



# Plumbing Permit Application

## City of Lafayette

PO Box 55, 486 3rd Street, Lafayette OR 97127

Phone (503) 864-2451; Fax (503) 864-4501

Internet address: [www.ci.lafayette.or.us](http://www.ci.lafayette.or.us)

Permit No. \_\_\_\_\_

Date Rcvd: \_\_\_\_\_ Date Issd: \_\_\_\_\_

PW: \_\_\_\_\_ Planning: \_\_\_\_\_

Building: \_\_\_\_\_ Issd By: \_\_\_\_\_

| TYPE OF WORK                              |   |
|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration / replacement |
| <input type="checkbox"/> Addition         | <input type="checkbox"/> Other:                   |
| CATEGORY OF CONSTRUCTION                  |   |
| <input type="checkbox"/> Residential      | <input type="checkbox"/> Commercial               |
| <input type="checkbox"/> Industrial       | <input type="checkbox"/> Municipal / 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:  |
| Signature:                                |   |
| <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:  |
| CCB lic:                                  |   |

| FEE SCHEDULE   |         |          |       |
|--|---------|----------|-------|
| Description  | Qty     | Cost Ea  | Total |
| <b>New Residential</b>   |         |          |       |
| 1,800 square feet or less  |         | \$210.00 |       |
| Each additional sq ft  |         | \$0.20   |       |
| Remodel/alteration (ea. 10 fixtures or less)                               |         | \$67.00  |       |
| <b>RV and Manufactured dwellings parks</b>                                 |         |          |       |
| Base Fee (including first 10 or fewer spaces)                              |         | \$320.00 |       |
| Each additional 10 spaces  |         | \$275.00 |       |
| <b>Commercial, industrial, dwellings other than 1- or 2-family</b>         |         |          |       |
| Base fee (includes up to 3 fixtures and first 100 feet for site utilities) |         | \$60.00  |       |
| Each fixture beyond the first 3  |         | \$20.00  |       |
| Site Utilities exceeding base fee, each 100 feet, or part thereof          |         | \$20.00  |       |
| <b>Miscellaneous Fees</b>  |         |          |       |
| Residential fire sprinkler   |         | \$46.00  |       |
| Indirect wastes  |         | \$46.00  |       |
| Specialty fixtures   |         | \$46.00  |       |
| Reinspection   |         | \$46.00  |       |
| Special requested inspection(s) per hour                                   |         | \$46.00  |       |
| Backflow prevention device   |         | \$46.00  |       |
| Misc. _____  |         |          |       |
| Misc. _____  |         |          |       |
| Misc. _____  |         |          |       |
| Total of above fees:   |         | \$ _____ |       |
| Water connection charge:   |         | \$ _____ |       |
| Sewer connection charge:   |         | \$ _____ |       |
| Additional meter charge:   |         | \$ _____ |       |
| State surcharge 8%:  |         | \$ _____ |       |
| Plan Review:   |         | \$ _____ |       |
| <b>Total fees and surcharges:</b>  |         | \$ _____ |       |
| Payment amt:   | Type:   |          |       |
| Date paid:   | Rcpt #: |          |       |
| Payment amt:   | Type:   |          |       |
| Date paid:   | Rcpt #: |          |       |

**This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. Permit expires if work is not started within 180 days of issuance or if work is suspended for 180 days.**

Authorized signature: \_\_\_\_\_

Print name: \_\_\_\_\_