



**PLUMBING PERMIT APPLICATION  
RESIDENTIAL**

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:
			Phone:	Work:	
Description of work being performed:			Cell #:	Email:	

**PERMIT FEES:**

	COST (EACH):	NO. OF ITEMS:	SUM
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- (1) 1 & 2 Family Dwellings:** (includes first 100' water service; sanitary service; storm sewer hookup and 1/2 bath)
- (a) 1 Bathroom (new construction):
  - (b) 2 Bathroom (new construction):
  - (c) 3 Bathroom (new construction):
  - (d) Per each additional bathroom (new construction):
  - (e) Per each: water service/sanitary sewer/storm sewer:

249.71  
349.59  
449.48  
99.88  
49.95


**(2) Fixture or item 1 & 2 family dwellings:**

- (a) Backflow device/backflow preventer/Backwater valve:
- (b) clothes washer/dishwasher/sink/basin/lavatory:
- (c) drinking fountain/ejectors/sump:
- (d) floor drain/floor sink/hub/hose bib:
- (e) tub/shower/shower pan/urinal:
- (f) water closet/water heater:
- (g) alternate potable water heating system:
- (i) solar heating system – potable water:
- (j) additional fixture not specifically listed/Other:

24.98  
24.98  
24.98  
24.98  
24.98  
24.98  
58.13  
58.13  
24.98


**(3) Manufactured dwellings/prefabricated structures:**

- (a) Connection to existing drain, sewer, and water (initial installation) over 30 feet:
- (b) Per each new water service, sanitary, storm sewer over 30 feet:

49.95  
49.95


**(4) Miscellaneous fees:**

- (a) Re-inspection
- (b) Specially requested inspection per hour
- (c) Minimum plumbing fee:

63.42  
63.42  
63.42


**TOTAL OF FEES COLLECTED: (Department Use Only)**

- (a) Enter total of above fees: (Minimum permit fee \$63.42)
- (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**

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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.:
Signature:		Email:	Date: