



CITY OF HERMISTON
 Building Department
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 Hermiston, OR 97838
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Where Life is Sweet

PLUMBING PERMIT APPLICATION

DEPARTMENT USE ONLY	
Permit No:	
Date Issued:	By:

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:		
This installation is being made on residential of farm property owned by me or a member of my immediate family.		
Signature:		
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	
New Residential				
1 bathroom/ 1 kitchen		\$ 191.00		
2 bathrooms/ 1 kitchen		\$ 251.00		
3 bathrooms/ 1 kitchen		\$ 311.00		
Each additional bathroom or kitchen		\$ 60.00		
<i>New residential items above include hose bibs, ice maker, sink & dishwasher and first 100 ft. of water and sanitary sewer lines. Add each additional 100 ft or fraction thereof, under site utilities below.</i>				
Site Utilities				
Mfg dwelling or pre fab (new or beyond 30 ft) connection to building water and sewer		\$ 28.00		
Sanitary sewer, first 100ft. or fraction thereof		\$ 28.00		
Each additional 100ft. or fraction thereof		\$ 22.00		
Water service, first 100ft or fraction thereof		\$ 28.00		
Each additional 100ft. or fraction thereof		\$ 20.00		
Fixture or item				
(New Multi-family/New Commercial/ All other Additions/ Alterations/ Repairs				
	Residential Fee		Commercial Fee	
	Qty	Fee	Qty	Fee
Backflow preventer		\$ 40.00		\$ 46.00
Clothes washer		\$ 15.00		\$ 20.00
Dishwasher		\$ 15.00		\$ 20.00
Drinking fountain				\$ 20.00
Ejectors/sump pump		\$ 15.00		\$ 46.00
Expansion tank		\$ 15.00		\$ 46.00
Floor drain/floor sink/hub drain		\$ 15.00		\$ 20.00
Garbage disposal		\$ 15.00		\$ 20.00
Hose bib		\$ 15.00		\$ 20.00
Ice maker		\$ 15.00		\$ 20.00
Sink/basin/lavatory		\$ 15.00		\$ 20.00
Tub/shower/shower pan		\$ 15.00		\$ 20.00
Urinal		\$ 15.00		\$ 20.00
Water closet		\$ 15.00		\$ 20.00
Water Heater		\$ 15.00		\$ 20.00
Other fixture be specific		\$ 15.00		\$ 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 Residential min. fee \$ 40.00 Commercial min. fee \$ 60.00		\$
B) 12% Surcharge (.12 X A)		\$
C) 25% Plan review, if required (.25 x A)		\$
TOTAL fees and surcharge (A through C)		\$

CREDIT CARD INFORMATION

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	Amount: \$
Credit card number:	
Exp:	CCV:
Name of cardholder:	
Cardholder Signature:	