



PLUMBING PERMIT APPLICATION

Community Development – Building Division
 333 Broadalbin Street SW • Albany, OR 97321
 (541) 917-7553 • Fax (541) 917-7598
permits@cityofalbany.net

Permits may be obtained online at:

<http://www.cityofalbany.net/aca>

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	Does your project include: <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: _____

Office Use Only:
Permit #: _____

FEE SCHEDULE			
Description	Qty.	Each	Sum
New 1- and 2-family Dwellings: 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.	
Fixture Fee			
Backflow preventer only (water)		x \$ 19.00	
Backwater valve only (storm or sewer)		x \$ 19.00	
Per fixture or item. 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	
Fixture Fee Subtotal			
Medical Gas Installations		See Reverse Side of Form	
Manufactured Home Space		x \$ 72.00	
Sewer:			
First 100 feet		x \$100.00	
Each additional 100 feet or portion		x \$ 35.00	
Water Service:			
First 100 feet		x \$100.00	
Each additional 100 feet or portion		x \$ 35.00	
Storm and Rain Drain:			
First 100 feet		x \$100.00	
Each additional 100 feet or portion		x \$ 35.00	
PLUMBING PERMIT FEES:			
			Subtotal
Minimum Permit Fee \$72.00			
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	
TOTAL PERMIT FEE			
NOTICE: 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.			
COMMERCIAL PLAN REVIEW REQUIREMENTS: 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>Note: 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 & 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		
Subtotal			
State surcharge, 12% of subtotal (Required)	Subtotal × \$.12		
Document Imaging Fee, \$1.00 per page (Required)	# of pages × \$1.00		
TOTAL PERMIT FEE			

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	
Medical Gas Fees:			
			Subtotal
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.			TOTAL PERMIT FEE