



Lincoln County

Building Division

210 SW 2nd St
 Newport, OR 97365
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 (541) 265-4192 Fax (541) 265-6945

PLUMBING PERMIT APPLICATION	
DEPARTMENT USE ONLY	
Permit No:	
Date Issued:	By:

WORK SITE LOCATION:

PARENT PERMIT NUMBER: (Building)	
STREET ADDRESS OF WORK SITE:	
CATEGORY OF CONSTRUCTION:	
<input type="radio"/> One/Two Family <input type="radio"/> Manufactured Home <input type="radio"/> Commercial <input type="radio"/> Multi-Family <input type="radio"/> Accessory Structure	
TYPE OF WORK:	
<input type="radio"/> New <input type="radio"/> Addition <input type="radio"/> Alteration/Repair	<input type="radio"/> Backflow device only <input type="radio"/> Accessory Structure <input type="radio"/> Residential Fire System 13D (requires plan review & separate permit)
PROJECT DESCRIPTION:	
Valuation Required:	

Commercial work requiring plan review: check all that apply
<input type="checkbox"/> Medical gas and vacuum system for healthcare facility <input type="checkbox"/> Chemical drainage waste and vent system <input type="checkbox"/> Sewer wastewater pre-treatment <input type="checkbox"/> Vacuum drainage waste and vent system <input type="checkbox"/> Commercial potable water pressure booster system <input type="checkbox"/> Water service line with interior diameter of 2 inches or larger <input type="checkbox"/> Grease trap/Interceptor <input type="checkbox"/> Exterior storm sewers on private property (catch basin/ area drain) <input type="checkbox"/> None of the above

APPLICANT:		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
PROPERTY OWNER:		
Same as applicant? <input type="radio"/> Yes <input type="radio"/> No		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
CONTRACTOR INSTALLATION		
Same as applicant? <input type="radio"/> Yes <input type="radio"/> No		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
E-mail:		
CCB license no.:		
Plumbing Business License Number:		
Journeyman License Number:		
REQUIRED DOCUMENTS FOR APPLICATION		
I have downloaded and reviewed the plans and documents Checklist (Initials): _____		
SUBMITTAL METHOD FOR PLANS AND DOCS		
<input type="radio"/> Paper (2 copies) <input type="radio"/> Electronic <input type="radio"/> Not applicable		

FEES:

Description		Qty	Each	Total			
New 1 & 2 Family dwellings - Includes 1 kitchen and up to 100' each of water, sewer, and storm lines (rain, footing, trench drains, leach lines, drywells)							
Check the number of bathrooms (A "half" bath equals a single bathroom)	1 bathroom		\$110.00				
	2 bathrooms		\$210.00				
	3 bathrooms		\$310.00				
	Number of additional bathrooms		\$55.00/Each				
Total							
Residential Fire Suppression (13D Multi-purpose loop)		Each		Total			
Square feet of area to be covered by the system:							
0 to 2000			\$190.00				
2,001 to 3,600			\$245.00				
3,601 to 7,200			\$290.00				
Over 7,201 and greater			\$355.00				
Fixtures		Residential			Commercial		
		Qty	Each	Total	Qty	Each	Total
Absorption valve			\$20.00			\$20.00	
Backflow preventer			\$30.00			\$30.00	
Backwater valve			\$30.00			\$30.00	
Catch basin or area drain			\$30.00			\$30.00	
Clothes washer			\$30.00			\$30.00	
Dishwasher			\$30.00			\$30.00	
Drinking fountain			\$30.00			\$30.00	
Ejectors/sump pump			\$30.00			\$30.00	
Expansion tank			\$30.00			\$30.00	
Check all that apply: <input type="checkbox"/> Ice maker <input type="checkbox"/> Primer <input type="checkbox"/> Sink/basin/lavatory							
<input type="checkbox"/> Storm water retention/detention tank/facility <input type="checkbox"/> Hose bib <input type="checkbox"/> Garbage disposal			\$30.00			\$30.00	
<input type="checkbox"/> Floor drain/floor sink/hub drain <input type="checkbox"/> Fixture cap <input type="checkbox"/> Tub/shower/shower pan							
<input type="checkbox"/> Urinal <input type="checkbox"/> Water closet <input type="checkbox"/> Water heater <input type="checkbox"/> Inceptor/grease trap							
Trench drains			\$35.00			\$35.00	
Manholes			\$30.00			\$30.00	
Alternate potable water heating system			\$30.00			\$30.00	
Other plumbing			\$30.00			\$30.00	
Site utilities							
		Linear feet	Qty	Each	TOTAL		
Storm sewer (incl trench drains, leach lines)							
		1st 100' of line		\$60.00			
		Each additional 100' or fraction		\$40.00			
Sanitary sewer							
		1st 100' of line		\$60.00			
		Each additional 100' or fraction		\$40.00			
Water service							
		1st 100' of line		\$60.00			
		Each additional 100' or fraction		\$40.00			
Manufactured home utilities (beyond 30')						\$55.00	

Total Site Utilities		
Medical Gas Installation-Commercial (Fees are based on the value of the work performed.)		
Valuation (The value, rounded up to the nearest thousand, of all equipment, materials, labor, overhead and the profit of the work indicated on this application.)		
Total Valuation	Permit Fee	Total
\$0 to \$500.00	\$90.00	
\$500.01 to \$2,000	\$90.00 for the first \$500 plus \$6.16 for each additional \$100, or fraction thereof, to and including \$2,000.	
\$2,000.01 to \$25,000	\$182.40 for the first \$2,000 plus \$23.38 for each additional \$1,000, or fraction thereof, to and including \$25,000.	
\$25,000.01 to \$50,000	\$720.14 for the first \$25,000 plus \$18.47 for each additional \$1,000, or fraction thereof, to and including \$50,000.	
\$50,000.01 to \$100,000.00	\$1181.89 for the first \$50,000 plus \$11.08 for each additional \$1,000, or fraction thereof, to and including \$100,000.	
\$100,000.01 and up	\$1735.89 for the first \$100,000 plus \$9.85 for each additional \$1,000, or fraction thereof.	
Plumbing Permit Fee		
A) Permit Subtotal (from checklist above)		
B) Minimum Permit Fee (\$55.00 Residential/ \$75.00 Commercial)		
C) Plumbing Plan Review (when applicable) \$55.00, minimum 1/2 hour		
D) Reinspection-per each/Each add. inspection above allowable-per each/Inspections outside of normal business hours \$60.00		
F) State Surcharge (12% of Line A)		
TOTAL PERMIT FEE \$		

Notices

Expiration of application: This application is valid for 180 days after it has been accepted as complete.

Inspections required: Approved County inspections must be completed before the work performed is enclosed.

Terms and conditions

Correct information: I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. **Copyright release for government entities:** I hereby grant permission to Lincoln County to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the Counties regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

Indemnity: I, the permit applicant, shall indemnify, defend and hold harmless Lincoln County, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit. **Owner installation:** This installation is being made on residential property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. OAR 479.540(1) and 479.560(1).

Owner permission: I have the legal right or permission from any property owner whose property is affected by the work covered under this permit to: 1) enter the property; 2) perform the work covered under this permit; 3) leave structures on or in the affected property. The issuance of this permit shall not be construed as permission or a grant of a legal right to enter upon or remain on any property affected by the work covered under this permit.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form.

I agree (initials): _____

Authorized Signature: _____ **Print Name:** _____ **Date:** _____