



**CITY OF HERMISTON**  
 Building Department  
 180 NE 2<sup>ND</sup> ST.  
 Hermiston, OR 97838  
 PH: 541-667-5025 FAX: 541-567-6731  
 Email: building@hermiston.or.us

Where Life is Sweet

**PLUMBING PERMIT APPLICATION**

*This permit is issued under OAR Chapter 918, Division 780.  
 Permits expire if work is not started within 180 days of  
 issuance or if work is suspended for 180 days.*

CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
JOB SITE INFORMATION AND LOCATION		
Job site address:		
Owner/Occupant Name:		
Address: (if different from above)		
City:	State:	Zip:
Owner phone #:		
DESCRIPTION OF WORK		
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
<b>This installation is being made on residential of farm property owned by me or a member of my immediate family.</b>		
<b>Signature:</b>		
CONTRACTOR INSTALLATION		
Business Name:		
Address:		
City/State/Zip:		
Phone	Fax:	
E-mail:		
CCB license no.:	BCD Lic No:	
Signature:		
Print Name:	Lic No:	

FEE SCHEDULE				
	QTY	Cost(ea)	Total	
<b>New Residential</b>				
1 bathroom/ 1 kitchen		\$ 275.00		
2 bathrooms/ 1 kitchen		\$ 300.00		
3 bathrooms/ 1 kitchen		\$ 375.00		
Each additional bathroom or kitchen		\$ 75.00		
<i>New residential items above include hose bibs, ice maker, sink &amp; dishwasher and first 100 ft. of water and sanitary sewer lines. Add each additional 100 ft or fraction thereof, under site utilities below.</i>				
<b>Site Utilities</b>				
Catch Basins		\$ 25.00		\$
<b>Sanitary sewer- first 100 feet...\$ 50.00 each additional 100ft, or fraction there of...\$ 30.00</b>				
<b>Total lineal feet being installed/replaced</b>			FT	\$
<b>Storm sewer- including trench drains, leach lines, and drywells- first 100 ft ... \$ 50.00, each additional 100 ft, or fraction there of.... \$ 30.00</b>				
<b>Total lineal feet being installed/replaced</b>			FT	\$
<b>Water service...first 100ft or fraction thereof \$50.00, each additional 100ft or fraction thereof.... \$ 30.00</b>				
<b>Total lineal feet being installed/replaced</b>			FT	\$
<b>Fixture or item</b>				
<b>(New Multi-family/New Commercial/ All other Additions/ Alterations/ Repairs</b>				
	Residential Fee		Commercial Fee	
	Qty	Fee	Qty	Fee
				Total
Alternate potable water heating system		\$ 30.00		\$ 35.00
Backflow preventer		\$ 45.00		\$ 50.00
Backwater valve		\$ 45.00		\$ 50.00
Clothes washer		\$ 25.00		\$ 25.00
Dishwasher		\$ 25.00		\$ 25.00
Drinking fountain		\$ 25.00		\$ 25.00
Ejectors/sump pump		\$ 45.00		\$ 50.00
Expansion tank		\$ 25.00		\$ 50.00
Fixture Cap		\$20.00		\$ 20.00
Floor drain/floor sink/hub drain		\$ 25.00		\$ 30.00
Garbage disposal		\$ 25.00		\$ 30.00
Hose bib		\$ 20.00		\$ 20.00
Ice maker		\$ 25.00		\$ 50.00
Interceptor/Grease Trap		\$ 30.00		\$50.00
Primer		\$ 20.00		\$ 20.00
<b>Replacing in-building water supply lines -number of branches</b>				
Residential- 1 <sup>st</sup> floor		\$ 75.00		
Each additional floor		\$ 25.00		
Commercial- first 5 branches				\$ 80.00
Each fixture branch over 5				\$ 20.00
Roof Drain		\$ 25.00		\$ 25.00
Sink/basin/lavatory		\$ 25.00		\$ 30.00
Swimming pool piping		\$ 25.00		\$ 50.00
Tub/shower/shower pan		\$ 25.00		\$ 30.00
Urinal		\$ 20.00		\$ 25.00
Water closet		\$ 25.00		\$ 25.00
Water Heater		\$ 25.00		\$ 25.00
Other fixture be specific		\$ 25.00		\$ 46.00

### MEDICAL GAS INSTALLATIONS

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest thousand) of the equipment, materials, labor, overhead, and the profit for the medical gas work indicated on this application. **Plan review required**

Valuation: \$ \_\_\_\_\_ Total fee: \$ \_\_\_\_\_

**SEE TABLE A-1 FOR FEE BASED ON VALUATION**

A) Enter subtotal of above fees <b>Residential min. fee \$ 45.00</b> <b>Commercial min. fee \$ 65.00</b>		\$
B) 12% Surcharge (.12 X A)		\$
C) 25% Plan review, if required (.25 x A)		\$
D) 2% Technology Fee (.02 x A)		\$
<b>TOTAL fees and surcharge (A through D)</b>		<b>\$</b>

### CREDIT CARD INFORMATION

VISA  MASTERCARD      Amount: \$ \_\_\_\_\_

Credit card number: \_\_\_\_\_

Exp: \_\_\_\_\_      CCV: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_