

Plumbing Permit Application

Community Development Department-Building Division

305 Main Street, Klamath Falls, OR 97601 Phone: (541) 883-5121 #1 | Fax: (541) 885-3644

Web: www.klamathcounty.org

To apply online go to: https://aca.oregon.accela.com/oregon/

TYPE OF WORK					
☐ New construction	☐ Demolition				
Addition/alteration/replacement	Other:				
CATEGORY OF CONS	CATEGORY OF CONSTRUCTION				
☐ 1- and 2-family dwelling ☐ Commercial/industrial					
Accessory building	☐ Multi-family				
☐ Master builder	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 O	F WORK				
PROPERTY OWNER	TENANT				
PROPERTY OWNER Name:	TENANT				
	TENANT				
Name:	TENANT				
Name: Address:	TENANT Fax: ()				
Name: Address: City/State/ZIP:					
Name: Address: City/State/ZIP: Phone: ()	Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT	Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name:	Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name:	Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address:	Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address: City/State/ZIP:	Fax: () CONTACT PERSON				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: ()	Fax: () CONTACT PERSON Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: () E-mail:	Fax: () CONTACT PERSON Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: () E-mail: CONTRACTO	Fax: () CONTACT PERSON Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: () E-mail: CONTRACTO Business name:	Fax: () CONTACT PERSON Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: () E-mail: CONTRACTO Business name: Address:	Fax: () CONTACT PERSON Fax: ()				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: () E-mail: CONTRACTO Business name: Address: City/State/ZIP:	Fax: () CONTACT PERSON Fax: () DR				
Name: Address: City/State/ZIP: Phone: () APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: () E-mail: CONTRACTO Business name: Address: City/State/ZIP: Phone: () E-mail:	Fax: () CONTACT PERSON Fax: () Fax: ()				

OFFICE USE ONLY			
Permit No:			
Received By:	Approved By:		

FEE* SCHE	DULE	
Description	Qty. Ea.	Total
New 1- 2-family dwellings (includes 1	00 ft. for each utility c	onnection)
Single family dwelling (1)bath/kitchen	382.00	
Single family dwelling (2)bath/kitchen	469.00	
Single family dwelling (3)bath/kitchen	557.00	
Each additional bath/kitchen	86.00	
Fire sprinkler (sq. ft.) see back	See back	
Sanitary sewer (no. linear ft.:) *	43.00	
Storm sewer (no. linear ft.:) *	43.00	
Water service (no. linear ft.:) *	43.00	
*Please list Total footage for each		
connection is an additional \$43.00 Site utilities – Commercial / Multi-Fa		
Sanitary sewer (no. linear ft.:)	See back	40000
Storm sewer (no. linear ft.:)	See back	
Water service (no. linear ft.:	See back	
Footing drain (no. linear ft.:)	See back	
Drywell, leach line, or trench drain	28.66	
Rain drain connector	28.66	
Fixture or item – Commercial / Mult		onstruction
Absorption valve	28.66	onstruction
	28.66	
Backflow preventer Catch basin or area drain		
	28.66	
Clothes washer	28.66	
Dishwasher	28.66	
Drinking fountain	28.66	
Ejectors/sump pump	28.66	
Expansion tank	28.66	
Fixture cap	28.66	
Floor drain/floor sink/hub drain	28.66	
Garbage disposal	28.66	
Hose bib	28.66	
Ice maker	28.66	
Interceptor/grease trap	28.66	
Medical gas (value: \$)	See back	
Primer	28.66	
Roof drain (commercial)	28.66	
Sink/basin/lavatory	28.66	
Tub/shower/shower pan	28.66	
Urinal	28.66	
Water closet	28.66	
Water heater	28.66	
Other:	28.66	
Reinspection fee	86.00	
	Subtotal	\$
Permit (1	minimum \$86.00):	\$
(When required) Plan review (25%	6 of permit fee):	\$
State surcharge (1	2% of permit fee):	\$
TOTA	AL PERMIT FEE	\$

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

PLUMBING PERMIT FEES					
Medical Gas Permit:					
Medical Gas / Vacuum Valuation	Fee				
\$1 - \$2,000	\$86				
\$2,001- \$25,000	\$86 for the first \$2,000	\$86 for the first \$2,000+ \$10.70 for each additional \$1,000, or fraction thereof, to and including \$25,000			
\$25,001 - \$50,000	\$332.10 for the first \$25,000 + \$8.00 for each additional \$1,000 or fraction thereof, to and including \$50,000				
\$50,001 - \$100,000	\$532.10 for the first \$50	\$532.10 for the first \$50,000 + \$6.00 for each additional \$1,000 or fraction thereof, to and including \$100,000			
\$100,001 and up	\$832.10 for the first \$100,000 + \$4.85 for each additional \$1,000 or fraction thereof				
Residential Fire Sprinkler System (NFI	A 13-D):				
Project Size	Fee	Project Size	Fee		
1-2,000 square feet	\$86	3,601 – 7,200 square feet	\$176		
2,001 – 3,600 square feet	\$129	7,201 square feet or greater	\$205		
Plan Review:	Plan review fee shall be	25% the plumbing permit fee.			
Reinspection or Investigation:	\$86 / hour with 1 hour minimum.				
Work commencing w/o permit:	Fee equal to permit fee in addition to the required permit fees.				
Inspection or plan review outside of	\$129/ hour with 2 hour minimum.				
normal hours or scope:					

	PLUMBING Plan Review Requirements		
	all that apply by checking Yes or No below. Plumbing Plan Review is required for any Yes answer(s). Provide two complete sets of plans, eture cut-sheets, specifications and calculations:		
Yes / No	Medical gas and vacuum system for healthcare or dental facility? Chemical drainage waste and vent system? (Grease pretreatment systems do not apply.) 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?		

Plumbing Worksheet							
*New Single Family Dwelling				*Multi-Family/Commercial/Existing Residential			
Fixture or Item:	Qty:	Total		Fixture or Item:	Qty:	Total	
Utility Connections: First 100 ft. included in bath/kitchen price- eac additional 100 ft. \$43.00				Utility Connections: First 100 f 100 ft. \$43.00	t. \$86.00 - each additional		
Sanitary Sewer - first 100 ft.	Ea. additional 100 ft.			Sanitary Sewer - first 100 ft.	Ea. additional 100 ft.		
Water Service – first 100 ft.	Ea. additional 100 ft.			Water Service – first 100 ft.	Ea. additional 100 ft.		
Storm Drain – first 100 ft.	Ea. additional 100 ft.			Storm Drain – first 100 ft.	Ea. additional 100 ft.		
	<u>. </u>	•			<u> </u>	•	

For More Information

 $For \ additional \ general \ information, \ please \ visit \ the \ Oregon \ State \ Building \ Codes \ Division \ website \ at: \ \underline{www.bcd.oregon.gov}$

To apply online go to: https://aca.oregon.accela.com/oregon/