

Plumbing Permit Application

Jurisdiction Name: Wallowa County Building Department
 Address: 101 S River St, Room 106, Enterprise OR 97828
 Phone: 541-426-4543 x1166 Fax: 541-426-6046
 E-mail: bcodes@co.wallowa.or.us Web: www.co.wallowa.or.us



DEPARTMENT USE ONLY	
Permit no.:	
Date:	

This permit is issued under OAR Chapter 918, Division 050-0100. Permits are issued only to the person or contractor doing the work. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVAL		
Zoning approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sanitation approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Detached Accessory Structure	<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Manufactured dwelling	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Modular dwelling	<input type="checkbox"/> Mixed use	
<input type="checkbox"/> Single family dwelling	<input type="checkbox"/> Multi- family	
<input type="checkbox"/> Two- family dwelling	<input type="checkbox"/> Government	
TYPE OF WORK		
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Move	<input type="checkbox"/> New	<input type="checkbox"/> Other
<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement	
JOB SITE INFORMATION AND LOCATION		
Job Site Address:		
City:	State:	ZIP:
Project Name:		
DESCRIPTION OF WORK (BE SPECIFIC)		
See page #2 for additional space for comments.		
My signature (Property Owner or Contractor) on this application or e-permitted application acknowledges that by commencing work before a permit is official issued, I am subject to an investigation fee in addition to the normally required permit fees, pursuant to Section R105.1 of the 2017 Oregon Structural Specialty Codes and ORS 455.058.		
PROPERTY OWNER INFORMATION (REQUIRED)		
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.		
Property Owner Signature:		

CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
CCB license no.:	BCD license no.:	
Print name:		
Signature:		

ALL FEES ARE NON REFUNDABLE

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total cost
New Residential			
1 bathroom/1 kitchen (1 bathroom= 1 toilet, 1 sink, 1 tub/shower combo. Addt'l items see page 2)		\$250	
2 bathrooms/1 kitchen		\$315	
3 bathrooms/1 kitchen		\$405	
Each additional Bathroom (over 3) or Kitchen (over 1)		\$100	
New residential items above include up to 1 st 100 ft. of water, sewer, and storm lines. Add each additional 100 sq. ft., or fraction thereof, under site utilities below:			
Site Utilities			
Connections to building sewer and water supply (manufactured dwelling or pre-fab)		\$50	
Manufactured home utilities (beyond 30 ft. for new placement; use each additional 100 ft. or fraction thereof, see below)		\$50	
Sanitary sewer (# of linear ft. _____) first 100 ft of line		\$50	
Each additional 100 ft. or fraction thereof		\$50	
Storm sewer (include trench drains, leach lines)(# of linear ft. _____) first 100 ft. of line		\$50	
Each additional 100 ft. or fraction thereof		\$50	
Water service (# of linear ft. _____) first 100 ft. of line		\$50	
Each additional 100 ft. or fraction thereof		\$50	

RESIDENTIAL- Fixture or Item			
RV & Mfg.Home Park 1 st 10 or fewer spaces		\$500	
RV & Mfg.Home Park ea. Addt'l 10 spaces		\$350	
Footing drain		\$25	
Alternate potable water heater		\$25	
Residential fire suppression <u>sq. ft.</u>	Contact the Building Codes Department		
Drywell, leach line or trench drain		\$25	
Absorption		\$25	
Backflow preventer (water)		\$25	
Backflow valve (storm or sewer)		\$25	
Storm water retention/ Detention facility		\$25	
Back water valve		\$25	
Clothes washer / Dishwasher		\$25 ea	
1 tub 1/ shower / 1/ shower pan		\$25 ea	
Urinal / Water Closet (toilet)		\$25 ea	
Ejectors/ Sump Pump		\$25	
Expansion Tank		\$25	
Floor drain/ floor sink/ hub		\$25 ea	
Garage disposal / Ice Maker		\$25 ea	
Hose Bib / Water Heater		\$25 ea	
Interceptor/ Grease Trap		\$25	
Primer		\$25	
Sewer Cap / Septic Abandonment / Fixture Cap		\$25 ea	
Sink/ basin/ lavatory / laundry sink etc.		\$25 ea	
Catch basin or area drain		\$25	
Other fixture / Item not reflected on fee schedule. (BE SPECIFIC)		\$25 ea	
Investigation or Plumbing Re-Inspection Fee ea. occurrence		\$80 ea	
Plumbing plan review fee= 30% of permit fee Additional plan review fee = \$80 per hour			
COMMERCIAL- Fixture or Item			
RV & Mfg.Home Park 1 st 10 or fewer spaces		\$500	
RV & Mfg.Home Park ea. Addt'l 10 spaces		\$350	
Fixture cap		\$35	
Footing drain		\$35	
Alternate potable water heater		\$35	

Swimming pool piping		\$35	
Commercial fire suppression	Contact the Building Department		
Drywell, leach line or trench drain		\$35	
Absorption		\$35	
Backflow preventer (water)		\$35	
Backflow valve (storm or sewer)		\$35	
Storm water retention/ Detention facility		\$35	
Back water valve		\$35	
Clothes washer/ Dishwasher		\$35	
Garbage Disposal / Ice maker		\$35	
Drinking Fountain		\$35	
Ejectors/ Sump Pump		\$35	
Expansion tank		\$35	
Floor drain/ floor sink/ hub		\$35 ea	
Hose bib / Water Heater		\$35	
Sink / Basin/ Lavatory / Laundry etc.		\$35	
1 Tub / 1 Shower / 1 Shower Pan		\$35 ea	
Urinal / Water Closet (toilet)		\$35 ea	
Interceptor/ grease trap		\$35	
Manhole		\$35	
Primer / Booster Pump		\$35	
Septic Abandonment / Sewer Cap		\$35	
Catch basin or area drain		\$35	
Roof drain		\$35	
Other fixture / item not reflected above. (BE SPECIFIC) i.e.: eye wash station etc.		\$35 ea	
Investigative Fee or Plumbing Re- Inspection fee ea. occurrence		\$80	
Plumbing plan review fee= 30% of permit fee Additional plan review fee = \$80 per hour			
FEE TOTAL: All fees are non refundable			
(A) Enter subtotal of above fees (Pages 1-2)		\$	
(C) Enter 12% surcharge (.12 x [A])		\$	
(D) Plan review 30%, if required (.30x[A])		\$	
TOTAL fees and surcharges (A through D):		\$	