

# Plumbing Permit Application

## Wallowa County Building Codes

101 S. River Street Room 106 Enterprise, OR 97828

Phone: 541-426-4543 x1166

E-mail: bcodes@co.wallowa.or.us

### DEPARTMENT USE ONLY

Permit no:

Date:

### CATEGORY OF CONSTRUCTION

Residential

Government

Commercial

### OWNER'S NAME / ADDRESS

### DESCRIPTION OF WORK

### PROPERTY OWNER INSTALLATION

Name:

Address:

City:

State:

ZIP:

Phone:

E-mail:

This installation is being made on residential or farm property owned by me or a member of my immediate family and is exempt from licensing requirements under OAR 918-695-0020.

Signature:

### CONTRACTOR INSTALLATION

Business name:

Address:

City:

State:

ZIP:

Phone:

E-mail:

CCB License No:

BCD License No.:

Plumbing License No:

Print Name:

Signature:

This permit is issued under OAR 918-695-0060

All fees are non-transferable and non-refundable

### FEE SCHEDULE

DESCRIPTION OF WORK	Qty.	Cost ea	Total cost
<b>New residential</b>			
1 bathroom/1 kitchen (includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages)		\$250	\$
2 bathrooms/1 kitchen		\$315	\$
3 bathrooms/1 kitchen		\$405	\$
Each additional bathroom (over 3)		\$100	\$
Each additional kitchen (over 1)		\$100	\$
<b>Manufactured dwelling or pre-fab</b>			
Connections to building sewer and water supply		\$ 50	\$
Manufactured home utilities (beyond 30' for new placement; use each additional 100' or fraction thereof, under site utilities below:		\$ 50	\$
1. Each additional 10 spaces			
<b>Commercial, industrial, and dwellings other than one- or two-family</b>			
Minimum fee		\$50	\$
Each fixture			
Piping (based on each 100' of water or sewer line)		\$500	\$
<b>Miscellaneous fees</b>			
Specialty fixtures			
Reinspection (no. of hrs. x fee per hr.)			
Special requested inspections (no. of hrs. x fee per hr.)		\$35	\$
Fee assessed for technical services, when requested by another government entity, ORS 190		\$50	\$
<b>Medical gas piping</b>			
Enter value of installation and equipment \$_____.		\$35	\$
Enter fee based on installation and equipment value.		\$80	\$
<b>APPLICANT USE</b>			
(A) Enter subtotal of above fees			
(B) Investigative fee (equal to [A])	Minimum fee	\$75	
(C) Enter 12% surcharge (.12 x [A+B])			
(D) Plan review (30% of [A])	\$		
<b>TOTAL fees and surcharges (A through D):</b>			