

Plumbing Permit Application

City of Tualatin

10699 SW Herman Rd.

Tualatin, OR 97062

Phone: 503-691-3044 Fax: 503-692-0147 www.tualatinoregon.gov



OFFICE USE ONLY

Date received: _____ Permit # _____

Date Issued: _____ By: _____ Receipt: _____

TYPE OF WORK

☐ New construction ☐ Demolition

☐ Addition/alteration/replacement ☐ Other: _____

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Multi-family

☐ Accessory building ☐ Industrial

☐ Commercial ☐ Other: _____

JOB SITE INFORMATION AND LOCATION

Job site address: _____

City/State/ZIP: _____

Suite/bldg./apt. no.: _____ Project name: _____

Cross street/directions to job site: _____

Subdivision: _____ Lot no.: _____

Tax map/parcel no.: _____

DESCRIPTION OF WORK

☐ 2" or greater water service line

OWNER

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

APPLICANT

Business name: _____

Contact name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

E-mail: _____

CONTRACTOR

Business name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Plumbing lic.: _____

E-mail: _____

CCB lic.: _____ City or metro lic. no.: _____

Authorized
signature: _____

Print name: _____

Date: _____

FEE SCHEDULE

Description	Qty.	Ea.	Total
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New 1- 2-family dwellings and additions
(includes 100 ft. for each utility connection)

SFR (1) bath		240.00	
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SFR (2) bath		300.00	
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SFR (3) bath		375.00	
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Each additional bath/kitchen		125.00	
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Fire sprinkler (_____ sq. ft.)			
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Site utilities

Catch basin or area drain		15.00	
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Drywell, leach line, or trench drain		15.00	
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Footing drain (each)		15.00	
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Manufactured home utilities		60.00	
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Manholes		15.00	
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Rain Drain Connector (each)		15.00	
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Sanitary sewer (no. linear ft.:		60.00	
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Storm sewer (no. linear ft.:		60.00	
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Water service (no. linear ft.:		60.00	
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Fixture or item

Absorption valve		15.00	
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Backflow preventer		15.00	
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Backwater valve		15.00	
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Clothes washer		15.00	
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Dishwasher		15.00	
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Drinking fountain		15.00	
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Ejectors/sump		15.00	
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Expansion tank		15.00	
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Fixture/sewer cap		15.00	
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Floor drain/floor sink/hub		15.00	
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Garbage disposal		15.00	
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Hose bibb		15.00	
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Ice maker		15.00	
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Interceptor/grease trap		15.00	
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Medical gas (value: \$ _____)			
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Primer		15.00	
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Roof drain (commercial)		15.00	
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Sink/basin/lavatory		15.00	
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Tub/shower/shower pan		15.00	
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Urinal		15.00	
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Water closet		15.00	
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Water heater		15.00	
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Other: Hourly Fee		60.00	
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Other:			
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Fee Type

Amount

Permit Fee (minimum \$60.00)	
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Plan review (25 % of permit fee)	
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State surcharge (12% of permit fee)	
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TOTAL PERMIT FEE	
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This permit application will expire if a permit is not obtained within 180 days after it has been accepted as complete.