

IMPORTANT CHANGE - The Building Safety Department will perform inspections on Tuesdays and Thursdays only effective July 1, 2011.



Plumbing Permit Application

City of Maywood Park

Troutdale Permit Specialist 503 674-7229

| | |
|-----------------|-------------|
| Application No. | Permit No. |
| Date Received | Date Issued |
| Received By | Issued By |
| Receipt No. | Receipt No. |

Inspection Requests: Phone: 503 674-7204 Fax: 503 667-0524 E-mail: inspection@troutdaleoregon.gov

| TYPE OF WORK | | NEW 1- & 2- FAMILY DWELLINGS - INCLUDES 100 FT. FOR EACH UTILITY CONNECTION | | | |
|--|--|---|-----------------|------------|--------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Addition/alteration/replacement | FEE SCHEDULE* - DESCRIPTION | # | FEE | TOTAL |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Other | | | | |
| CATEGORY OF CONSTRUCTION | | New single-family 1 bath | | 396.00 | |
| <input type="checkbox"/> 1- & 2-family dwelling | <input type="checkbox"/> Commercial/industrial | <input type="checkbox"/> Accessory building | | 515.00 | |
| <input type="checkbox"/> Multi-family | <input type="checkbox"/> Master builder | <input type="checkbox"/> Other | | 658.00 | |
| JOB SITE INFORMATION AND LOCATION | | Each additional bath/kitchen | | 108.00 | |
| Address: | | Fire sprinkler (_____sq. ft.) | | | |
| City/State/Zip: | | SITE UTILITIES | | | |
| Suite/bldg./apt. no.: | Project name: | Catch basin or area drain | | 60.00 | |
| Subdivision: | Lot no.: | Drywell, leach line or trench drain | | 60.00 | |
| Tax map/parcel no.: | | Manufactured home utilities | | 70.00 | |
| DESCRIPTION OF WORK | | Footing drain 1st 100 ft. ea. add'l ft. 60¢ | | 92.00 | |
| | | Manholes | | 60.00 | |
| | | Rain drain connector | | 60.00 | |
| | | Sanitary sewer 1st 100 ft. ea. add'l ft. 60¢ | | 92.00 | |
| | | Storm sewer 1st 100 ft. ea. add'l ft. 60¢ | | 92.00 | |
| | | Water line 1st 100 ft. ea. add'l ft. 60¢ | | 92.00 | |
| PROPERTY OWNER | | FIXTURE OR ITEM | | | |
| Name: | | Backwater valve | | 66.00 | |
| Address: | | Backflow preventer | | 60.00 | |
| City/State/Zip: | | Cloths washer | | 26.00 | |
| Phone: | Fax: | Dishwasher | | 26.00 | |
| <i>Owner: This installation is being made on property I own, which is not intended for sale, lease, rent or exchange (OAR 918-695-0020).</i> | | Drinking fountain | | 26.00 | |
| <i>Owner Signature</i> | | Ejector/sump | | 26.00 | |
| <i>Date</i> | | Expansion tank | | 26.00 | |
| APPLICANT | | Fixture/sewer cap | | 26.00 | |
| Business name: | | Floor drain/floor sink/hub | | 26.00 | |
| Contact name: | | Garbage disposal | | 26.00 | |
| Address: | | Hose bib | | 26.00 | |
| City/State/Zip: | | Ice maker | | 26.00 | |
| Phone: | Fax: | Interceptor/grease trap | | 26.00 | |
| CONTRACTOR | | Primer | | 26.00 | |
| Business name: | | Roof drain (commercial) | | 26.00 | |
| Address: | | Sink/basin/lavatory | | 26.00 | |
| City/State/Zip: | | Tub/shower/shower pan | | 26.00 | |
| Phone: | Fax: | Urinal | | 26.00 | |
| CCB license no.: | City or Metro license no.: | Water closet | | 26.00 | |
| State license no.: | | Water heater | | 26.00 | |
| Authorized signature: | | Other | | | |
| Print name: | Date: | PLUMBING PERMIT FEES | | | |
| This permit application expires if a permit is not obtained within 180-days after it has been accepted as complete. Permits are non-transferable and expires 180-days from issuance or last inspection. | | Plumbing Permit Fee | \$ | | |
| | | Minimum Permit Fee | \$ 97.00 | | |
| | | 12% State Surcharge | \$ | | |
| | | 30% Plan Review Fee | \$ | | |
| | | Deposit | \$ | | |
| DEPT. APPROVAL INITIAL & DATE: | | Total Due | \$ | | |

