



# PLUMBING PERMIT APPLICATION

Community Development – Building Division  
 333 Broadalbin Street SW • Albany, OR 97321  
 (541) 917-7553

[cd.customerservice@cityofalbany.net](mailto:cd.customerservice@cityofalbany.net)

Permits may be obtained online at:

[www.cityofalbany.net/forms](http://www.cityofalbany.net/forms)

**Job Site Information and 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 Company Information:**

Name of Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Oregon CCB # (required): \_\_\_\_\_

Plumbing Business License #: \_\_\_\_\_

Plumbing License or Certification #: \_\_\_\_\_

**Project Description:**

\_\_\_\_\_  
 \_\_\_\_\_

Type of Work: • REQUIRED •	
<input type="checkbox"/> Commercial	<i>Does your project include:</i> <input type="checkbox"/> Sewer <input type="checkbox"/> Water <input type="checkbox"/> Storm <input type="checkbox"/> No  Are you abandoning a septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Residential (1 and 2 Family)	
<input type="checkbox"/> Residential Fire System	
<input type="checkbox"/> Industrial	
<input type="checkbox"/> Institutional	
<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.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

FEE SCHEDULE			
Description	Qty.	Each	Sum
<b>New 1- and 2-family Dwellings:</b> Fee includes 100 feet of water and sewer service, hose bibs, icemakers, under floor 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 \$400.00	
New Single Family Three Bathrooms/Kitchen		x \$500.00	
Each Additional Bathroom or Kitchen		x \$ 75.00	
Fire Sprinkler (_____ sq ft) – Residential		See reverse side of form.	
<b>Fixture Fee</b>			
Backflow preventer only (water)		x \$ 19.00	
Backwater valve only (storm or sewer)		x \$ 19.00	
<i>Per fixture or item.</i> Absorption valve, clothes washer, dishwasher, drinking fountain, ejectors/sump, expansion tank, floor drain/sink/hub, garbage disposal, hose bibb, icemaker, primer, sewer cap, sink/basin/lavatory, tub/shower/shower pan, water closet, water heater (new/replacement), other fixtures or items not named.		x \$ 19.00	
<b>Fixture Fee Subtotal</b>			
Medical Gas Installations		See Reverse Side of Form	
Manufactured Home Space		x \$ 72.00	
<b>Sewer:</b>			
First 100 feet		x \$100.00	
Each additional 100 feet or portion		x \$ 35.00	
<b>Water Service:</b>			
First 100 feet		x \$100.00	
Each additional 100 feet or portion		x \$ 35.00	
<b>Storm and Rain Drain:</b>			
First 100 feet		x \$100.00	
Each additional 100 feet or portion		x \$ 35.00	
<b>PLUMBING PERMIT FEES:</b>			
Subtotal			
<b>Minimum Permit Fee \$72.00</b>			
Plan Review: (When required or requested 40% of subtotal)	Subtotal	x \$ .40	
State surcharge, 12% of subtotal (Required)	Subtotal	x \$ .12	
Document Imaging Fee, \$1.00 per page (Required)	# of pages	x \$1.00	
<b>TOTAL PERMIT FEE</b>			
<b>NOTICE:</b> PERMITS BECOME VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITH 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.			
<b>COMMERCIAL PLAN REVIEW REQUIREMENTS:</b> See reverse side of form.			

# Commercial/Industrial Plan Review Requirements

(If yes to any, plan review is required.)

**Yes / No**

- /  Medical gas and vacuum system for healthcare facility
- /  Chemical drainage waste and vent system
- /  Use/produce/sell hazardous chemicals or petroleum products
- /  Prepares and/or serves food and/or drink
- /  Grease retention device – size \_\_\_\_\_ Gallons/GPM/Lbs (choose one)
- /  Oil/Water Separator \_\_\_\_\_ Gallons
- /  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)

**If you answered yes to any of the above questions, review fees must be paid and:**

One set of construction plans and specifications must be made available electronically to be used for electronic plan review **OR**

Three sets of paper plans and specifications must be submitted

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		<p><b>Note:</b> Standalone systems are permitted under separate building permits. However, a plumbing permit for a back flow prevention device (in the event of connectivity to a potable water supply) is required.</p> <p>Plan review is required on all 1 &amp; 2 Family Dwelling Fire Suppression Systems.</p> <p>WIRSBO system requires a licensed plumber to perform the work.</p>
2,001 to 3,600	\$250.00		
3,601 to 7,200	\$325.00		
7,201 plus	\$410.00		
<b>Subtotal</b>			
State surcharge, 12% of subtotal (Required)	Subtotal × \$ .12		
Document Imaging Fee, \$1.00 per page (Required)	# of pages × \$1.00		
<b>TOTAL PERMIT FEE</b>			

## Medical Gas Installations – Plan Review Required

Maximum one inspection

**Valuation:** \_\_\_\_\_

Total Valuation	Permit Fee	Total	
\$0 to \$5,000	\$100.00	\$ 100.00	
\$5,001 to \$10,000	\$100.00 + \$1.50 for each additional \$100.00 or fraction thereof over \$5,000	\$ 100.00 + _____ × \$ 1.50	
\$10,001 to \$100,000	\$175.00 + \$10.20 for each additional \$1,000 or fraction thereof over \$10,000	\$ 175.00 + _____ × \$10.20	
\$100,001 and more	\$1,195.00 + \$7.00 for each additional \$1,000 or fraction thereof over \$100,000	\$1,195.00 + _____ × \$ 7.00	
<b>Medical Gas Fees:</b>			
			<b>Subtotal</b>
Plumbing Plan Review	40% of the subtotal	Subtotal × \$ .40	
State Surcharge	12% of the subtotal	Subtotal × \$ .12	
Document Imaging Fee	\$1.00 per page	# pages × \$1.00	
Fees are based on value of installation.			<b>TOTAL PERMIT FEE</b>