

Plumbing Permit Application



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

Approval Sign Off		
	Initials	Date
Land Use/Planning		
Engineering/ Public Works		
Fire Department		
Building/ Plan Review		

Type of Work		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	
<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Other	
Category of Work		
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Manufactured Dwelling	
<input type="checkbox"/> Residential Accessory Building	<input type="checkbox"/> Accessory Dwelling Unit	
<input type="checkbox"/> Duplex	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Other	
Description of Work		
Job Site Information and Location		
SITE ADDRESS:		
TAX LOT #	ZONING:	LOT SIZE:
Property Owner Information		
NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		
<input type="checkbox"/> This installation is being made on residential or farm property owned by me, or a member of my immediate family.		
Sign Here:		
Contractor Installation		
BUSINESS NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
CCB LICENSE NO:	BCD OR LCB LICENSE NO:	
SIGNATURE:		

Total Fees	
Subtotal of Fees (from reverse)	\$
Minimum Permit Fee \$60.00 (if above subtotal is less)	\$
State Surcharge (12% of subtotal)	\$
Commercial Plan Review (25% of subtotal)	\$
Type A Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water SDC	\$
Sewer SDC	\$
Water Meter	\$
Utility Account Setup	\$
Utility Deposit	\$
Other	\$
TOTAL COST	\$

**Inspections can be called in to
503-554-7714, 24-hours in advance.
The City of Dundee contracts with the City of Newberg
for inspections.**



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NEW Residential			
Description	Qty.	Fee	Total
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)		\$222.00	
2 Bathrooms / 1 Kitchen		\$294.00	
3 Bathrooms / 1 Kitchen		\$365.00	
Each Additional Bathroom (1/2 bath = 1 bath)		\$92.00	
Each Additional Kitchen (Multi-Family only)		\$92.00	
Each additional 100' of site utilities or fraction thereof \$36.00			
Type	No. of Feet (over 100)	Total Cost	
Water Line			
Sanitary Sewer Line			
Storm Sewer Line			
Site Utilities (1 st 100ft. \$60.00, additional 100' or fraction \$36.00)			
Type	No. of Feet	Total Cost	
Water Line			
Sanitary Sewer Line			
Storm Sewer Line			
Manufactured Dwelling (Site Utilities over the first 30-feet)			
Type	No. of Add'l Feet	Total Cost	
Water, Sewer, Storm Line			
Medical Gas Piping (Commercial and Industrial)			
Valuation of Install		\$	
Total Value	Fee		
\$0.01 - \$25,000	\$288.00		
\$25,001 - \$50,000	\$288.00 for the first \$25,000 and \$5.00 for each additional \$1,000 or fraction thereof		
\$50,001 - \$100,000	\$413.00 for the first \$50,000 and \$4.00 for each additional \$1,000 or fraction thereof		
\$100,001 and over	\$613.00 for the first \$100,000 and \$3.00 for each additional \$1,000 or fraction thereof		
Base Fee \$	+ (_____ x \$ _____) = \$		
Ex. Base Fee \$288.00 + (7 x \$5.00) = \$323.00			

Fixture List (Residential / Commercial)			
Type	Qty.	Fee	Total
Absorption Valve		\$22.00	
Backflow Device (Res)		\$15.00	
Backflow Device (Com)		\$22.00	
Backwater Valve		\$22.00	
Catch Basin/Area Drain		\$22.00	
Clothes Washer		\$22.00	
Dishwasher		\$22.00	
Drinking Fountain		\$22.00	
Ejectors/Sump Pump		\$22.00	
Expansion Tank		\$22.00	
Fixture Cap		\$22.00	
Floor Drain/Floor Sink		\$22.00	
Garbage Disposal		\$22.00	
Hose Bib		\$22.00	
Ice Maker		\$22.00	
Interceptor/Grease Trap		\$22.00	
Manholes		\$22.00	
Primer		\$22.00	
Rainwater System		\$22.00	
Roof Drain		\$22.00	
Sink/Basin/Lavatory		\$22.00	
Stormwater Detention		\$22.00	
Tub/Shower/Shower Pan		\$22.00	
Urinal		\$22.00	
Water Closet		\$22.00	
Water Heater		\$22.00	
Other: (Please describe below)		\$22.00	
Total Fixtures:	Qty =		\$
Total All Others:	Qty =		\$
Subtotal (to be input on page 1)			\$