



Plumbing Permit Application

22500 Salamo Road; West Linn OR 97068; Phone: 503-656-4211; Fax: 503-656-4106
 Inspection Line: 1-888-299-2821; E-mail: bldg@westlinnoregon.gov
 Inspection Portal: <http://www.oregon-epermitting.info/>
 Forms available at <http://westlinnoregon.gov>



| 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 | |
| | |
| | |
| | |
| | |
| <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT | |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| <input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON | |
| Business name: | |
| Contact name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| E-mail: | |
| CONTRACTOR | |
| Business name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| CCB lic.: _____ Plg Board Lic: __-____PB | West Linn or Metro Lic.: _____ |
| Print name: | Date: |

Signature:

(updated 7/09)

| FEE* SCHEDULE | | | |
|--|---------------------------|---------------|-------|
| <i>For special information use checklist.</i> | | | |
| Description | Qty. | Ea. | Total |
| New 1- 2-family dwellings (includes 100 ft. for each utility connection) | | | |
| SFR (1) bath | | 392.00 | |
| SFR (2) bath | | 519.00 | |
| SFR (3) bath | | 633.00 | |
| Each additional bath/kitchen | | 68.00 | |
| Fire sprinkler (_____ sq. ft.) | | | |
| Site utilities | | | |
| Catch basin, area drain or Manhole | | 18.00 | |
| Drywell, leach line, or trench drain | | 18.00 | |
| Footing drain (per 100' or fraction) | | 76.00 | |
| Manufactured home utilities | | 76.00 | |
| Rain drain connector | | 18.00 | |
| Sanitary sewer (per 100' or fraction) | | 76.00 | |
| Storm sewer (per 100' or fraction) | | 76.00 | |
| Water service (per 100' or fraction) | | 76.00 | |
| Interior Re:pipe (per 100' or fraction) | | 76.00 | |
| Fixture or item | | | |
| Absorption valve | | 18.00 | |
| Backflow preventer(Irrigation) | | 18.00 | |
| Backwater valve | | 18.00 | |
| Clothes washer | | 18.00 | |
| Dishwasher | | 18.00 | |
| Drinking fountain | | 18.00 | |
| Ejectors/sump | | 18.00 | |
| Expansion tank | | 18.00 | |
| Fixture/sewer cap | | 18.00 | |
| Floor drain/floor sink/hub | | 18.00 | |
| Garbage disposal | | 18.00 | |
| Hose bib | | 18.00 | |
| Ice maker | | 18.00 | |
| Interceptor/grease trap | | 18.00 | |
| Medical gas (value: \$ _____) | | | |
| Primer | | 18.00 | |
| Roof drain (commercial) | | 18.00 | |
| Sink/basin/lavatory | | 18.00 | |
| Tub/shower/shower pan | | 18.00 | |
| Urinal | | 18.00 | |
| Water Closet | | 18.00 | |
| Water heater | | 18.00 | |
| Other: | | 18.00 | |
| Subtotal | | | |
| Total # of Toilets in house: | Minimum permit fee | 100.00 | |
| State surcharge (12% of permit fee) | | | |
| TOTAL PERMIT FEE | | | |
| This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. | | | |