



Plumbing Permit Application

Crook County Community Development
 300 NE 3RD ST, RM #12
 Prineville, OR 97754
 Phone: (541) 447-3211 Fax: (541) 416-2139
 Email bld@co.crook.or.us

| OFFICE USE ONLY | |
|-----------------|-------------|
| Date Received: | Permit No.: |
| Date Issued: | By: |
| Payment Type: | |

| TYPE OF WORK | |
|--|--|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |
| CATEGORY OF CONSTRUCTION | |
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |
| JOB SITE INFORMATION AND LOCATION | |
| Job site address: | |
| City/State/ZIP: | |
| Suite/bldg./apt. no.: | Project name: |
| Subdivision: | Lot no.: |
| Tax map/parcel no.: | |
| DESCRIPTION OF WORK | |
| <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT | |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: | Fax: |
| E-mail: | |
| <input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON | |
| Business name: | |
| Contact name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: | Fax: |
| E-mail: | |
| CONTRACTOR | |
| Business name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: | |
| E-mail: | |
| CCB lic.: | BCD lic.: |
| Authorized signature: | |
| Print name: | Date: |

| FEE SCHEDULE | | | |
|---|------|--------|-------|
| Description | Qty. | Ea. | Total |
| New 1- 2-family dwellings (includes 100 ft. for each utility connection) | | | |
| SFR (1) bath | | 150.00 | |
| SFR (2) bath | | 250.00 | |
| SFR (3) bath | | 300.00 | |
| Each additional bath/kitchen | | 100.00 | |
| Fire sprinkler (_____ sq ft.) | | * | |
| Site utilities | | | |
| Catch basin/ area drain/manhole | | 22.32 | |
| Drywell, leach line, or trench drain | | 22.32 | |
| Footing drain | | 22.32 | |
| Alternate potable water heating system | | 22.32 | |
| Rain drain connector | | 22.32 | |
| Sanitary sewer (no. linear ft.: _____) | | * | |
| Storm sewer (no. linear ft.: _____) | | * | |
| Water service (no. linear ft.: _____) | | * | |
| Fixture or item | | | |
| Absorption valve (water hammer) | | 22.32 | |
| Backflow preventer | | 22.32 | |
| Backwater valve | | 22.32 | |
| Clothes washer | | 22.32 | |
| Dishwasher | | 22.32 | |
| Drinking fountain | | 22.32 | |
| Ejectors/sump | | 22.32 | |
| Fixture/sewer cap | | 22.32 | |
| Floor drain/floor sink/hub/ primer | | 22.32 | |
| Garbage disposal | | 22.32 | |
| Hose bib | | 22.32 | |
| Ice maker | | 22.32 | |
| Interceptor/grease trap | | 22.32 | |
| Medical gas (value: \$ _____) | | * | |
| Roof drain (commercial) | | 22.32 | |
| Sink/basin/lavatory | | 22.32 | |
| Tub/shower/shower pan | | 22.32 | |
| Urinal | | 22.32 | |
| Water closet | | 22.32 | |
| Expansion tank | | 22.32 | |
| Water meter pvt | | 22.32 | |
| Water heater | | 40.00 | |
| Subtotal | | | |
| Minimum permit fee | | | 66.96 |
| Plan review (75% of permit fee) | | | |
| State surcharge (12% of permit fee) | | | |
| TOTAL PERMIT FEE | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.