



Plumbing Permit Application

Crook County Community Development
 300 NE 3RD ST, RM #12
 Prineville, OR 97754
 Phone: (541) 447-3211 Fax: (541) 416-2139
 Email bld@co.crook.or.us

OFFICE USE ONLY	
Date Received:	Permit No.:
Date Issued:	By:
Payment Type:	

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:
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<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:	
E-mail:	
CCB lic.:	BCD lic.:
Authorized signature:	
Print name:	Date:

FEE SCHEDULE			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		150.00	
SFR (2) bath		250.00	
SFR (3) bath		300.00	
Each additional bath/kitchen		100.00	
Fire sprinkler (_____ sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		22.32	
Drywell, leach line, or trench drain		22.32	
Footing drain		22.32	
Alternate potable water heating system		22.32	
Rain drain connector		22.32	
Sanitary sewer (linear ft _____)		*	
Storm sewer (linear ft. _____)		*	
Water service (linear ft _____)		*	
Fixture or item			
Absorption valve (water hammer)		22.32	
Backflow preventer		66.96	
Backwater valve		22.32	
Clothes washer		22.32	
Dishwasher		22.32	
Drinking fountain		22.32	
Ejectors/sump		22.32	
Fixture/sewer cap		22.32	
Floor drain/floor sink/hub/ primer		22.32	
Garbage disposal		22.32	
Hose bib		22.32	
Ice maker		22.32	
Interceptor/grease trap		22.32	
Medical gas (value \$ _____)		*	
Roof drain (commercial)		22.32	
Sink/basin/lavatory		22.32	
Tub/shower/shower pan		22.32	
Urinal		22.32	
Water closet		22.32	
Expansion tank		22.32	
Water meter pvt		22.32	
Water Heater		40.00	
Subtotal			
Minimum permit fee			66.96
Plan review (75% 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.