

	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/	(includes 100 ft for each utility connection)
Accessory Building Multi-Family	SFR (1) bath \$477.00
JOB SITE INFORMATION AND LOCAT	SFR (2) bath \$583.00 SFR (3) bath \$690.00
Job site address:	Each additional bath/kitchen \$116.00
	Fire sprinkler - New Home sq. ft
City, State, Zip:	Site Utilities
Suite/Bldg/Space/Apt #:	Catch basin or area drain \$35.00
Subdivision: Lo	#: Manufacture home utilities \$80.00
Project Name:	Manholes \$35.00
i roject Name.	Fire Hydrant \$35.00 Rain drain connect (per connection) \$27.00
DESCRIPTION OF WORK	*Sanitary sewer (linear ft) *\$90.00
	*Storm sewer (linear ft)
	*Water service (linear ft)
	**000 100 li #
	*\$90 per 100 linear ft Fixture or Item
	Backflow preventer \$27.00
PROPERTY OWNER TENANT	Backwater valve \$27.00
Name:	Clothes washer \$27.00
	Dishwasher \$27.00
Address:	Drinking fountain \$27.00
City, State, Zip:	Ejectors/sump \$27.00
Email Address:	Expansion tank \$27.00
	Fixture/sewer cap
Phone Number:	Garbage disposal \$27.00
APPLICANT CONTACT	PERSON Hose bibb \$27.00
	Ice maker
Name:	Interceptor/grease trap \$27.00
Address:	Medical gas (value: \$)
City, State, Zip:	Roof drain (commercial) \$27.00
	Sink/basin/lavatory \$27.00
Email Address:	Tub/shower/shower pan \$27.00
Phone Number:	Urinal \$27.00
CONTRACTOR	Water closet \$27.00
CONTRACTOR All contractors and subcontractors are required to be licensed with the Oregon Constru	Water Heater \$27.00
All contractors and subcontractors are required to be licensed with the Oregon Construe under ORS 701, as well as licensed with the City of Sandy.	
Business Name:	NOTICE This permit application expires if not obtained within 180 days after it is deemed ready to issue.
Contact Name:	PLUMBING PERMIT FEES (OFFICE USE ONLY)
Address:	Subtotal \$
City, State, Zip:	Permit Fee (minimum \$90.00) \$ State Surcharge (12%) \$
Email Address:	Plan Review (30%) \$
Phone Number: CCB#:	TOTAL PERMIT FEE \$
Signature: Da	٥٠