



PLUMBING PERMIT APPLICATION
City of Portland, Oregon - Bureau of Development Services

www.portlandoregon.gov/bds

|   | 00 SW 4th Avenue, Po              | ortland, Oregon     | 97201 • 503-823-7300 • TTY 503-823-6                    |  |  |
|---|-----------------------------------|---------------------|---|--|--|
| Type of work  |                                   |                     |   |  |  |
| □ New construction  | ☐ Addition/alteration/replacement |                     |   |  |  |
| Demolition  |                                   | Other:              |   |  |  |
| Category of constructio   |                                   | l/industrial        | D Accessor builds                                       |  |  |
| <ul><li>□ 1 &amp; 2 family dwelling</li><li>□ Multifamily</li></ul> | ☐ Commercia☐ Master build         |                     | <ul><li>☐ Accessory building</li><li>☐ Other:</li></ul> |  |  |
| Job site information and  |                                   | uei                 | □ Other:  |  |  |
|   | ddress:                           |                     |   |  |  |
|   |                                   |                     |   |  |  |
| City/State/ZIP:   | In                                |                     |   |  |  |
| Suite/bldg./apt. no.:   | Project name:                     |                     |   |  |  |
| Cross street/directions to job                                      | site:                             |                     | 1   |  |  |
| Subdivision:  |                                   | t no.               | Tax map/parcel no.                                      |  |  |
| Description of work (ex   |                                   |                     |   |  |  |
| Provide RS Permit no.   |                                   |                     |   |  |  |
|   | Property owner                    |                     | Tenant  |  |  |
| Name:   |                                   | E-mail:             |   |  |  |
| Address:  |                                   |                     |   |  |  |
| City/State/ZIP:   |                                   |                     |   |  |  |
| Phone:  | FAX:                              |                     |   |  |  |
| Owner installation: This installation exchange.                     | ion is being made on pr           | roperty that I own, | which is not intended for sale, lease, rent,            |  |  |
| Owner signature:  |                                   |                     | Date:   |  |  |
| Contractor  |                                   | Subcor              | ntractor  |  |  |
| Business name:  |                                   | E-mail:             |   |  |  |
| Address:  |                                   |                     |   |  |  |
| City/State/ZIP:   |                                   |                     |   |  |  |
| Phone:  |                                   | FAX:                |   |  |  |
| Lic. no.  |                                   | CCB lic. no.        |   |  |  |
|   |                                   | 1000 110. 110.      |   |  |  |
| Authorized signature:   |                                   |                     |   |  |  |
| Print name:   |                                   |                     | Date:   |  |  |
| Applicant   |                                   | Contac              | t Person  |  |  |
| Business name:  |                                   |                     |   |  |  |
| Contact name:   |                                   |                     |   |  |  |
| Address:  |                                   |                     |   |  |  |
| City/State/ZIP:   |                                   |                     |   |  |  |
| Phone:  |                                   | FAX:                |   |  |  |
| E-mail:   |                                   |                     |   |  |  |
| Plan Review, please che   | eck all that apply                | ,                   |   |  |  |
| ☐ Med gas/vacuum system for   |                                   |                     | wastewater/harvested rainwater syste                    |  |  |
| ☐ Vacuum drainage waste and   | -                                 | _                   | er pretreatment system                                  |  |  |
| Fire sprinkler system   |                                   | ☐ Chemical o        | drainage waste and vent system                          |  |  |
| ☐ Commercial booster pump   |                                   |                     |   |  |  |
|   | s outside building                |                     |   |  |  |

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

| Fee Schedule   |              |                           |       |
|--|--------------|---------------------------|-------|
| Description  | Qty.         | Fee                       | Total |
| New 1&2 family dwellings (includes 100 ft. for each utility con                                      | noction)     |                           |       |
| SFR (1) bath   | lection)     | \$520                     |       |
| SFR (2) bath   |              | \$780                     |       |
| SFT (3) bath   |              | \$910                     |       |
| Each additional bath/kitchen   |              | \$218                     |       |
| Fire sprinkler (sq.ft.)  | Per fee      | schedule                  |       |
| Site utilities   |              |                           |       |
| Catch basin or area drain  |              | \$39                      |       |
| Manufactured home utilities  |              | \$92                      |       |
| The following fees for exterior lines fees. The prices listed below are fadditional 100 feet or port | or the first | 100 feet. I<br>f is \$87. |       |
| Rain drain (linear ft.)  |              | \$116                     |       |
| Installing drywell?  uyes  no  |              | No fee<br>\$116           |       |
| Sanitary sewer (linear ft.) Storm sewer (linear ft.)   |              | \$116                     |       |
| Water service ( linear ft.)  |              | \$116                     |       |
| Fixture or item  |              | Ψσ                        |       |
| Backflow preventer   |              | \$39                      |       |
| Backwater valve  |              | \$39                      |       |
| Clothes washer   |              | \$39                      |       |
| Dishwasher   |              | \$39                      |       |
| Drinking fountain  |              | \$39                      |       |
| Ejectors/sump  |              | \$39                      |       |
| Fixture cap  |              | \$39                      |       |
| Floor drain/floor sink/primer  |              | \$39                      |       |
| Garbage disposal   |              | \$39                      |       |
| Hose bib   |              | \$39                      |       |
| Ice maker  |              | \$39                      |       |
| Interceptor/grease trap  |              | \$39                      |       |
| Interior mainline piping   |              |                           | l     |
| Water piping - first 100 feet  |              | \$116                     | Ī     |
| Drainage piping - first 100 feet   |              | \$116                     |       |
| Each additional 100 feet or portion of   |              | \$87                      |       |
| Replacing in-building water supply   |              | 77.                       |       |
| Residential - first floor  | ····[        | \$83                      | T     |
| each additional floor  |              | \$32                      |       |
| Commercial - first five branches   |              | \$83                      |       |
| each fixture branch over five  |              | \$20                      |       |
| Medical gas (\$value.)   | Per fee      | schedule                  |       |
| Rainwater harvesting (\$ value)  | _            | Per fee schedule          |       |
| Roof drain (commercial)  | ,            | \$39                      |       |
| Sewer cap  |              | \$103                     |       |
| Sink/basin/lavatory  |              | \$39                      |       |
| Stormwater retention/detention tank/facility   |              | \$104                     |       |
| Tub/shower/shower pan  |              | \$39                      |       |
| Urinal   |              | \$39                      |       |
| Water closet   |              | \$39                      |       |
| Water heater/expansion tank  |              | \$39                      |       |
| Other  |              | \$39                      |       |
| Plumbing permit fees   |              | ΨΟΘ                       |       |
| Trumbing permit lees   | Q.,          | btotal                    |       |
| Minimum p  |              |                           |       |
|  |              |                           |       |
| Plan review (259   | -            | -                         |       |
| State surcharge (129   | -            | -                         |       |
| IOIAL  | PERMIT       | FEE                       |       |