



**CITY OF GRANTS PASS
BUILDING DEPARTMENT**
(541) 450-6060 Fax (541) 476-9218
101 NW "A" Street, Grants Pass OR 97526
www.grantspassoregon.gov

PERMIT NO. _____
DATE _____
ISSUED BY _____



PLUMBING PERMIT APPLICATION

(To be used as application for plumbing permit only, not in conjunction with a construction permit, or when a plan review is required.)

PLEASE COMPLETE ALL SECTIONS, 1 THRU 4

1. LOCATION OF INSTALLATION

Address _____

Job Description _____

PERMITS EXPIRE IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.

2A. CONTRACTOR INSTALLATION ONLY:

Plumbing Contractor _____

Address _____

General Contractor _____

City Business Tax No. _____

Contractor's Board Reg. No. _____

License No. _____ Phone _____

2B. OWNER INFORMATION: (REQUIRED)

Owner Name _____

Address _____

Phone _____

For Owner installations please verify and sign below

The installation is being made on property I own which is not intended for sale, lease, or rent.

Owner's signature _____

NOTE: It is the responsibility of the permittee to call for required inspections.

3. COMPLETE FEE SCHEDULE BELOW

New Residential

Item	#Items	Cost (ea.)	Total
1 bathroom/1 kitchen (includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages)	_____	\$235.38	_____
2 bathrooms/1 kitchen	_____	\$307.62	_____
3 bathrooms/1 kitchen	_____	\$341.72	_____
Each additional bathroom (over 3)	_____	\$95.76	_____
Each additional kitchen (over 1)	_____	\$95.76	_____
Each fixture, appurtenance	_____	\$17.33	_____
Water, sewer service piping or private storm system:			
First 100 feet	_____	\$49.98	_____
Additional 100 feet	_____	\$27.56	_____
Irrigation systems, backflow	_____	\$17.33	_____

Residential Fire Sprinklers (includes plan review)

0 to 2,000 square feet	_____	\$200.00	_____
2,001 to 3,600 square feet	_____	\$263.00	_____
3,601 to 7,200 square feet	_____	\$317.00	_____
7,201 square feet and greater	_____	\$373.00	_____

Manufactured Dwelling

Connection to building sewer and water supply (if not included with manufactured home siting permit) _____ \$49.98 ea. _____

Commercial, industrial and dwelling other than 1 or 2 family

Each fixture	_____	\$17.33	_____
Water, sewer, storm system first 100'	_____	\$49.98	_____
Water, sewer, storm system add'l 100'	_____	\$27.56	_____

Medical Gas

Enter total valuation of medical gas system and installation costs: \$ _____

Fee based on valuation of mechanical system:

\$1 to \$2,000	\$140.00
\$2,001 to \$25,000	\$140.00 for the first \$2,000 + \$18.00 for each additional \$1,000
\$25,001 to \$50,000	\$554.00 for the first \$25,000 + \$15.00 for each additional \$1,000
\$50,001 and \$100,000	\$929.00 for the first \$50,000 + \$9.00 for each additional
\$100,001 and up	\$1379.00 for the first \$100,000 + \$8.00 for each additional \$1,000
Commercial fee from chart above	\$ _____

4. TOTAL FEES DUE

A. Enter total of above fees \$ _____

* **Minimum Fee:** If total does not equal \$30.00 or greater, then enter \$30.00 in A.

B. Calculate Surcharge (A x .22) (12% STATE AND 10% PLANNING) \$ _____

C. TOTAL BALANCE DUE (A+B) \$ _____

****ADDITIONAL PLANNING REVIEW IS REQUIRED FOR ALL PERMITS WITHIN THE FLOODWAY/FLOODPLAIN****