



# 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)		\$400	\$
2 bathrooms/1 kitchen		\$500	\$
3 bathrooms/1 kitchen		\$575	\$
Each additional bathroom (over 3)		\$50	\$
Each additional kitchen (over 1)		\$50	\$
Remodel/alteration (minimum fee)		\$75	\$
Each fixture, appurtenance, and piping		\$20	\$
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		\$250	\$
3,601 to 7,200 square feet		\$350	\$
7,201 square feet and greater		\$450	\$
<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		\$75	\$
Each fixture		\$40	\$
Piping (based on number of feet)		\$0.75	\$
<b>Miscellaneous fees</b>			
Specialty fixtures		\$40	\$
Reinspection (no. of hrs. x fee per hr.)		\$90	\$
Special requested inspections (no. of hrs. x fee per hr.)		\$90	\$
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>		\$	



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Phone (541) 488-5305 • Fax (541) 488-6066

Email: [Building@ashland.or.us](mailto:Building@ashland.or.us)

**Sewage Backflow Acknowledgement**

It shall be the applicant's responsibility to verify if the drainage of any plumbing fixtures are located below the next upstream manhole or below the main sewer level. Where fixture openings are below the next upstream manhole or below the main sewer level, backflow preventers shall be installed in accordance with 710.1 of the current Oregon Plumbing Specialty Code (OPSC). Failure to install such device could result in crawl spaces and homes filling with sewage when main sewer systems are backed up. By signing this form you acknowledge this requirement and the risk that comes with failing to install such device when required.

Site Address: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_