PLUMBING Permit Application

Malheur County Building Department

14 South 3rd St. / P.O. Box 2783

Nyssa, OR. 97913

Phone: 541-372-5460 Fax 541-372-5465

Email: BuildingDepartment@bldgmalheurco.org

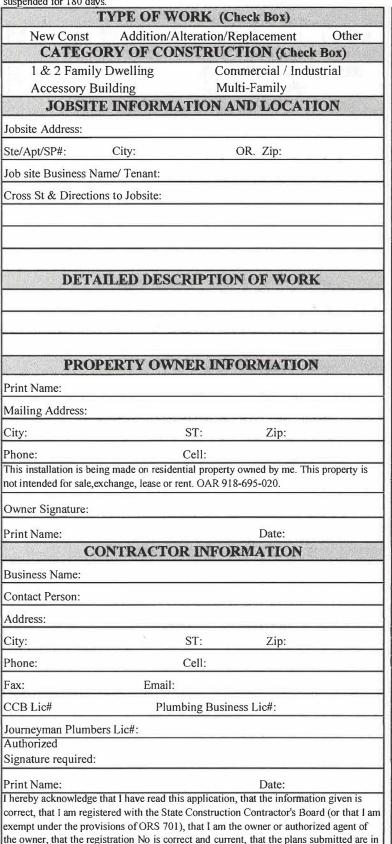
This permit is issued under OAR 918-780-0060. Permits are nontransferable. Permits exp

App Rec'd:

DEPARTMENT USE ONLY Date

suspended for 180 days

compliance with state law.





FEE SCHEDULE			
Description	Qty.C	ost Ea	Total Cos
(1) Residential- One & Two Family Dw	elling		
(New) 1 & 2 Family Dwelling (includes 1st 1	00' of wa	ater/sewe	r lines)
l bathroom / 1 kitchen (new const)		\$260.00	
2 bathroom / 1 kitchen (new const)		360.00	
3 bathroom / 1 kitchen (new const)		\$460.00	
Each Additional Bathroom over 3		\$100.00	
Remodel / Alteration (per fixture)		\$20.00	
(2)Commercial, Industrial, Dwellings o	ther tha	n 1 & 2	Family
3 fixtures or less (minimum)	9	\$120.00	-
Base Fee (includes 4-10 fixtures)	9	\$240.00	
11 or more fixtures (base fee + 20.00 per			
ixture)	1 1	\$20.00	
(3) Utility Piping			-
Water service linear ft1st 100'	+	\$55.00	
Each additional 100' or part thereof	+ +	\$30.00	-
Sewer service linear ft1st 100'	-	\$55.00	
Each additional 100' or part thereof	-	\$30.00	
Storm service linear ft1st 100'	-	\$55.00	
Each additional 100' or part thereof	+++	\$30.00	
Interceptor, Catch Basin, Manholes, roof leaders and/or overflow drains,(each)		\$40.00	
Storm sewer drywall, Leach bed (each)		\$60.00	
(4) RV and Manufactured Dwelling Pa	rks		
5 or fewer spaces (base fee)	1 9	5240.00	
6-19 spaces (base fee + cost per space)		\$45.00	
20 or more spaces(base fee + cost per space)		\$35.00	
(5) Medical Gas			
Enter Valuation of Installation & Equip (see fee schedule) \$			
Medical Gas (Minimum Fee)	1 19	300.00	
(6) Miscellaneous Fees			
Residential only Backflow device, water			
reatmt equip, waterheater (single insp) Reinspection and/or Special Inspection	+	\$55.00	
fee (no. of hrs. x fee per hr.)		\$65.00	
PERMIT FE	ES		
(A) Enter subtotal of above fees			
B) Minimum permit fee if (above subtotal	1		
is less than \$60.00)			\$60.00
(C) Investigave fee (equal to (AorB) if appli	cable)		
(D) Enter 12% surcharge (.12 x (A)(B)and/	or (C)		
(E) Plan review fee 30% (.30 x (A))			
Fotal Permit Fee (A)thru(D)&(E) if applic			