

Inspections are performed on Tuesdays and Thursdays



Plumbing Permit Application

City of Troutdale

2200 SW 18th Way Troutdale Or 97060

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 - Includes 100 Ft. For Each Utility Connection			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition/alteration/replacement <input type="checkbox"/> Other	Fee Schedule* - Description	#	Fee	Total
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	New single-family 2 bath		515.00	
<input type="checkbox"/> Multi-family <input type="checkbox"/> Master builder <input type="checkbox"/> Other	New single-family 3 bath		658.00	
Job Site Information And Location	Each additional bath/kitchen		108.00	
Address:	Site Utilities			
City/State/Zip:	Catch basin or area drain		60.00	
Suite/bldg./apt. no.: Project name:	Drywell, leach line or trench drain		60.00	
Subdivision: Lot no.:	Manufactured home utilities		70.00	
Tax map/parcel no.:	Footing drain 1st 100 ft. add'l ft. 60¢		92.00	
Description Of Work	Manholes		60.00	
	Rain drain connector		60.00	
	Sanitary sewer 1st 100 ft. add'l ft. 60¢		92.00	
	Storm sewer 1st 100 ft. add'l ft. 60¢		92.00	
	Water line 1st 100 ft. add'l ft. 60¢		92.00	
Property Owner	Fixture Or Item			
Name:	Backwater valve		66.00	
Address:	Backflow preventer		60.00	
City/State/Zip:	Clothes washer		26.00	
Phone: Fax:	Dishwasher		26.00	
Owner: This installation is being made on property I own, which is not intended for sale, lease, rent or exchange (OAR 918-695-0020).	Drinking fountain		26.00	
	Ejector/sump		26.00	
Owner Signature/Date:	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:	Plumbing Permit Fees			
Print name: Date:	Plumbing Permit Fee		\$	
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.	Minimum Permit Fee		\$ 97.00	
	12% State Surcharge		\$	
	30% Plan Review Fee		\$	
	Deposit		\$	
Dept. Approval Initial & Date:	Total Due		\$	