



# City of Ashland

Building Safety Department

Address: 51 Winburn Way, Ashland OR 97520

Phone: 541-488-5305 Fax: 541-488-6006

Web: [www.ashland.or.us](http://www.ashland.or.us)

## PLUMBING PERMIT APPLICATION

Permit #: BD -

Date:

**This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

LOCAL GOVERNMENT APPROVAL		
Zoning approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sanitation approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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:
Subdivision:	Lot no.:	
DESCRIPTION OF WORK		
PROPERTY OWNER		
Name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
This property owner 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:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
CCB license no.:	BCD license no.:	
City of Ashland license no.:		
Print name:		
Signature:		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Phone: - -		/
Credit card number		Expiration
Name of cardholder as shown on credit card		\$
Cardholder signature		Amount

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total cost
<b>New residential</b>			
1 bathroom/1 kitchen (includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages)		\$285	\$
2 bathrooms/1 kitchen		\$345	\$
3 bathrooms/1 kitchen		\$405	\$
Each additional bathroom (over 3)		\$45	\$
Each additional kitchen (over 1)		\$45	\$
Remodel/alteration (minimum fee)		\$40	\$
Each fixture, appurtenance, and piping		\$15	\$
Storm water retention/detention facility		\$45	\$
Irrigation systems		\$15	\$
Piping or private storm drainage systems exceeding the first 100 feet		\$22	\$
<b>Residential fire sprinklers (includes plan review)</b>			
0 to 2,000 square feet		\$200	\$
2,001 to 3,600 square feet		\$263	\$
3,601 to 7,200 square feet		\$317	\$
7,201 square feet and greater		\$373	\$
<b>Manufactured dwelling or pre-fab (circle one)</b>			
Connections to building sewer and water supply - greater than 30 feet		\$50	\$
<b>RV and manufactured dwelling parks</b>			
Base fee (including the first 10 or fewer spaces)		\$150	\$
Each additional 10 spaces		\$100	\$
<b>Commercial, industrial, and dwellings other than one- or two-family; Graywater Systems</b>			
Minimum fee		\$40	\$
Each fixture		\$15	\$
Piping (based on number of feet)		\$N/A	\$
<b>Miscellaneous fees</b>			
Specialty fixtures		\$15	\$
Reinspection (no. of hrs. x fee per hr.)		\$50	\$
Special requested inspections (no. of hrs. x fee per hr.)		\$65	\$
Fee assessed for technical services, when requested by another government entity, ORS 190		\$	\$
<b>Medical gas piping</b>	Minimum fee	\$50	
Enter value of installation and equipment \$ _____.			
Enter fee based on Plumbing Fee Schedule			\$
APPLICANT USE			
(A) Enter subtotal of above fees	\$		
(B) Investigative fee (equal to [A])	\$		
(C) Enter 12% surcharge (.12 x [A+B])	\$		
(D) Plan review ( % of [A])	\$		
<b>TOTAL fees and surcharges (A through D):</b>	\$		