



Plumbing Permit Application Marion County Public Works

5155 Silverton Rd NE
Salem, Oregon 97305
Phone: (503) 588-5147 Fax: (503) 588-7948
Email: Building@co.marion.or.us
Internet address: www.co.marion.or.us

| CATEGORY OF CONSTRUCTION | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Government | <input type="checkbox"/> Commercial |
| JOB SITE INFORMATION AND LOCATION | | |
| Job site address: | | |
| City/State/Zip: | | |
| Suite/Bldg/apt no.: | Project name: | |
| Business name, if applicable: | | |
| Cross Street: | | |
| Subdivision: | Lot no: | |
| DESCRIPTION OF WORK | | |
| | | |
| | | |
| PROPERTY OWNER INFORMATION | | |
| Name: | | |
| Mailing Address: | | |
| City/State/ ZIP: | | |
| Phone: | Fax: | |
| E-mail: | | |
| For Property Owner Installations: | | |
| This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-695-0020. | | |
| Signature: _____ Date: _____ | | |
| CCB form is required for property owner installations Click Here | | |
| CONTRACTOR INFORMATION | | |
| Business name: | | |
| Contact name: | | |
| Address: | | |
| City/State/ZIP: | | |
| Phone: | Fax: | |
| E-mail: | | |
| CCB License no: | BCD Lic. no.: | |
| Plumbing License no.: | | |
| Print Name: | | |
| Signature: | | Date: |
| APPLICANT | | |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Owner | |

| FEE SCHEDULE | | | |
|---|-----|------------------|------------|
| Description | Qty | Cost Each | Total Cost |
| New 1 & 2 family dwellings (includes 100 ft. for each utility connections) Note: A "half" bath is equivalent to a single bathroom | | | |
| 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 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 | | | |
| Backflow preventer / Valve | | \$17.50 | |
| Backwater valve | | \$17.50 | |
| Clothes washer | | \$17.50 | |
| Commercial dishwasher | | \$17.50 | |
| Drinking fountain | | \$17.50 | |
| Ejectors/sump | | \$17.50 | |
| Expansion tank | | \$17.50 | |
| Fixture/sewer cap | | \$17.50 | |
| Floor or roof drain/floor sink/hub | | \$17.50 | |
| Hose bib | | \$17.50 | |
| Ice maker | | \$17.50 | |
| Interceptor/grease trap | | \$17.50 | |
| Sink/basin/lavatory | | \$17.50 | |
| Tub/shower/shower pan | | \$17.50 | |
| Water closet/Urinal | | \$17.50 | |
| Water heater | | \$17.50 | |
| Other | | \$17.50 | |
| Miscellaneous Fees | | | |
| Specially requested inspections (no. of hrs x fee per hour) | | \$67.25 | |
| Fire sprinkler system (13-D) sq. ft. | | Per fee schedule | |
| Medical gas \$ _____ valuation | | Per fee schedule | |
| Reinspection Fee | | \$52.00 | |
| Investigation Fee | | | |
| Other | | | |
| FOR APPLICANT USE | | | |
| Minimum permit fee | | | \$67.25 |
| [A] Enter subtotal of above fees (or minimum permit fee, whichever is greater) | | | |
| [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]) | | | |
| 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.

See other side of this form for additional information.

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

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

(Fee includes permit & plan review)

| Total Square Feet | Fee |
|-------------------|----------|
| 0 to 2000 | \$98.00 |
| 2001 to 3600 | \$129.00 |
| 3601 to 7200 | \$139.75 |
| Over 7200 | \$186.25 |

Two sets of plans must be submitted for review. 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):

Yes / No

- 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 sets of plans must be submitted and plans review fees paid if you answered yes to any of the above questions.