

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
New 1- 2-family dwellings (includes 100 ft. for each utility)			
SFR (1) bath		\$311.20	
SFR (2) bath		\$384.43	
SFR (3) bath		\$457.65	
Each additional bath/kitchen		\$189.17	
Fire sprinkler (____ sq. ft.)		++	
Site utilities			
Catch basin or area drain		\$ 18.31	
Drywell, leach line, or trench drain		\$ 18.31	
Manufactured home utilities		\$ 36.61	
Manholes		\$ 18.31	
Rain drain leaders		\$ 18.31	
Footing Drain (no. linear ft.:		\$ 61.02*	
Sanitary sewer (no. linear ft.:		\$ 61.02*	
Storm sewer (no. linear ft.: _____)		\$ 61.02*	
Water service (no. linear ft.: _____)		\$ 61.02*	
Fixture or item			
Backflow preventer		\$ 18.31	
Backwater valve		\$ 18.31	
Clothes washer		\$ 18.31	
Dishwasher		\$ 18.31	
Drinking fountain		\$ 18.31	
Ejectors/sump		\$ 18.31	
Expansion tank		\$ 18.31	
Fixture/sewer cap		\$ 18.31	
Floor drain/floor sink/hub		\$ 18.31	
Garbage disposal		\$ 18.31	
Hose bib		\$ 18.31	
Ice maker		\$ 18.31	
Interceptor/grease trap		\$ 18.31	
Medical gas (value: \$ _____)++			
Primer		\$ 18.31	
Roof drain /overflow drain		\$ 18.31	
Sink/basin/lavatory		\$ 18.31	
Tub/shower/shower pan		\$ 18.31	
Urinal		\$ 18.31	
Water closet		\$ 18.31	
Water heater		\$ 18.31	
Other:			
Subtotal			
Minimum permit fee = \$74.29			
(If Required) Plan review (30 % of permit fee)			
State surcharge (12 % of permit fee)			
TOTAL PERMIT FEE			

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

*\$61.02 for the first 100 lineal feet or fraction thereof, plus \$33.57 each additional 100 lineal feet or fraction thereof.

Authorized signature: (Required) _____

Print name:	Date:
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