

City of Umatilla

Building Division 700 6th St Umatilla, OR 97882 epermitting@umatilla-city.org (541) 922-3226 x114 Fax (541) 922-5758

WORK SITE LOCATION:

PARENI PERMIT	NUMBER: (Building)				
STREET ADDRESS OF WORK SITE:					
CATEGORY OF CO					
One/Two Family OM					
	i-Family OAccessory Structure				
TYPE OF WORK:	-D. I.flore Indianala				
○New ○Addition	•Backflow device only				
•Alteration/Repair					
of monutons respun	(requires plan review &				
I	separate permit				
PROJECT DESCRI	PTION:				
V-l-offer Dequined.					
Valuation Required:					
Commercial work rec	quiring plan review: check				
Commercial work rec all that apply	quiring plan review: check				
Commercial work rec all that apply					
Commercial work rec all that apply	uiring plan review: check				
Commercial work rec all that apply Medical gas and vacuum	yuiring plan review: check system for healthcare facility ste and vent system				
Commercial work rec all that apply Medical gas and vacuum Chemical drainage wa	guiring plan review: check system for healthcare facility ste and vent system e-treatment				
Commercial work rec all that apply Medical gas and vacuum Chemical drainage was Sewer wastewater pr Vacuum drainage was	guiring plan review: check system for healthcare facility ste and vent system e-treatment				
Commercial work rec all that apply Medical gas and vacuum Chemical drainage wa Sewer wastewater pr Vacuum drainage was Commercial potable w	quiring plan review: check system for healthcare facility iste and vent system e-treatment ite and vent system				
Commercial work rec all that apply Medical gas and vacuum Chemical drainage wa Sewer wastewater pr Vacuum drainage was Commercial potable w	guiring plan review: check system for healthcare facility aste and vent system e-treatment the and vent system rater pressure booster system				
Commercial work rec all that apply Medical gas and vacuum Chemical drainage wa Sewer wastewater pr Vacuum drainage was Commercial potable w Water service line with	guiring plan review: check system for healthcare facility aste and vent system e-treatment te and vent system rater pressure booster system interior diameter of 2 inches				
Commercial work rec all that apply Medical gas and vacuum Chemical drainage wa Sewer wastewater pr Vacuum drainage was Commercial potable w Water service line with or larger Grease trap/Intercepto	guiring plan review: check system for healthcare facility aste and vent system e-treatment te and vent system rater pressure booster system interior diameter of 2 inches				

PLUMBING PERMIT APPLICATION DEPARTMENT USE ONLY					
Permit No:					
Date Issued:	Bv:				
Date Issuedi	27.				

PEOPLE INFORMATION:

APPLICANT:		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
PROPERTY OWNER:		
Same as applicant? OYes	○No	
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
CONTRACTOR INSTAI	LATION	
Same as applicant? •Yes	∘No	
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
E-mail:		
CCB license no.:	Cit	y Lic No.:
Plumbing Business License Numb	er:	
Journeyman License Number:		
Landscape (LCB Number:		
REQUIRED DOCUMEN	TS FOR APP	LICATION
I have downloaded and revi Checklist (Initials):	ewed the plans	and documents
SUBMITTAL METHOD	FOR PLANS	AND DOCS
• Paper (2 copies)	Electronic	Not applicable

FEES:

