



**PLUMBING PERMIT APPLICATION
COMMERCIAL**

BAKER CITY BUILDING DEPARTMENT
1655 FIRST STREET/PO BOX 650
BAKER CITY, OR 97814 EMAIL: PERMITS@BAKERCITY.COM
OFFICE/INSPECTION: (541)524-2054 FAX: (541) 524-2049

FOR DEPARTMENT USE ONLY

Permit Number: _____
Date Paid & Received: _____
Date Issued: _____
Issued By: _____

JOB SITE INFORMATION			OWNER INFORMATION		
Address:			Name:		
City:	State:	Zip:	Address:		
Directions:			City:	State:	Zip:
Description of work being performed:			Phone:	Work:	
			Cell #:	Email:	

PERMIT FEES:

	COST (EACH):	NO. OF ITEMS:	SUM
(1) Commercial, industrial, and dwellings other than 1 or 2 family:			
(a) Misc. fixtures:	See below		
1. Backflow valve	24.98		
2. Clothes washer/dishwasher/sink/basin/lavatory:	24.98		
3. Drinking fountain/ejectors/sump:	24.98		
4. Floor drain/floor sink/hub/hose bib:	24.98		
5. Tub/shower/shower pan/urinal:	24.98		
6. Water closet/water heater	24.98		
7. Primer:	24.98		
8. Fixture cap/Garbage Disposal/Ice Maker/Other:	24.98		
(2) Lines only and minimum fees:			
(b) Per each new water service, sanitary sewer, storm sewer first 100 feet:	49.95		
(f) Minimum permit fee:	63.42		
(3) Medical Gas:			
(a) refer to the medical gas valuation table			
(4) Miscellaneous fees:			
(a) Re-inspection	63.42		
(b) Specially requested inspection per hour	63.42		
TOTAL OF FEES COLLECTED: (Department Use Only)			
(a) Enter total of above fees: (Minimum permit fee \$66.42)			
(b) Enter 12% State Surcharge Fee (.12 x (a)):			
(c) Enter 30% Plan Review Fee (.40 x (a) if applicable):			
(d) Investigation Fee: (equal to (a) if applicable):			
Grand Total			

Applicant must hold an Oregon registration to conduct a construction business or be exempt from this requirement. I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO REQUEST INSPECTIONS.

I AM THE PROPERTY OWNER DOING MY OWN WORK.

Contractor: _____ Phone: _____ LCB#: _____ Exp.: _____

Address: _____

Bus. Lic.: _____ Exp.: _____ CCB#: _____ Exp.: _____ J P Lic.: _____ Exp.: _____

Signature: _____ Email: _____ Date: _____