	.00	
DESCRIPTION OF WORK			Fixture or item			
			Absorption valve	25.	.00	
			Backflow preventer	50.	.00	
			Backwater valve	25.	.00	
			Clothes washer	25.	.00	
			Dishwasher	25.	.00	
☐ PROPERTY OWNER	□ TE	ENANT	Drinking fountain	25.		
Name:			Ejectors/sump	50.		
Address:			Expansion tank	25.		
City/State/ZIP:			Fixture/sewer cap	25.		
Phone:	Fax:		Floor drain/floor sink/hub drain Garbage disposal	25. 25.		
□ APPLICANT		CT PERSON	Hose bib	25.		
	_ CONTA	OT TEROON	Ice maker	25.		
Business name:			Interceptor/grease trap	150.		
Contact name:			Primer	25.	.00	
Address:			Roof drain (commercial)	25.	.00	
City/State/ZIP:			Sink/basin/lavatory	25.	.00	
Phone:	Fax::		Tub/shower/shower pan	25.	.00	
E-mail:	<u> </u>		Urinal	25.	.00	
CONTRACTOR			Water closet	25.	.00	
			Water heater	25.	.00	
Business name:			Other: Hourly Fee	100.	.00	
Address:			Fee Type	Amount	Date Paid	
City/State/ZIP:			Permit Fee (minimum \$120.00)			
Phone:	Fax:		Plan Review (45 % of permit fee)			
E-mail:	Plumbing. lic.:		State Surcharge (12% of permit fee)			
CCB lic.:	City or Metro lic.:	-	,			
Authorized	<u> </u>		Technology Fee (3% of permit fee)			
signature:			TOTAL PERMIT FEE			
Print name:		Date:	This permit application expires if a 180 days after it has been			