



PLUMBING PERMIT APPLICATION

Community Development ~ Building Division
333 Broadalbin ST SW / Albany, OR 97321
(541) 917-7553 Fax (541) 917-7598

Applications may be obtained online at:

www.cityofalbany.net/comdev/building/permits.php

Job Site Information & Location: (Where the work is taking place)

Job Site Address: _____

Suite #: _____ Business Name: _____

Property Owner:

Owner Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Applicant / Contact Information: (Permit owner)

Name of Applicant: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

E-mail: _____

Contractor Information:

Name of Contractor: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Oregon CCB # (required): _____

Plumbing License #: _____

Project Description:

To be completed by Applicant: JOB INFORMATION

Type of Construction: (CHECK ONE)
<input type="checkbox"/> Commercial
Will the work impact an accessible route? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Manufactured Dwelling
<input type="checkbox"/> Multi-Family (3 or more units)
<input type="checkbox"/> 1 & 2 Family
<input type="checkbox"/> Boring or <input type="checkbox"/> Digging of Pipe?

Work Type: (CHECK ONE)
<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> Addition
<input type="checkbox"/> Alteration
<input type="checkbox"/> New
<input type="checkbox"/> Repair
<input type="checkbox"/> Residential Fire System
<input type="checkbox"/> Backflow Device Only

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

Applicant Signature: _____

Print Name: _____ **Date:** _____

COMMERCIAL PLAN REVIEW REQUIREMENTS: See Reverse Side of Form

Office Use Only
Permit #: _____

FEE SCHEDULE			
Description	Qty	Each	Total
New 1 & 2-Family Dwellings:			
Fee includes 100 feet of water and sewer service, hose bibbs, icemakers, underfloor low-point drains and rain drain packages that include the piping, gutters, downspouts and perimeter system. Note: A "half" bath is equivalent to a single bathroom.			
New Single Family One Bathroom/Kitchen	x	\$313.00	
New Single Family Two Bathrooms/Kitchen	x	\$363.00	
New Single Family Three Bathrooms/Kitchen	x	\$413.00	
Each Additional Bathroom or Kitchen	x	\$50.00	
Fire Sprinkler (_____ sq ft) – Residential	See Reverse Side of Form		
Backflow Permits:			
Backflow preventer only (water)	x	\$50.00	
Backwater valve only (storm or sewer)	x	\$50.00	
Fixture or Item*: * Excludes NEW 1 & 2 Dwelling (see above)			
Base Permit Fee:	1	x	\$50.00
Plus + per fixture or item. Absorption valve, clothes washer, dishwasher, drinking fountain, ejectors/ sump, expansion tank, floor drain/sink/ hub, garbage disposal, hose bibb, ice-maker, primer, sewer cap, sink/basin/ lavatory, tub/shower/shower pan, water closet, water heater (new/replacement), other fixtures or items not named.	x	\$10.00	
Medical Gas Installations	See Reverse Side of Form		
Manufactured Home Space	x	\$28.00	
Sewer:			
First 50 feet	x	\$33.00	
Each additional 100 feet or portion	x	\$28.00	
Water Service:			
First 50 feet	x	\$33.00	
Each additional 100 feet or portion	x	\$28.00	
Storm and Rain Drain:			
First 50 feet	x	\$33.00	
Each additional 100 feet or portion	x	\$28.00	
PLUMBING PERMIT FEES:			
Subtotal			
Plan Review: When required or requested	Subtotal x .25		
State surcharge	Subtotal x .12		
Document Imaging	# of pages x \$1.00		
TOTAL PERMIT FEE			

NOTICE:
 PERMITS BECOME VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

Commercial Plan Review Requirements:

Plan Review (if yes to any, plan review is 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? (See note below for Stand Alone Systems)

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

Note: Check with Public Works for additional requirements.

Residential Fire Suppression

Multi-purpose Loop (13D) fire suppression systems (fees based on area of the home to be covered by the system)

Total Square Feet	Permit Fee	Total
0 to 2,000	\$200.00	
2,001 to 3,600	\$250.00	
3,601 to 7,200	\$325.00	
7,200 SF +	\$410.00	
	Subtotal	
Plumbing Plan Review	Subtotal x .25	
State Surcharge	Subtotal x .12	
Document Imaging Fee	\$1.00 per page	
	TOTAL PERMIT FEE	

Note: Standalone systems are permitted under separate building permits. However, a plumbing permit for a backflow prevention device (in the event of connectivity to a potable water supply) is required.

Plan review is required on all 1 & 2 Family Dwelling Fire Suppression Systems.

WIRSBO system requires a licensed plumber to perform the work.

Medical Gas Installations

Valuation: _____

Total Valuation	Permit Fee	Total
\$0 to \$25,000	\$50.00* for the first \$2,000 Plus+ \$7.40 for each additional \$1,000 or fraction	\$50.00 + _____ x \$7.40
\$25,001 to \$50,000	\$220.00 for the first \$25,000 Plus+ \$5.50 for each additional \$1,000 or fraction	\$220.00 + _____ x \$5.50
\$50,001 to \$100,000	\$360.00 for the first \$50,000 Plus+ \$4.30 for each additional \$1,000 or fraction	\$360.00 + _____ x \$4.30
\$100,001 and up	\$575.00 for the first \$100,000 Plus+ \$3.20 for each additional \$1,000 or fraction	\$575.00 + _____ x \$3.20
Medical Gas Fees:		
	Subtotal	
Plumbing Plan Review	25% of the subtotal	Subtotal x .25
State Surcharge	12% of the subtotal	Subtotal x .12
Document Imaging Fee	\$1.00 per page	# pages x \$1.00
	TOTAL PERMIT FEE	

Fees are based on the value of the installation.

*Maximum of one inspection.

Plan review is required on all medical gas installations.