

Plumbing Permit Application



PO Box 220
620 SW 5th Street
Dundee, Oregon 97115
Ph: 503-538-3922
Fax: 503-538-1958
Website: www.dundeecity.org

FOR OFFICE USE ONLY

Plumbing Permit No. _____

Receipt No. _____ Date _____

Issued By _____

This permit is issued under OAR 918-460-0030 and Section 15.4 of the Dundee Municipal Code. **Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days. Every permit issued by the City of Dundee shall expire and become null and void 24 months after the date of permit issuance.** If the building or work authorized by such permit has not received final inspection approval prior to the permit expiration date, all work shall stop until a new permit is obtained for the value of the work remaining unfinished.

Type of Construction		
<input type="checkbox"/> Residential <input type="checkbox"/> Government <input type="checkbox"/> Commercial		
Job Site Information and Location		
SITE ADDRESS:		
TAX LOT #	ZONING:	LOT SIZE:
SUBDIVISION	SETBACKS: FRONT _____ BACK _____ SIDE _____	
Property Owner Information		
NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		
Signature Needed If Property Owner Installation: 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 ORS 701.010.		
Sign Here:		
Contractor Installation		
BUSINESS NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		
CCB LICENSE NO:	BCD LICENSE NO:	
PLUMBING LICENSE NO:		
PRINT NAME:		
SIGNATURE:		

Approval Sign Off		
	Initials	Date
Land Use/Planning		
Public Works		
Fire Department		
Building/Plan Review		
<input type="checkbox"/> This project has DEQ approval. <input type="checkbox"/> N/A		

Description of Work	
PERMIT FEES	
SECTION A *FROM REVERSE SIDE	\$
SECTION B *FROM REVERSE SIDE	\$
SECTION C *FROM REVERSE SIDE	\$
SECTION D *FROM REVERSE SIDE	\$
SECTION E *FROM REVERSE SIDE	\$
SECTION F *FROM REVERSE SIDE (EXCLUDE PLAN REVIEW)	\$
SECTION G *FROM REVERSE SIDE	\$
SECTION H *FROM REVERSE SIDE	\$
SUBTOTAL	\$
STATE SURCHARGE (Section A-H x 12%)	\$
SECTION F PLAN REVIEW FEE	\$
SUBTOTAL	\$
MISCELLANEOUS FEES	
(a) TYPE A PERMIT FEE	\$
(b) TYPE A CASH BOND	\$
(c) WATER SDC	\$
(d) SEWER SDC	\$
(e) WATER METER	\$
(f) UTILITY ACCOUNT SET UP	\$
(g) ANY OUTSTANDING LIENS, DEBTS, OR NUISANCE FINES OWED TO THE CITY	\$
SUBTOTAL	\$
TOTAL COST	\$



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Fee Schedule			
Description	Quantity	Cost Each	Total Cost
Section A – New Residential			
1 Bathroom / 1 Kitchen (includes: first 100 feet of water/sewer lines, hose bibs, ice maker, under-floor low-point drains and rain-drain packages)		\$160	
2 Bathrooms / 1 Kitchen		\$280	
3 Bathrooms / 1 Kitchen		\$400	
Each additional bathroom (over 3)		\$120	
Each additional kitchen (over 1)		\$60	
Total of Section A			\$
Section B – Residential			
Remodel / Alteration (minimum fee)		\$40	
Each fixture, appurtenance, and piping		\$20	
Storm water retention / detention facility		\$40	
Irrigation system		\$40	
Piping or private storm drainage systems exceeding the first 100 feet		\$40	
Total of Section B			\$
Section C – Residential Fire Sprinklers (includes plan review)			
0 to 2,000 square feet		\$133	
2,001 to 3,600 square feet		\$175	
3,601 to 7,200 square feet		\$287	
7,201 square feet and greater		\$337	
Total of Section C			\$
Section D – Manufactured Dwelling or Pre-Fab (circle one)			
Connections to building sewer, water, and storm supply		\$120	
Total of Section D			\$
Section E – RV and Manufactured Dwelling Parks			
First 10 or fewer spaces		\$1200	
Each additional 10 spaces		\$120 (each)	
Total of Section E			\$
Section F – Commercial, Industrial, and Dwellings other than one-or-two family			
Minimum Fee (2-10 fixtures)		\$240	
Each fixture (over 10)		\$20	
Piping (each 100-feet)		\$40	
Total of Section F			\$
Plan Review Fee (25% x Total for Section F)			\$
Section G – Miscellaneous Fees			
Specialty fixtures		\$40	
Reinspection Fee (Number of Hours x Fee per Hour)		\$40	
Special Requested inspections (Number of Hours x Fee per Hour)		\$40	
Fee assessed for technical services, when requested by another government entity, ORS 190		\$40	
Total of Section G			\$
Section H – Medical Gas Piping			
Enter value of installation and equipment		\$	
Enter fee based on installation and equipment value.			
Total of Section H			\$