

**Plumbing Permit Application      Application Date:**

**Permit Number:**



**City of Sherwood**

22560 SW Pine Street, Sherwood, OR 97140-8330

www.sherwoodoregon.gov

**Phone:** (503) 625-4226    **Fax:** (503-625-0629)

**24-hour Inspection Request:** (503) 625-0545    **E-Mail:** building@sherwoodoregon.gov

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Description of Work:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
<input type="checkbox"/> ARCHITECT/ DESIGNER	<input type="checkbox"/> ENGINEER
Business Name:	Business Name:
Contact:	Contact:
Phone:	Phone:
E-mail:	E-mail:
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax: :
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	Plumbing. lic.:
CCB lic.(w/exp.):	City /Metro lic.(w/exp.):

FEE SCHEDULE			
<i>For special information, use checklist.</i>			
Description	Qty.	Ea.	Total
<b>New 1- 2-family dwellings</b> (includes 100 ft. for each utility)			
SFR (1) bath		\$305.10	
SFR (2) bath		\$376.89	
SFR (3) bath		\$448.68	
Each additional bath/kitchen		\$185.46	
Fire sprinkler (____ sq. ft.)		++	
<b>Site utilities</b>			
Catch basin or area drain		\$ 17.95	
Drywell, leach line, or trench drain		\$ 17.95	
Manufactured home utilities		\$ 35.89	
Manholes		\$ 17.95	
Rain drain leaders		\$ 17.95	
Footing Drain (no. linear ft.:		\$ 59.82*	
Sanitary sewer (no. linear ft.:		\$ 59.82*	
Storm sewer (no. linear ft.: _____)		\$ 59.82*	
Water service (no. linear ft.: _____)		\$ 59.82*	
<b>Fixture or item</b>			
Backflow preventer		\$ 17.95	
Backwater valve		\$ 17.95	
Clothes washer		\$ 17.95	
Dishwasher		\$ 17.95	
Drinking fountain		\$ 17.95	
Ejectors/sump		\$ 17.95	
Expansion tank		\$ 17.95	
Fixture/sewer cap		\$ 17.95	
Floor drain/floor sink/hub		\$ 17.95	
Garbage disposal		\$ 17.95	
Hose bib		\$ 17.95	
Ice maker		\$ 17.95	
Interceptor/grease trap		\$ 17.95	
Medical gas (value: \$ _____)++			
Primer		\$ 17.95	
Roof drain /overflow drain		\$ 17.95	
Sink/basin/lavatory		\$ 17.95	
Tub/shower/shower pan		\$ 17.95	
Urinal		\$ 17.95	
Water closet		\$ 17.95	
Water heater		\$ 17.95	
Other:			
<b>Subtotal</b>			
<b>Minimum permit fee = \$72.83</b>			
( If Required ) Plan review (30 % of permit fee)			
State surcharge (12 % of permit fee)			
<b>TOTAL PERMIT FEE</b>			

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

\*\$59.82 for the first 100 lineal feet or fraction thereof, plus \$32.91 each additional 100 lineal feet or fraction thereof.

Authorized signature: \_\_\_\_\_

Print name:	Date:
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