	Plumbin	g Permit	Application			
		ounty Publ	ic Works			
Marion County	5155 Silverto					
	Salem, Oregon 97305 Phone: (503) 588-5147 Fax: (503) 588-7948					
		ling@co.mari				
	Internet add	lress: <u>www.c</u>	co.marion.or.us			
(CATEGORY O	F CONSTRUC	CTION			
Residential	Gove	rnment				
JOB S	SITE INFORMA	ATION AND I	LOCATION			
Owner name:						
Owner phone number	r:					
Job site address:						
City/State/Zip:						
Suite/Bldg/apt no.:	P	Project name:				
Business name, if app	olicable:					
Cross Street/ Direction	ons to job site:					
Subdivision:	I	lot no:				
Tax map/parcel no:	I					
	DESCRIPT	ION OF WOR	RK			
PR	OPERTY OWN	NER INSTAL	LATION			
Name:						
Address:						
City/State/ ZIP:						
Phone:	F	fax:				
E-mail:						
This installation owned by me or a from licensing re Signature:	a member of m	y immediate f	amily, and is exempt			
)R	APPLI	CANT			
Business name:						
Contact name:						
Address:						
City/State/ZIP:						
Phone:		Fax:				
E-mail:						
CCB License no:		BCD Lic. no	.:			
Plumbing License no	.:					
Print Name:						
Signature:						

See other side of this form for additional information.

FEE SCHEDULE			
Description	Qty Cost Each		Total Cost
New 1 & 2 family dwellings (includes 100 ft. fo Note: A "half" bath is equivalent to a s			ctions)
1 bathroom/ 1 kitchen		\$285.00	
2 bathrooms/ 1 kitchen		\$363.00	
3 bathrooms/ 2 kitchen		\$441.00	
Each additional bath (over 3)/ kitchen (over 1)		\$78.00	
Fire sprinkler system (13-D) (sq. ft.)	Fee per	r schedule	
Additional site utilities over 100 feet (per 100')		\$26.00	
Site Utilities			
Catch Basin or area drain		\$17.50	
Drywell or trench drain		\$17.50	
Sanitary Sewer – First 100 feet		\$41.00	
Each additional 100 feet		\$26.00	
Water Service - First 100 feet		\$41.00	
Each additional 100 feet		\$26.00	
Storm/Rain Drain – First 100 feet		\$41.00	
Each additional 100 feet		\$26.00	
Fixture or item	1		
Backflow preventer / Valve		\$17.50	[
Backwater valve		\$17.50	
Clothes washer		\$17.50	
Commercial dishwasher Drinking fountain		\$17.50 \$17.50	
Ejectors/sump		\$17.50	
Expansion tank		\$17.50	
Fixture/sewer cap		\$17.50	
Floor or roof drain/floor sink/hub Hose bib		\$17.50 \$17.50	
Ice maker		\$17.50	
Interceptor/grease trap		\$17.50	
Sink/basin/lavatory		\$17.50	
Tub/shower/shower pan Water closet/Urinal		\$17.50 \$17.50	
Water heater		\$17.50	
Other		\$17.50	
Miscellaneous Fees	1	1	
Specially requested inspections (no. of hrs x fee per hour)		\$67.25	
Fire sprinkler system (13-D) (sq.ft.) Per fee schedule			
Medical gas (\$value)	Per fee	e schedule	
Reinspection Fee		\$52.00	
Investigation Fee			
Dwelling Permit Labels		NC	
Other			
FOR APPLICANT	USE		
Minimum permit fee [A] Enter subtotal of above fees (or minimum permit fee, whichever is greated [B] Investigation fee – if applicable (Equal to [A] [C] Enter 12 % state surcharge (0.12 x [A + B]) [D] Plan review 30% - if applicable (0.30 x [A])	\])		\$67.25
TOTAL fees and surcharges (A through D)	_		

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

City of _____ Rec'd by: _____ Date:____

1 & 2 Family Dwelling Fire Suppression System (13-D) Fee Schedule

Fee
\$98.00
\$129.00
\$139.75
\$186.25

(Fee includes permit & plan review)

<u>Two sets of plans must be submitted for review.</u> NOTE: Standalone systems (13-R) are permitted under a separate building permit, however, a plumbing permit for a backflow prevention device is required.

Medical Gas Installation

The Permit Fee is based on the value of the installation

Total Valuation			Permit Fee	
\$1	to	\$2,000	\$60.00	
\$2,001	to	\$25,000	\$60.00 for the first \$2000 plus \$8.00 for each additional \$1000, or fraction thereof, to and including \$25,000	
\$25,001	to	\$50,000	\$244.00 for the first \$25,000 plus \$6.25 for each additional \$1000, or fraction thereof, to and including \$50,000	
\$50,001	to	\$100,000	\$400.25 for the first \$50,000 plus \$4.75 each additional \$1000, or fraction thereof, to and including \$100,000	
\$100,001		and up	\$637.75 for the first \$100,000 plus \$3.95 for each additional \$1000, or fraction thereof	

Commercial Plan Review Requirements

Plan Review – Job Involving (if yes to any, plan review required):
 Medical gas and vacuum system for healthcare facility? Chemical drainage waste and vent system? Sewer wastewater pretreatment?
 (Grease pretreatment systems do not apply) Vacuum drainage waste and vent system? Commercial potable water pressure booster pump system? Water service line with interior diameter of two inches or larger?
Exception: those two inch systems which have been designed and stamped by a licensed engineer. Residential multi-purpose or continuous loop fire suppression system? Two cots of plans must be submitted and plans review fees poid if you

<u>Two</u> sets of plans must be submitted and plans review fees paid if you answered yes to any of the above questions.