

CITY OF WILSONVILLE Plumbing Permit Application

Secured Fax Line: (503) 682-1013

Address: 29799 SW Town Center Loop E., Wilsonville, OR 97070

Phone: (503) 682-4960 email: permits@ci.wilsonville.or.us

Online Inspection Request www.ci.wilsonville.or.us

24-hour IVR inspection request: (503) 682-4159

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2 Family	<input type="checkbox"/> Commercial/industrial <input type="checkbox"/> Other
<input type="checkbox"/> Multifamily	<input type="checkbox"/> Accessory Building
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
DESCRIPTION OF WORK (EXAMPLE: 2 FIXTURES FOR KITCHEN REMODEL)	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent or exchange.	
Owner signature:	Date:
<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR	
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
Plumber Lic. No.: PB	Expiration date:
CCB no.:	Expiration date:
Metro no.:	Expiration date:
Authorized signature:	
Print name:	Date:
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	

FEE* SCHEDULE			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (Includes 100 ft. for each utility connection)			
SFR (1) bath		256.50	
SFR (2) bath		311.65	
SFR (3) bath		348.80	
Half-Bath		128. 50	
Fire sprinkler (SFD) _____ sq. ft.)			
Site utilities		*Per 100 ft or portion thereof	
Catch basin or area drain		14.90	
Drywell, leach line, or trench drain		14.90	
Footing drain Linear ft.: _____		50.80*	
Manufactured home utilities		25.65	
Manholes		14.90	
Rain drain connector		14.90	
Sanitary sewer Linear ft.:		50.80*	
Storm sewer linear ft.: _____		50.80*	
Water service Linear ft:____ _		50.80*	
Fixture or item			
Backflow preventer		14.90	
Backwater valve		14.90	
Clothes washer		14.90	
Dishwasher		14.90	
Drinking fountain		14.90	
Ejectors/sump		14.90	
Expansion tank		14.90	
Fixture/sewer cap		14.90	
Floor drain/floor sink/hub		14.90	
Garbage disposal		14.90	
Hose bib		14.90	
Ice maker		14.90	
Interceptor/grease trap		14.90	
Medical gas (value: \$ _____)			
Primer		14.90	
Roof drain (commercial)		14.90	
Sink/basin/lavatory		14.90	
Tub/shower/shower pan		14.90	
Urinal		14.90	
Water closet		14.90	
Water heater		14.90	
Other:		14.90	
Other:		14.90	

Fee methodology set by Tri-County Building Industry Service Board

Subtotal (minimum permit fee \$41.00) _____

Plan Check Fee (25% of Subtotal) _____

State Surcharge (12% of Permit) _____

Total Amount Due _____

**** DOES NOT INCLUDE FIRE SERVICE LINE OR FDC**

****THIS PERMIT APPLICATION EXPIRES IF A PERMIT IS NOT OBTAINED WITHIN 180 DAYS AFTER IT HAS BEEN ACCEPTED AS COMPLETE.**

*****THIS PERMIT EXPIRES IF AN INSPECTION IS NOT PERFORMED WITHIN 180 DAYS OF ISSUANCE.**