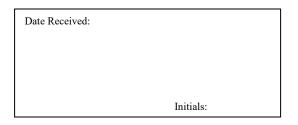


## PLUMBING PERMIT APPLICATION

Crook County Community Development 300 NE  $3^{RD}$  St. Room 12, Prineville OR, 97754

Phone: (541) 447-3211 Email: bld@crookcountyor.gov



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

| 1 1   |                       |  |  |  |  |  |
|---|-----------------------|--|--|--|--|--|
| TYPE OF WORK  |                       |  |  |  |  |  |
| New construction       ☐ Addition/alteration/replacement         ☐ Demolition       ☐ Other, Specify: |                       |  |  |  |  |  |
| CATEGORY OF CONSTRUCTION  | <u> </u>              |  |  |  |  |  |
| ☐ 1- and 2-family dwelling ☐ Commercial/industrial ☐ Multi-family ☐ Other, Specify:                   | Accessory building    |  |  |  |  |  |
| DESCRIPTION OF WORK   |                       |  |  |  |  |  |
|   |                       |  |  |  |  |  |
|   |                       |  |  |  |  |  |
|   |                       |  |  |  |  |  |
|   |                       |  |  |  |  |  |
| JOBSITE INFORMATION AND LOCAT   | ION                   |  |  |  |  |  |
| Job site address:   |                       |  |  |  |  |  |
| City/State/ZIP:   |                       |  |  |  |  |  |
| Suite/bldg./apt. #.:  |                       |  |  |  |  |  |
| Tax/map parcel #:   |                       |  |  |  |  |  |
|   | ΓENANT                |  |  |  |  |  |
| Name:   |                       |  |  |  |  |  |
| Address:  |                       |  |  |  |  |  |
| City/State/ZIP:   |                       |  |  |  |  |  |
| Phone:  |                       |  |  |  |  |  |
| E-mail:   |                       |  |  |  |  |  |
| OWNER INSTALLATION  |                       |  |  |  |  |  |
| This installation is being made on property that I own, whice sale, lease, rent, or exchange.         | h is not intended for |  |  |  |  |  |
| Signature:  | Date:                 |  |  |  |  |  |
| APPLICANT   |                       |  |  |  |  |  |
| Name:   |                       |  |  |  |  |  |
| Address:  |                       |  |  |  |  |  |
| City/State/ZIP:   |                       |  |  |  |  |  |
| Phone:  |                       |  |  |  |  |  |
| E-mail:   |                       |  |  |  |  |  |
| Signature:  | Date:                 |  |  |  |  |  |
| CONTRACTOR  |                       |  |  |  |  |  |
| Business name:  |                       |  |  |  |  |  |
| Address:  |                       |  |  |  |  |  |
| City/State/ZIP:   |                       |  |  |  |  |  |
| Phone:  |                       |  |  |  |  |  |
| E-mail:   |                       |  |  |  |  |  |
| CCB Lie#: BCD Lie#:   |                       |  |  |  |  |  |
| JP Lic#:  |                       |  |  |  |  |  |
| CONTACT FOR PERMIT ISSUANCE   | E                     |  |  |  |  |  |
| Name: Phone   | #:                    |  |  |  |  |  |

