

PLUMBING PERMIT APPLICATION



CITY OF NEWPORT
 Community Development Dept.
 169 SW Coast Hwy
 Newport, OR 97365
 (541) 574-0629
 (541)574-0644 Fax
 INSP: BuildingPermits.Oregon.gov
 or phone: 1-888-299-2821

Office Use only

Permit #: _____

Parent Permit Applicable? Yes No

Parent #: _____

Applications may be obtained online at:
www.newportoregon.gov/business/formsAppsPermits.asp

Application MUST be complete for processing, or will be returned

1. Job Information (where work is taking place)

Job Site Address: _____

2. Owner's Name: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

Is this installation being made on your own residential property by you (owner) or a member of your immediate family; and where the property is not intended for sale, exchange, lease, or rent?
 ___ Yes ___ No

3. Applicant Information (owner or authorized agent)

Mark if same as owner Mark if same as contractor

Name of Applicant: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

4. Contractor Information (person/co performing work)

Name of contractor: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

OR CCB # (req'd): _____ Active?

Plbg. Lic. (req'd): Type: _____

#: _____

City Business License # (req'd): _____

5. Contact Person (receives permit correspondence)

same as: owner contractor applicant

Name of Contact: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

6. Full Description of work proposed: _____

7. JOB INFORMATION – to be completed by Applicant:

| Type of Construction: (check one) | Work Type (check one) |
|--|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> One & Two Family | <input type="checkbox"/> New |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Repair |
| | <input type="checkbox"/> Residential Fire System |
| | <input type="checkbox"/> Backflow Device Only |

FEE SCHEDULE

| Description | Qty | Each | Total |
|--|-----|------------|--------------------------|
| NEW 1 & 2-Family Dwellings (Includes ONE kitchen & up to 100' each of water, sewer & storm lines (which incl rain, footing & trench drains; leach lines; and drywells). Note: A half bath is equivalent to a single bathroom. | | | |
| New 1 & 2 Family One Bathroom | | x \$91.20 | |
| New 1 & 2 Family Two Bathrooms | | x \$160.00 | |
| New 1 & 2 Family Three Bathrooms | | x \$192.60 | |
| Ea Additional Bathroom or Kitchen | | x \$47.60 | |
| 1 & 2 Family – Solar (when connected w/potable water) | | x \$47.60 | |
| Fire Sprinkler (____ sq ft) – Res. | | | See Reverse Side of Form |
| Site Utilities | | | |
| Catch basin or area drain | | x \$16.50 | |
| Drywell | | x \$16.50 | |
| Manholes | | x \$16.50 | |
| Mfd. Home Park Water & Sewer connections (per space) | | x \$47.60 | |
| Prefab Structures site insp. | | x \$47.60 | |
| Sanitary Sewer (# linear ft _____) | | | |
| 1 st 100' of line | | = \$47.60 | |
| Each add'l 100' or fraction thereof | | x \$26.25 | |
| Storm sewer or Rain Drain (incl French drains, leach lines) (# linear ft _____) | | | |
| 1 st 100' of line | | = \$47.60 | |
| Each add'l 100' or fraction thereof | | x \$26.25 | |
| Water service (# linear ft _____) | | | |
| 1 st 100' of line | | = \$47.60 | |
| Each add'l 100' or fraction thereof | | x \$26.25 | |
| (Work is: ___ Interior and/or ___ Exterior) | | | |
| Fixture or Item (New Multifamily/New Commercial/All Other Additions/Alterations/Repairs) | | | |
| Absorption valve | | x \$16.50 | |
| Backflow preventer (water) | | x \$16.50 | |
| Backflow valve (storm or sewer) | | x \$16.50 | |
| Clothes washer | | x \$16.50 | |
| Dishwasher | | x \$16.50 | |
| Drinking fountain | | x \$16.50 | |
| Ejectors/sump pump | | x \$16.50 | |
| Expansion tank | | x \$16.50 | |
| Fixture/sewer cap | | x \$16.50 | |
| Floor drain/floor sink/hub drain | | x \$16.50 | |
| Garbage disposal | | x \$16.50 | |

| | | | | |
|---|--|---|-----------|--|
| Hose bib | | x | \$16.50 | |
| Ice maker | | x | \$16.50 | |
| Interceptor/grease trap | | x | \$16.50 | |
| Medical gas installation | | | See Below | |
| Residential fire suppression | | | See Below | |
| Primer | | x | \$16.50 | |
| Roof Drain | | x | \$16.50 | |
| Sink/basin/lavatory | | x | \$16.50 | |
| Stormwater retention/detention tank/facility | | x | \$16.50 | |
| Tub/shower/shower pan | | x | \$16.50 | |
| Urinal | | x | \$16.50 | |
| Water closet | | x | \$16.50 | |
| Water heater (conventional) | | x | \$16.50 | |
| Water heater (alternate potable water heating system) | | x | \$16.50 | |
| Other fixture (be specific): _____ | | x | \$16.50 | |

| | |
|---|--|
| PLUMBING PERMIT FEES | |
| A) Permit Subtotal (from above checklist) | |
| B) Minimum Permit Fee (only of Line A is less than \$60 = \$60.00) | |
| C) Permit Total (A or B above) | |
| Investigation fee – working without permits (\$65/hr. w/1-hr. min.) | |
| Plan Review (25% of Permit Total = C x 0.25) | |
| State Surcharge (12% of Permit Total = C x 0.12) | |
| TOTAL PERMIT FEE | |

