PLUMBING Permit Application

Malheur County Building Department

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

Nvssa, OR. 97913

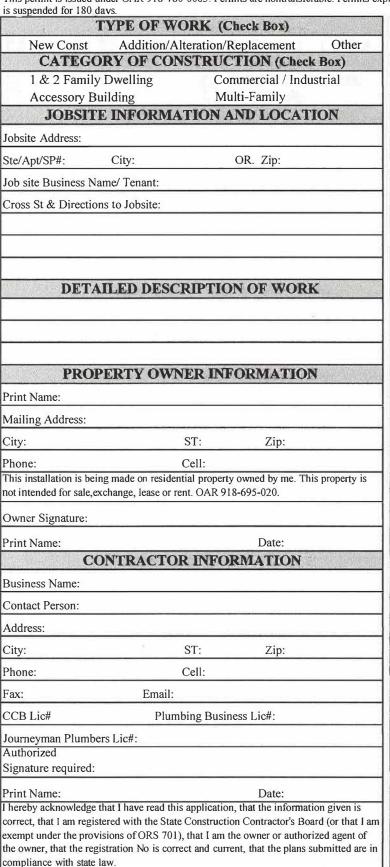
Phone: 541-372-5460 Fax 541-372-5465

Email: BuildingDepartment@bldgmalheurco.org

This permit is issued under OAR 918-780-0065. Permits are nontransferable. Permits expire if work is not commenced with 180 days of issuance or if work

App Rec'd:

DEPARTMENT USE ONLY Date





FEE SCHEDULE		
Description	Qty. Cost Ea	Total Cos
1) Residential- One & Two Family Dw	elling	
(New) 1 & 2 Family Dwelling (includes 1st 1	00' of water/sewe	er lines)
bathroom / 1 kitchen (new const)	\$260.00	
bathroom / 1 kitchen (new const)	\$360.00	
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 than 1 & 2	Family
fixtures or less (minimum)	\$120.00	
Base Fee (includes 4-10 fixtures)	\$240.00	
1 or more fixtures (base fee + 20.00 per		
ixture)	\$20.00	
3) Utility Piping		1
Vater 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	
nterceptor, Catch Basin, Manholes, roof		
eaders and/or overflow drains,(each)	\$40.00	3
Storm sewer drywall, Leach bed (each)	\$60.00	
4) RV and Manufactured Dwelling Pa	rks	
or fewer spaces (base fee)	\$240.00	
5-19 spaces (base fee + cost per space)	\$45.00	
0 or more spaces(base fee + cost per space)	\$35.00	
5) Medical Gas		
Enter Valuation of Installation & Equip		
see fee schedule) \$		
	\$300.00	
6) Miscellaneous Fees Residential only Backflow device, water	TT	
reatmt equip, waterheater (single insp)	\$55.00	
Reinspection and/or Special Inspection	0.000	
fee (no. of hrs. x fee per hr.)	\$65.00	TIVE STEELS
PERMIT FE	ES	
A) Enter subtotal of above fees		
B) Minimum permit fee <u>if</u> (above subtotal		M <0.00
s 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))		
Total Permit Fee (A)thru(D)&(E) if applic		