## PLUMBING Permit Application

## **Malheur County Building Department**

316 NE Goodfellow St. Suite 1

Ontario, OR 97914

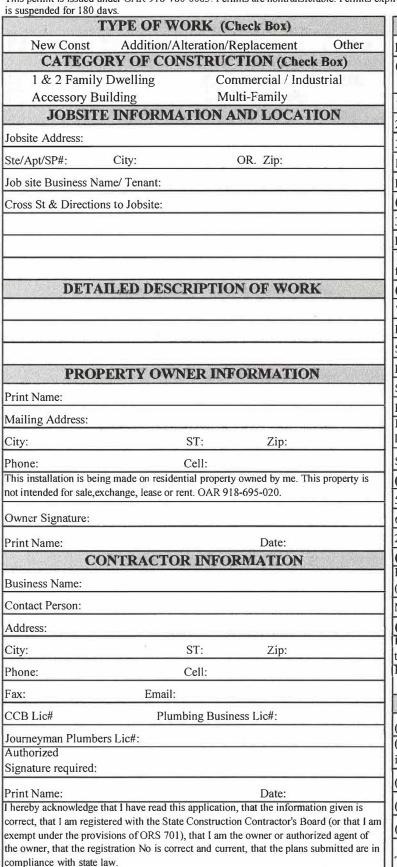
Phone: 541-372-5460 Fax 541-372-5465

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 E	a Total Cos
(1) Residential- One & Two Family Dw	elling	-
(New) 1 & 2 Family Dwelling (includes 1st 1	00' of water/se	wer lines)
I bathroom / 1 kitchen (new const)	\$260.0	0
2 bathroom / 1 kitchen (new const)	\$360.0	0
3 bathroom / 1 kitchen (new const)	\$460.0	0
Each Additional Bathroom over 3	\$100.0	0
Remodel / Alteration (per fixture)	\$20.0	
(2)Commercial, Industrial, Dwellings of		
3 fixtures or less (minimum)	\$120.0	
Base Fee (includes 4-10 fixtures)	\$240.0	+
11 or more fixtures (base fee + 20.00 per	1 10.0	1
fixture)	\$20.0	0
(3) Utility Piping		9
Water service linear ft1st 100'	\$55.0	0
Each additional 100' or part thereof	\$30.0	0
Sewer service linear ft1st 100'	\$55.0	0
Each additional 100' or part thereof	\$30.0	0
Storm service linear ft1st 100'	\$55.0	0
Each additional 100' or part thereof	\$30.0	0
Interceptor, Catch Basin, Manholes, roof		
leaders and/or overflow drains,(each)	\$40.0	0
Storm sewer drywall, Leach bed (each)	\$60.0	0
(4) RV and Manufactured Dwelling Par	rks	
5 or fewer spaces (base fee)	\$240.0	0
6-19 spaces (base fee + cost per space)	\$45.0	0
20 or more spaces(base fee + cost per space)	\$35.0	0
(5) Medical Gas		
Enter Valuation of Installation & Equip		
(see fee schedule) \$	<u> </u>	
Medical Gas (Minimum Fee)	\$300.0	0
(6) Miscellaneous Fees Residential only Backflow device, water	TT	
treatmt equip, waterheater ( single insp)	\$55.0	0
Reinspection and/or Special Inspection		
fee (no. of hrs. x fee per hr.)	\$65.0	0
PERMIT FE	ES	
(A) Enter subtotal of above fees		
(B) Minimum permit fee <u>if</u> (above subtotal		0.00.00
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/o	or (C)	24_ gr
(E) Plan review fee 30% (.30 x (A))		
Total Permit Fee (A)thru(D)&(E) if applications	able	(E)