



**City of Central Point  
Building Department**  
140 S. 3<sup>rd</sup> Street, Central Point, OR 97502  
Phone (541) 664-6325, Fax (541) 664-1611  
Internet address: www.centralpointoregon.gov

# Plumbing Permit Application

Date Rec'd \_\_\_\_\_ By \_\_\_\_\_

TYPE OF WORK	
<input type="checkbox"/> RESIDENTIAL OR <input type="checkbox"/> COMMERCIAL	
JOB SITE INFORMATION AND LOCATION	
Job address:	
City/State/ZIP:	
Subdivision:	Lot:
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> BUSINESS NAME Name:	
<b>Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.</b>	
Owner signature: _____	Date: _____
OWNER INSTALLATION	
Name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: (    )
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: (    )
CCB lic. no.:	
Print Name:	
Signature: _____	Date: _____

FEE SCHEDULE			
Description	Qty.	Fee.	Total
<b>New Residential</b>			
1 bathroom/1 kitchen ( <i>includes first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages</i> )		287.50	
2 bathrooms/1 kitchen		362.50	
3 bathrooms/1 kitchen		418.75	
Each additional bathroom (over 3)		50.50	
Additional ½ bathroom		37.50	
Additional plumbing fixture		18.75	
Water heater replacement		50.00	
Repipe water supply		75.00	
Fire sprinkler ( _____ sq. ft.)	Per fee schedule		
Residential fire sprinkler system – fee based on square footage of structure		0 to 2,000 sq. ft. - \$100 2,001 to 3,500 sq. ft. - \$125 > 3,501 sq. ft. - \$150	
<b>Commercial &amp; Specialty Plumbing Fees</b>			
Fixture replacement		18.75/ea	
List fixtures:			
Repipe water supply		75.00	
Water heater		50.00	
Water heater vent		15.00	
Grease trap/special waste		40.00	
Backflow device		40.00	
Swimming pool		50.00	
Storm sewer (100')		50.00	
Add. Storm sewer per 100'		27.50	
Water service (100')		50.00	
Add. Water service per 100'		27.50	
<b>Medical gas piping</b>			
Value of installation and equipment \$ _____.	Per fee schedule		
<b>Plumbing permit fees</b>			
			Subtotal
			Minimum permit fee (\$50.00)
			Plan review (30% of permit fee) if applicable
			State surcharge (12% of permit fee)
			<b>TOTAL PERMIT FEE</b>

CREDIT CARD INFORMATION	
Name of Cardholder as shown on credit card:	
Cardholder Signature: (needed on every permit application)	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Credit card number: _____	Expiration _____
Date: _____	

**PERMITS ARE NON-TRANSFERABLE, NON-REFUNDABLE AND EXPIRED IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.**

It is the responsibility of the owner or contractor to call for inspections. 541-664-0700 by 7:00 am for same day inspection