Description			Qty	1	Each	1	Total	
New 1 & 2 Family dwellin	ngs - Includes 1	kitchen and up to 100' each o	f water	, sewe	r, and s	storm	lines	
(rain, footing, trench drains	s, leach lines, di							
Check the number	1 bathroom			\$210.0	0			
of bathrooms (A "half" bath equals	2 bathrooms		\$275.00		00			
a single bathroom)		3 bathrooms			\$325.00			
,	Number of additional bathrooms or kitchen			\$45.00)		
		Total						
Residential Fire Suppres				Each			Total	
Squ	are feet of area	to be covered by the system:		¢40	0.00			
		0 to 2000	0 \$142.00 0 \$177.00					
		2,001 to 3,600						
		3,601 to 7,200 Over 7,200						
Fixtures				-			mercial	
			Qty	Each	Total	Qty		 Total
Absorption valve			C-5	\$30.00		C ³	\$40.00	
Backflow preventer				\$45.00			\$50.00	
Backwater valve				\$45.00			\$50.00	
				\$45.00			\$20.00	
Catch basin or area drain				-			\$20.00	
Clothes washer				\$15.00				
Dishwasher				\$15.00			\$20.00	
Drinking fountain				\$15.00			\$20.00	
Ejectors/sump pump			\$15.00 \$15.00			\$50.00		
Expansion tank				\$15.00			\$50.00	
Check all that apply : OIce mal								
•Storm water retention/deten	•	0 1		\$15.00			\$20.00	
\circ Floor drain/floor sink/hub drain \circ Fixture cap \circ Tub/shower/shower pan			¢10100					
 ○Urinal ○Water closet ○Water heater ○Inceptor/grease trap Swimming pool piping 			\$45.00				\$50.00	
Manholes			\$15.00				\$50.00	
Alternate potable water heating system				\$15.00			\$50.00	
Other plumbing				\$15.00			\$50.00	
Site utilities				•••••		[+	
		Linear feet	Qty	Т	Cach		TOTAL	
Storm sewer (incl trench drains,	laash linas)	Linear leet	Qıy	r			IUIAL	1
storm sewer (mer trenen drams,	, leach filles)	1st 100' of line		\$2	30.00			
		Each additional 100' or fraction			25.00			
Sanitary sewer					.0.00			
		1st 100' of line		\$3	30.00			
		Each additional 100' or fraction			25.00			
Water service								
		1st 100' of line			30.00			
		Each additional 100' or fraction		\$2	25.00			
Manufactured home utilities (be	eyond 30')				0.00			
		1st 100' of line			30.00			
		Each additional 100' or fraction		\$2	25.00			

Total Site Utilities Medical Gas Installation-Commercial (Fees are based on the value of the work performed.)

Valuation (The value, rounded up to the nearest thousand, of all equipment, materials, labor, overhead and the profit of the work indicated on this application.)

Total Valuation Permit Fee			
\$1 to \$500.00	\$23.50 Minimum Permit Fee		
\$500.01 to \$2,000	\$23.50 for the first \$500 plus \$3.05 for each additional \$100, or fraction thereof, to and including \$2,000.		
\$2,000.01 to \$25,000	\$69.25 for the first \$2,000 plus \$14.00 for each additional \$1,000, or fraction thereof, to and including \$25,000.		
\$25,000.01 to \$50,000	\$391.25 for the first \$25,000 plus \$10.10 for each additional \$1,000, or fraction thereof, to and including \$50,000.		
\$50,000.01 to \$100,000.00	\$643.75 for the first \$50,000 plus \$7.00 for each additional \$1,000, or fraction thereof, to and including \$100,000.		
\$100,000.01 to \$500,000.00	\$993.75 for the first \$100,000 plus \$5.60 for each additional \$1,000, or fraction thereof, to and including \$500,000.		
\$500,000.01 to \$999,999.00	\$3233.75 for the first \$500,000 plus \$4.75 for each additional \$1,000, or fraction thereof, to and including \$1,000,000.		
\$1,000,000 +	\$5608.75 for the first \$1,000,000 plus \$3.65 for each additional \$1,000 or fraction thereof to and include \$1,000,000		
Plumbing Permit Fee			
A) Permit Subtotal (from chec	cklist above)		
B) Minimum Permit Fee (if Lir	ne A is less than \$80.00)		
C) Permit Total (Line A or B)			
D) Fire/Life and Safety Review	w (40% of Line A)		
E) Technology fee (2% of Tot	al of Line C and G)		
F) State Surcharge (12% of L	ine A)		
G) Plan Review (Commercial	25% of Line C – Residential 30% of Line C)		
	TOTAL PERMIT FEE \$		

Notices

Expiration of application: This application is valid for 180 days after it has been accepted as complete.

Inspections required: Approved city inspections must be completed before the work performed is enclosed.

Terms and conditions

Correct information: I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. **Copyright release for government entities:** I hereby grant permission to the City of Umatilla to copy, in whole or part,

drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

Indemnity: I, the permit applicant, shall indemnify, defend and hold harmless the City of Umatilla, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit. **Owner installation:** This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. OAR 479.540(1) and 479.560(1).

Owner permission: I have the legal right or permission from any property owner whose property is affected by the work covered under this permit to: 1) enter the property; 2) perform the work covered under this permit; 3) leave structures on or in the affected property. The issuance of this permit shall not be construed as permission or a grant of a legal right to enter upon or remain on any property affected by the work covered under this permit.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials):

Authorized Signature:	Print Name:	 Date: