

		OFFICE U	OFFICE USE ONLY	
TYPE OF WORK		Permit Number:		
New Construction	☐ Demolition	Date Received: By:		
Addition/Alteration/Replacement	Other	Date Issued:		
		FEE SCHEDULE		
CATEGORY OF CONSTRUCTION		DESCRIPTION	QTY. FEE TOTAL	
1 and 2 Family Dwelling	Commercial/Industrial	New 1 & 2 Family Dwellings (includes 100 ft for each utility connection)		
Accessory Building	Multi-Family	SFR (1) bath	\$502.00	
JOB SITE INFORMATION AND LOCATION		SFR (2) bath SFR (3) bath	\$612.00 \$726.00	
Job site address:		Each additional bath/kitchen	\$122.00	
		Fire sprinkler - New Home sq. ft	*	
City, State, Zip:		Site Utilities		
Suite/Bldg/Space/Apt #:		Catch basin or area drain	\$39.00	
Subdivision: Lot #:		Manufactured home utilities	\$90.00	
		- Manholes	\$39.00	
Project Name:		*Sanitary sewer (linear ft)	*\$95.00	
DESCRIPTION OF WORK		*Storm sewer (linear ft) *Water service (linear ft)	*\$95.00 *\$95.00	
		water service (linear It	\$95.00	
		*\$94 per 100 linear ft (rounding up to the nearest 100 linear ft)		
		Fixture or Item		
		Backflow preventer	\$29.00	
		Backwater valve	\$29.00	
PROPERTY OWNER	TENANT	Clothes washer	\$29.00	
		Dishwasher Drinking fountain	\$29.00 \$29.00	
Name:		Ejectors/sump	\$29.00	
Address:		Expansion tank	\$29.00	
City, State, Zip:		Fixture/sewer cap	\$29.00	
		Floor drain/floor sink/hub	\$29.00	
Email Address:		Garbage disposal	\$29.00	
Phone Number:		Hose bibb	\$29.00	
- ABBUGANT	COVITA CT DEDCOVI	Ice maker Interceptor/grease trap	\$29.00 \$29.00	
APPLICANT	CONTACT PERSON	Medical gas (value: \$)	\$27.00	
Name:		Primer	\$29.00	
Address:		Roof drain (commercial)	\$29.00	
	_//	Sink/basin/lavatory	\$29.00	
City, State, Zip:		Tub/shower/shower pan	\$29.00	
Email Address:		Urinal Water closet	\$29.00	
/ A /		Water closet Water Heater	\$29.00 \$29.00	
Phone Number:		Other:	\$29.00	
CONTRACTOR All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701, as well as licensed with the City of Sandy.		NOT		
		This permit application expires if not obtained within 180 days after it is deemed ready to issue.		
Business Name:		PLUMBING PERMIT FEES (OFFICE USE ONLY)		
Contact Name:		Subtotal \$		
Address:			\$ *	
City, State, Zip:			ate Surcharge (12%) \$ Plan Review (40%) \$	
Email Address:				
Phone Number:	CCB#:		\$	
Signature:	Date:			