

## Plumbing Permit Application City of Durham

17160 SW Upper Boones Ferry Road, Durham, OR 97224 Phone: 503-639-6851 Email: assistant.cityofdurham@comcast.net

durham-oregon.us
Call for Inspections: 503-691-3040

OFFICE USE ONLY						
Date Received:	Permit #:					
Date Issued:	By: Receipt #:					

TYPE OF WORK			FEE SCHEDULE				
☐ New Construction	☐ Demolition	1	Description	Qty.	Ea.	Total	
Addition/Alteration/Replacement	Other:		New 1-2-Family Dwellings (includes 100 ft	-2-Family Dwellings (includes 100 ft. for each utility connection)			
CATEGORY OF CO	NSTRUCTION		SFR (1) bath		341.75		
☐ 1- and 2-Family Dwelling	☐ Commercia	al/Industrial	SFR (2) bath		430.00		
Accessory Building	☐ Multi-Fam		SFR (3) bath		530.00		
		ily	Each additional bath/kitchen		176.50		
Master Builder	Other:		Re-pipe SFR		176.50		
JOB SITE INFORMATION AND LOCATION			Site Utilities	T 1			
Job Site Address:			Catch basin or area drain		27.55		
City/State/ZIP:			Drywell, leach line, or trench drain		55.10		
Suite/bldg./apt. no.:	Project Name:		Footing drain (each)  Manufactured home utilities		27.55 82.70		
Cross street/directions to job site:			Manholes		27.55		
J			Rain Drain Connector (each)		27.55		
			Sanitary sewer (first 100 linear feet)		82.70		
a.1.11.1.1	-		Storm sewer (first 100 linear feet)		82.70		
Subdivision:	Lot no.:		Water service (first 100 linear feet)		82.70		
Tax map/parcel no.:			Additional per 100 linear feet		66.15		
DESCRIPTION OF WORK			Fixture or Item	<u> </u>			
			Absorption valve		27.55		
			Backflow preventer		55.10		
			Backwater valve		27.55		
VALUE OF WORK I	PERFORMED		Clothes washer		27.55		
(must provide an es			Dishwasher		27.55		
			Drinking fountain		27.55		
PROPERTY C		Ejectors/sump		55.10			
Name:			Expansion tank		27.55		
Address:			Fixture/sewer cap		27.55		
City/State/ZIP:			Floor drain/floor sink/hub drain		27.55		
	DI		Garbage disposal Hose bib		27.55		
Email:	Phone:		Ice maker		27.55 27.55		
APPLICANT			Medical gas (job value \$		27.33		
Business Name:			Interceptor/grease trap		165.35		
Contact Name:			Primer		27.55		
Address:			Roof drain (commercial)		27.55		
City/State/ZIP:			Sink/basin/lavatory		27.55		
Email:	Phone:		Tub/shower/shower pan		27.55		
CONTRACT			Urinal		27.55		
Business Name:			Water closet		27.55		
			Water heater		27.55		
Address:			Other: Hourly Fee		100.00		
City/State/ZIP:			Fee Type	Amount	Dat	te Paid	
Email:	Phone:		Permit Fee (minimum \$132.50)				
Journeyman's Plumber Lic (required):	Plumbing. Lic (required):						
CCB Lic (required).:	City or Metro	Lic.:	Plan Review (45% of permit fee)				
Authorized			State Surcharge (12% of permit fee)				
Signature:			Technology Fee (3% of permit fee)				
Print Name:		Date:	TOTAL FEES				
			This permit application expires if a permit is not obtained within				