RESIDENTIAL FIRE SUPPRESSION (Plan review is required on all 1 & 2 Family Dwelling Fire Suppression Systems.)

Type of system being installed:

- 13D Multi-purpose Loop** – please complete the fee schedule below. Fees based on area of the home to be covered by the system.
- 13R Stand-alone systems** – are permitted under separate building permits. (However, a plumbing permit for a backflow prevention device is required when connected to the potable water supply.)

| Total sq. ft. | Permit Fee | Total |
|----------------|------------|-------|
| 0 to 2,000 | \$200.00 | |
| 2,001 to 3,600 | \$250.00 | |
| 3,601 to 7,200 | \$325.00 | |
| over 7,200 | \$410.00 | |

| | |
|---|--|
| Fire Suppression Fees | |
| A) Permit Subtotal (total from above checklist) | |
| Investigation fee – working w/o permits (\$65/hr. w/1 hr. min.) | |
| Plumbing Plan Review (25% of permit subtotal = A x 0.25) | |
| State Surcharge (12% of permit subtotal = A x 0.12) | |
| TOTAL PERMIT FEE | |

COMMERCIAL PLAN REVIEW REQUIREMENTS (Three (3) sets of plans must be submitted & plan review fees paid if any boxes below are checked. (Please check all that apply):

| |
|--|
| <input type="checkbox"/> Medical gas & vacuum system for healthcare facility |
| <input type="checkbox"/> Chemical drainage waste & vent system |
| <input type="checkbox"/> Sewer wastewater pretreatment |
| <input type="checkbox"/> Vacuum drainage waste & vent system |
| <input type="checkbox"/> Commercial potable water pressure booster pump system |
| <input type="checkbox"/> Water service line with interior diameter of 2 inches or larger |
| Exception: those 2-inch systems which have been designed & stamped by a licensed engineer. |
| <input type="checkbox"/> Residential multi-purpose or continuous loop fire suppression system (see note below for stand-alone systems) |
| <input type="checkbox"/> grease trap / interceptor |

MEDICAL GAS INSTALLATIONS:

Permit fees are based on the value of the work performed. Indicate the value (rounded up to the nearest **thousand**) of all equipment, materials & labor for the work indicated on this application:

| Valuation: | | | |
|----------------------|----------------------------------|---|-------|
| Total Valuation | Permit Fee | Each Add'l | Total |
| \$0 - \$500 | \$13.00 | - | |
| \$501 - \$2,000 | \$13.00 for the first \$500 | + \$1.95 ea. Add'l \$100 or fraction thereof to & including \$2,000 | |
| \$2,001 - \$25,000 | \$42.25 for the first \$2,000 | + 7.80 for ea. Add'l \$1,000 or fraction thereof to & including \$25,000 | |
| \$25,001 - \$50,000 | \$221.65 for the first \$25,000 | + \$5.85 for ea. Add'l \$1,000 or fraction thereof to & including \$50,000 | |
| \$50,001 - \$100,000 | \$367.90 for the first \$50,000 | + \$3.90 for ea. Add'l \$1,000 or fraction thereof to & including \$100,000 | |
| \$100,001 & up | \$562.90 for the first \$100,000 | + \$3.25 for ea. Add'l \$1,000 or fraction thereof | |

| | |
|---|---------|
| Medical Gas Fees | |
| A) Permit Subtotal (total from above checklist) | |
| B) Minimum permit fee (only if A is less than \$40) | \$60.00 |
| Investigation fee – working without permits (\$65/hr. w/1 hr. min.) | |
| Plumbing Plan Review (25% of permit subtotal = A x 0.25) | |
| State Surcharge (12% of permit subtotal = A x 0.12) | |
| Re-inspection fee \$65.00 | |
| TOTAL PERMIT FEE | |

Note: This permit becomes null & void if work authorized is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

Copyright Release: I hereby grant permission to the City of Newport to replicate, scan and post to the internet, in whole or part, drawings & all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities and members of the general public.

By attaching a signature, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form. I agree: _____

Authorized/Owner Signature: _____

Print Name: _____

Date: _____