



# PLUMBING PERMIT APPLICATION

Crook County Community Development  
 300 NE 3<sup>RD</sup> St. Room 12, Prineville OR, 97754  
 Phone: (541) 447-3211  
 Email: bld@crookcountyor.gov

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

**This permit application expires if a permit is not purchased within 180 days after it has been accepted as complete.**

TYPE OF WORK	
<input type="checkbox"/> New construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify: _____	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Accessory building <input type="checkbox"/> Multi-family <input type="checkbox"/> Other, Specify: _____	
DESCRIPTION OF WORK	
JOBSITE INFORMATION AND LOCATION	
Job site address: _____	
City/State/ZIP: _____	
Suite/bldg./apt. #: _____	
Tax/map parcel #: _____	
<input type="checkbox"/> <b>PROPERTY OWNER</b> <input type="checkbox"/> <b>TENANT</b>	
Name: _____	
Mailing Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
OWNER INSTALLATION	
<b>This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.</b>	
Signature: _____	Date: _____
APPLICANT	
Name: _____	
Mailing Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
Signature: _____	Date: _____
CONTRACTOR	
Business name: _____	
Mailing Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
CCB Lic#: _____	BCD Lic#: _____
JP Lic#: _____	

FEE SCHEDULE			
Line Item / Description	Qty.	Ea.	Total
Residential Fire sprinkler ( _____ sq ft.) <i>* Refer to adopted fee scheduled for breakdown in fee.</i>		*	
SITE UTILITIES			
Catch Basin / Area Drain / Manhole		<b>30.00</b>	
Drywell / Leach Line / Trench Drain / Swale / Storm Water Retention		<b>30.00</b>	
Alternate Potable Water Heating System		<b>30.00</b>	
Roof Drain (Commercial)		<b>30.00</b>	
Medical Gas Valuation: \$ <i>* Refer to adopted fee scheduled for breakdown in fee.</i>		*	
WATER & SEWER			
1 <sup>st</sup> 100' of <b>water service</b> enter "1"		<b>90.15</b>	
Each add 100' (or portion of) enter "1"		<b>74.15</b>	
1 <sup>st</sup> 100' of <b>sanitary sewer</b> line enter "1"		<b>90.15</b>	
Each add 100' (or portion of) enter "1"		<b>74.15</b>	
1 <sup>st</sup> 100' of <b>storm sewer</b> line enter "1"		<b>90.15</b>	
Each add 100' (or portion of) enter "1"		<b>74.15</b>	
FIXTURE OR ITEM (CIRCLE TO IDENTIFY)			
Backflow Device / Dual Check		<b>30.00</b>	
Backwater Valve		<b>30.00</b>	
Clothes Washer		<b>30.00</b>	
Dishwasher		<b>30.00</b>	
Drinking Fountain		<b>30.00</b>	
Ejectors / Sump Pump		<b>30.00</b>	
Fixture Cap		<b>30.00</b>	
Floor Drain / Floor Sink / Hub		<b>30.00</b>	
Garbage Disposal		<b>30.00</b>	
Ice Maker		<b>30.00</b>	
Sink / Basin / Lavatory		<b>30.00</b>	
Frost Free / Yard Hydrant / Hose Bib		<b>30.00</b>	
Interceptor / Grease Trap		<b>30.00</b>	
Tub / Shower / Shower Pan		<b>30.00</b>	
Urinal / Water Closet (Toilet)		<b>30.00</b>	
Expansion Tank		<b>30.00</b>	
Electric Water Heater		<b>54.00</b>	
Other		<b>30.00</b>	
OFFICE USE ONLY			
Minimum permit fee (If the above fees don't equal the minimum permit fee, the difference will be charged to equal the minimum fee)			<b>120.00</b>
Plan Review (30% of permit fee) – If applicable			
State Surcharge (12% of permit fee)			
<b>Total Permit Fee:</b>			

# Plumbing Plan Review Requirements

Indicate all that apply by checking Yes or No below. Plumbing plan review is required for any “Yes” answer. Provide a complete set of plans, specifications, and calculations.

**YES**    **NO**

		Is the water service 2 inches or larger?
		Installing or altering a sewer wastewater pretreatment system?
		Installing a vacuum drainage, waste and vent system?
		Installing or altering a chemical drain, waste & vent system?
		Installing or altering a reclaimed wastewater system?
		Installing a potable water pressure booster pump system for municipality supplied water?
		Building or structure more than 3 stories in height?
		Six or more residential units connected?
		Is the building occupancy listed as an A, E, I-2, or I-3?
		Is the building listed as a special occupancy such as: Hazardous, Health Facility Patient Area, Commercial Agricultural, or Recreational Vehicle Park?
		Altering or adding to an existing residential fire sprinkler system?
		Is the total potable water line exceeding 1,000 ft?