



**City of Central Point
Building Department**
140 S. 3rd 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:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
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
New Residential			
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>)		300.00	
2 bathrooms/1 kitchen		375.00	
3 bathrooms/1 kitchen		425.00	
Each additional bathroom (over 3)		60.00	
Remodel/Addition			
Plumbing fixtures		20.00	
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 3,600 sq. ft. - \$125 > 3,601 sq. ft. - \$150	
Commercial & Specialty Plumbing Fees			
Each fixture		20.00	
Water service (100')		50.00	
Add. Water service per 100'		27.50	
Storm sewer (100')		50.00	
Add. Storm sewer per 100'		27.50	
Stormwater detention facility		50.00	
Water heater		50.00	
Grease trap/special waste		20.00	
Backflow device		20.00	
Swimming pool		50.00	
Medical gas piping			
Value of installation and equipment \$ _____.	Per fee schedule		
Plumbing permit fees			
Permit Fee Subtotal			
Minimum permit fee (\$65.00)			
Plan review (35% of permit fee) if applicable			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

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: _____	CVV: _____

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