## 200 City Center Circle Phone: 541.481.9252 DATE ISSUED \_\_\_\_\_ Boardman, Oregon 97818 541.481.3244 Fax: **FEE SCHEDULE TYPE OF WORK** Description Qty. Ea. Total ☐ Demolition New 1- 2-family dwellings (includes 100 ft. for each) Addition ☐ Alteration: SFR (1) bath/(1) Kitchen ☐ Replacement ☐ Other SFR (2) bath/(1) Kitchen 275.00 **CATEGORY OF CONSTRUCTION** SFR (3) bath/(1) Kitchen 325.00 ☐ 1 and 2-family dwelling ☐ Industrial 45.00 Each Additional Bath/Kitchen ☐ Accessory building ☐ Multi-family New residential items above include up to first 100 ft. of water, sanitary sewer, and storm lines. Add each additional 100 ft. Commercial ☐ Other: or fraction thereof, under site utilities. JOB SITE INFORMATION AND LOCATION Site Utilities 10.00 Catch Basin or Area Drain Job site address: Rain Drain Connector/Downspout 9.00 City/State/Zip: IWW/Sanitary Sewer-First 100' 30.00 Suite/bldg./apt. no.: Project name: 25.00 IWW/Sanitary Sewer-Add'l. 100' 30.00 IW/Water Service-First 100' Tax map/parcel no.: 25.00 IW/Water Service-Additional 100' Storm Sewer-First 100' 30.00 **DESCRIPTION OF WORK** 25.00 Storm Sewer-Additional 100' Fixture or Item - New multi-family, new commercial, all other additions, alteration, repairs. 12.00 PROPERTY OWNER INSTALLATION Clothes Washer 12.00 Dishwasher Name: Drinking Fountain 12.00 Address: Ejectors/Sump/Expansion Tank 12.00 City/State/Zip: 10.00 Primer (1-5) Each Phone: ( Primer (over 5) Each Add'l. 2.00 Email: Floor Drain/Floor Sink/Hub 12.00 This installation is being made on residential or farm property owned by me or a Garbage Disposal 10.00 member of my immediate family, and is exempt from licensing requirement under Hose Bib 12.00 ORS 701.010. Ice Maker 12.00 Interceptor/Grease Trap 12.00 Sign here: Date: 12.00 Laundry Tray/Service Sink Roof Drain 10.00 CONTRACTOR INSTALLATION 12.00 Sink/Basin/Lavatory Business name: Tub/Shower/Shower Pan 12.00 Address: 12.00 Urinal City/State/Zip: Water Closet 12.00 Phone: ( Water Heater 12.00 **Backflow Preventer** 12.00 Email: CCB Lic.: **Expiration Date: Authorized Signature:** PLUMBING PERMIT FEES 20.00 Permit Issuance Fee Sub-Total (Fees + Permit Issuance Fee) Print name: Date: 45.00 Minimum Permit Fee (if Sub-Total Not to \$45) Plan Review Fee (30% of Permit Fee) For Office Use Only: Date: \_\_\_\_ State Surcharge (12% of Permit Fee) Total Plumbing Inspector's Signature: Notice: This permit is issued under OAR 918-460-Print Name: \_ 0030. Permits expire if work is not started within 180

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days of issuance or if work is suspended for 180 days.

**Plumbing Permit Application** 

☐ City of Boardman

P.O. Box 229

☐ Morrow County