

Plumbing Permit Application

City of Cornelius
 By City of Forest Grove
 1924 Council Street/P.O. Box 326
 Forest Grove, OR 97116
 Phone 503-992-3229 Fax 503-992-3202
Inspection Request Line 503-992-3206

Date Received:	Permit No.:
Issue Date :	Receipt No.:
Land Use Approval:	Permit Expiration:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. No.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
	PB Lic No.
CCB Lic No.:	City/Metro Business Lic. No.:
Authorized Signature:	
Print name:	Date:

FEE SCHEDULE			
<i>For special information use checklist.</i>			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		239.50	
SFR (2) bath		316.75	
SFR (3) bath		386.25	
Each additional bath/kitchen		41.72	
Fire sprinkler (_____ sq. ft.)			
Site Utilities * Up to 100 Feet			
Catch basin/area drain		13.90	
Dry well, leach line or trench drain		13.90	
Footing Drain (no. linear ft.: _____)*		46.35	
Manufactured Dwelling/Prefab Utilities			
Manholes		13.90	
Rain drain connector		13.90	
Sanitary sewer (no. linear ft.: _____)*		46.35	
Storm sewer (no. linear ft.: _____)*		46.35	
Water service (no. linear ft.: _____)*		46.35	
Fixture or item			
Absorption valve		13.90	
Backflow preventer		13.90	
Backwater valve		13.90	
Clothes washer		13.90	
Dishwasher		13.90	
Drinking fountain		13.90	
Ejectors/sump		13.90	
Expansion tank		13.90	
Fixture/sewer cap		13.90	
Floor drain/floor sink/hub		13.90	
Garbage disposal		13.90	
Hose bib		13.90	
Ice maker		13.90	
Interceptor/grease trap		13.90	
Medical Gas (value\$ _____)			
Primer		13.90	
Roof drain (commercial)		13.90	
Sink/basin/lavatory		13.90	
Tub/shower/shower pan		13.90	
Urinal		13.90	
Water closet		13.90	
Water heater		13.90	
Other:		13.90	
Other:		13.90	
Subtotal			
Minimum Permit			\$27.30
Plan Review (_____% of permit fee)			
State Surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

This permit is issued under OAR 918-780-0060. Permits are issued only to the person or contractor doing the work. This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Permits expire if work is not started within 181 days of issuance or if work is suspended for 180 days.