

## **Plumbing Permit Application Clackamas County**

150 Beavercreek Road, Oregon City, OR 97045 Phone: (503) 742-4240 Fax: (503) 742-4741 Internet address: www.clackamas.us

OFFICE USE ONLY
Permit #:
Project #:

TYPE OF WORK				
☐ New construction	Demolition			
Addition/alteration/replacement	Other:			
CATEGORY OF CONSTRUCTION				
1- and 2-family dwelling	Commercial/industrial			
Accessory building	☐ Multi-family			
☐ Master builder	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 C	OF WORK			
☐ PROPERTY OWNER	☐ TENANT			
PROPERTY OWNER Name:	☐ TENANT			
_	☐ TENANT			
Name:	☐ TENANT			
Name: Address:	TENANT  Fax: ( )			
Name: Address: City/State/ZIP:	_			
Name: Address: City/State/ZIP: Phone: ( )	Fax: ( )			
Name:  Address:  City/State/ZIP: Phone: ( )  APPLICANT	Fax: ( )			
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT Business name:	Fax: ( )			
Name:  Address:  City/State/ZIP: Phone: ( )  APPLICANT  Business name:  Contact name:	Fax: ( )			
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address:	Fax: ( )			
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Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:	Fax: ( )  Fax: ( )			
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONTRACTO	Fax: ( )  Fax: ( )			
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONTRACTO  Business name:	Fax: ( )  Fax: ( )			
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONTRACTO  Business name: Address:	Fax: ( )  Fax: ( )			
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONTRACTO  Business name: Address: City/State/ZIP:	Fax: ( )  CONTACT PERSON  Fax: ( )			
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONTRACTO  Business name: Address: City/State/ZIP: Phone: ( ) E-mail:	Fax: ( )  Fax: ( )  Fax: ( )			

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FEE* SCHEDULE					
For special information  Description	on use ch Qty.	ecklist. Ea.	Total		
New 1- 2-family dwellings (includes 1					
SFR (1) bath	00 11. 101	761.00	y connection)		
SFR (2) bath		864.00			
SFR (3) bath		956.00			
Each additional bath/kitchen		87.00			
Fire sprinkler ( sq. ft.)		*			
Site utilities					
Catch basin or area drain		31.00			
Drywell, leach line, or trench drain		31.00			
Footing drain (no. linear ft.:)		*			
Manufactured home utilities		126.00			
Manholes		31.00			
Rain drain connector		*			
Sanitary sewer (no. linear ft.:)		*			
Storm sewer (no. linear ft.:)		*			
Water service (no. linear ft.:)		*			
Fixture or item					
Absorption valve		31.00			
Backflow preventer		31.00			
Backwater valve		31.00			
Clothes washer		31.00			
Dishwasher		31.00			
Drinking fountain		31.00			
Ejectors/sump		31.00			
Expansion tank		31.00			
Fixture/sewer cap		31.00			
Floor drain/floor sink/hub		31.00			
Garbage disposal		31.00			
Hose bib		31.00			
Ice maker		31.00			
Interceptor/grease trap		31.00			
Medical gas (value: \$)		*			
Primer		*			
Roof drain (commercial)		*			
Sink/basin/lavatory		31.00			
Tub/shower/shower pan		31.00			
Urinal		31.00			
Water closet		31.00			
Water heater		31.00			
		*			
Other:		*			
Other:					
Subtotal					
Minimum permit fee (see back of this form)					
(When required) Plan review (25% of permit fee)					
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.

<sup>\*</sup> Fee methodology set by Tri-County Building Industry Service Board 440-4616T (10/02/COM/WEB) CCP-PW1 (REV 1/21)

## Fee Schedule for Plumbing Permit Application Clackamas County

New 1- and 2-family dwelling bath packages include rainwater disposal system, including leaders and drains to approved disposal area, plumbing fixtures or waste discharging devices, including drain, waste and vent piping, water piping, hot water heaters, the first 100 feet of water service and sanitary sewer line and under floor low point drain.

Site Utilities	Not applicable	Residential Fire Suppression and
Foot drain (no. lin. ft.)	in Clackamas County	Medical Gas Installations
Rain drain connector		
Residential & Duplex	182.00	A. Multi-purpose or Continuous Loop
1/2 package (2 or less downspouts)	91.00	fire suppression systems (fees based
1/2 package (2 of less downspouts)	91.00	on area of the home to covered by the
Sanitary sewer		system)
150 ft. or less total length	145.00	0 to 2000 sq. ft\$105.00
Over 150 ft. total length		2001 to 3600 sq. ft\$156.00
First 50 ft.	110.00	3601 to 7200 sq. ft\$198.00
Each add'l 100ft. or portion there	of 74.00	
r		Over 7200 sq. ft\$242.00
Storm sewer		
First 50 ft. or less	110.00	Note: Stand Alone Systems are
Each add'l 100ft. or portion thereof	74.00	permitted under separate building
Lach add 1 100ft. of portion thereof	74.00	permits. However, a plumbing
Water service		permit for a backflow prevention
First 100 ft. or less	100.00	device may be required.
101 ft. to 200 ft. add'l	100.00	device may be required.
Each add'l 100ft. or portion thereof	25.00	
•		B. Medical Gas Installations (fees
Septic Tank Connection		based on the value of the installation)
First 50 ft. or less	110.00	\$0 to \$5000\$121.00
Each add'l 100ft. or portion thereof	74.00	\$5001 to \$10,000\$121.00
T1 ( T)		plus \$1.82 for each add'1
Fixture or Item		\$100 valuation or part
Primer(s)		thereof over \$5000.
1 to 5	31.00	•
over 5	5.00 each	\$10,001 to \$100,000 \$212.00 plus \$12.34 for each add'l
Roof drain (commercial)		•
Leader	19.00	\$1000 valuation or part
Conductor	19.00	thereof over \$10,000.
Colluctor	19.00	\$100,001 or more \$1322.00
Other		plus \$8.47 for each add'l
Other		\$1000 valuation or part
House moves (not including storm or		thereof over \$100,000.
sanitary sewer, or water service inspe	ction) 91.00	4100,0001
Prefabricated commercial structures		Plan review fees apply to all medical gas
(not including storm or sanitary sewe	r	installations.
or water service inspection)	182.00	mountations.
or water service inspection)	102.00	3.51 A D 4.75

## **Minimum Permit Fee:**

For conventional plumbing, the minimum fee is \$85.00 or the sum of the items on the fee schedule, whichever is greater. For fire or medical gas systems, see above.