

Plumbing Permit Application

City of Tualatin

10699 SW Herman Rd.

Tualatin, OR 97062

Phone: 503-691-3044 Fax: 503-692-0147 www.tualatinoregon.gov



OFFICE USE ONLY

Date received: _____ Permit # _____

Date Issued: _____ By: _____ Receipt: _____

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Industrial
<input type="checkbox"/> Commercial	<input type="checkbox"/> 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	
<input type="checkbox"/> 2" or greater water service line	
PROPERTY OWNER	
Name:	
Address:	
City/State/ZIP:	
Phone:	
Email:	
APPLICANT	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	Phone:
E-mail:	
Plumbing license (PB):	
Journeyman Plumber license (JP):	JP Name:
CCB license:	LCB license:

FEE SCHEDULE	
<i>Please refer to current fee schedule</i>	
Description	Qty.
New 1- 2-family dwellings and additions (includes 100 ft. for each utility connection)	
SFR (1) bath	
SFR (2) bath	
SFR (3) bath	
Each additional bath/kitchen	
Re-pipe SFR	
Site utilities	
Catch basin or area drain	
Drywell, leach line, or trench drain	
Footing drain (each)	
Manufactured home utilities	
Manholes	
Rain Drain Connector (each)	
Sanitary sewer (first 100 linear ft)	
Storm sewer (first 100 linear ft)	
Water service (first 100 linear ft)	
Fixture or item	
Absorption valve	
Backflow preventer	
Backwater valve	
Clothes washer	
Dishwasher	
Drinking fountain	
Ejectors/sump	
Expansion tank	
Fixture/sewer cap	
Floor drain/floor sink/hub	
Garbage disposal	
Hose bib	
Ice maker	
Interceptor/grease trap	
Medical gas (value: \$ _____)	
Primer	
Roof drain (commercial)	
Sink/basin/lavatory	
Tub/shower/shower pan	
Urinal	
Water closet	
Water heater	
Fee Type	Amount
Permit Fee	
Plan Review (45 % of permit fee)	
State surcharge (12% of permit fee)	
Technology fee (3% of permit fee)	
TOTAL PERMIT FEE	

Authorized signature: _____

Print name: _____

Date: _____

This permit application will expire if a permit is not obtained within 180 days after it has been accepted as complete.