



PLUMBING PERMIT APPLICATION

Crook County Community Development
300 NE 3RD 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"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
E-mail:	
OWNER INSTALLATION	
This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
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		30.00	
Drywell / Leach Line / Trench Drain / Swale / Storm Water Retention		30.00	
Alternate Potable Water Heating System		30.00	
Roof Drain (Commercial)		30.00	
Medical Gas Valuation: \$ <i>* Refer to adopted fee scheduled for breakdown in fee.</i>		*	
WATER & SEWER			
1 st 100' of water service enter "1"		90.15	
Each add 100' (or portion of) enter "1"		74.15	
1 st 100' of sanitary sewer line enter "1"		90.15	
Each add 100' (or portion of) enter "1"		74.15	
1 st 100' of storm sewer line enter "1"		90.15	
Each add 100' (or portion of) enter "1"		74.15	
FIXTURE OR ITEM (CIRCLE TO IDENTIFY)			
Backflow Device / Dual Check		30.00	
Backwater Valve		30.00	
Clothes Washer		30.00	
Dishwasher		30.00	
Drinking Fountain		30.00	
Ejectors / Sump Pump		30.00	
Fixture Cap		30.00	
Floor Drain / Floor Sink / Hub		30.00	
Garbage Disposal		30.00	
Ice Maker		30.00	
Sink / Basin / Lavatory		30.00	
Frost Free / Yard Hydrant / Hose Bib		30.00	
Interceptor / Grease Trap		30.00	
Tub / Shower / Shower Pan		30.00	
Urinal / Water Closet (Toilet)		30.00	
Expansion Tank		30.00	
Electric Water Heater		54.00	
Other		30.00	
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)			120.00
Plan Review (30% of permit fee) – If applicable			
State Surcharge (12% of permit fee)			
Total Permit Fee:			

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?