| PRESCHEDULE   Sept.   Sept.   Total  |   |         |          |        |  |  |
|--|---|---------|----------|--------|--|--|
| STE UTILITIES  | FEE SCHEDULE                            |         |          |        |  |  |
| Catch Basin / Area Drain / Manhole   28.60   | Line Item / Description                 | Qty.    | \$/Ea.   | Total  |  |  |
| Catch Basin / Area Drain / Manhole   28.60   | Fire sprinkler ( sq ft.)                |         | *        |        |  |  |
| Water Meter / PRV  | SITE UTILITII                           | ES      |          |        |  |  |
| Drywell / Leach Line / Trench Drain / Swale   28.60  | Catch Basin / Area Drain / Manhole      |         | 28.60    |        |  |  |
| Swale  |   |         | 28.60    |        |  |  |
| Rain Drain Connector or Footing Drain  |   |         | 28.60    |        |  |  |
| Table   Tabl | Alternate Potable Water Heating System  |         | 28.60    |        |  |  |
| 1st 100' of WATER service enter "1"   85.85     Each add 100' (or portion of) enter "1"   70.60     1st 100' of Sanitary SEWER line enter "1"   70.60     1st 100' of STORM SEWER line enter "1"   70.60     1st 100' of STORM SEWER line enter "1"   85.85     Each add 100' (or portion of) enter "1"   70.60     st 100' of STORM SEWER line enter "1"   70.60     FIXTURE OR ITEM (CIRCLE TO IDENTIFY)     Backflow Device / Dual Check   28.60     Clothes Washer / Dishwasher   28.60     Drinking Fountain   28.60     Ejectors / Sump   28.60     Fixture Cap / Sewer Cap / Cleanout   28.60     Floor Drain / Floor Sink / Hub / Primer   28.60     Garbage Disposal / Ice Maker   28.60     Sink / Basin / Lavatory   28.60     Frost Free / Yard Hydrant / Hose Bib   28.60     Interceptor / Grease Trap   28.60     Urinal / Water Closet   28.60     Expansion Tank   28.60     Water Heater   51.45     Fire Hydrant / Fire Dept. Connect   28.60     Roof Drain (Commercial)   28.60     Medical Gas Valuation: \$   | Rain Drain Connector or Footing Drain   |         | 28.60    |        |  |  |
| Sach add 100' (or portion of) enter "1"   70.60     1st 100' of Sanitary SEWER line enter "1"   85.85     Each add 100' (or portion of) enter "1"   70.60     1st 100' of STORM SEWER line enter "1"   85.85     Each add 100' (or portion of) enter "1"   70.60     Stack 100' (or portion of) enter "1"   70.60     FIXTURE OR ITEM (CIRCLE TO IDENTIFY)     Backflow Device / Dual Check   28.60     Clothes Washer / Dishwasher   28.60     Drinking Fountain   28.60     Ejectors / Sump   28.60     Fixture Cap / Sewer Cap / Cleanout   28.60     Floor Drain / Floor Sink / Hub / Primer   28.60     Garbage Disposal / Ice Maker   28.60     Sink / Basin / Lavatory   28.60     Frost Free / Yard Hydrant / Hose Bib   28.60     Interceptor / Grease Trap   28.60     Urinal / Water Closet   28.60     Expansion Tank   28.60     Water Heater   51.45     Fire Hydrant / Fire Dept. Connect   28.60     Roof Drain (Commercial)   28.60     Medical Gas Valuation: \$   | WATER & SEW                             | ER      | 1        |        |  |  |
| 1st 100' of Sanitary SEWER line enter "1"   70.60     1st 100' of STORM SEWER line enter "1"   70.60     1st 100' of STORM SEWER line enter "1"   70.60     1st 100' of STORM SEWER line enter "1"   70.60     FIXTURE OR ITEM (CIRCLE TO IDENTIFY)     Backflow Device / Dual Check   28.60     Clothes Washer / Dishwasher   28.60     Drinking Fountain   28.60     Ejectors / Sump   28.60     Fixture Cap / Sewer Cap / Cleanout   28.60     Floor Drain / Floor Sink / Hub / Primer   28.60     Garbage Disposal / Ice Maker   28.60     Sink / Basin / Lavatory   28.60     Frost Free / Yard Hydrant / Hose Bib   28.60     Interceptor / Grease Trap   28.60     Urinal / Water Closet   28.60     Expansion Tank   28.60     Water Heater   51.45     Fire Hydrant / Fire Dept. Connect   28.60     Roof Drain (Commercial)   28.60     Medical Gas Valuation: \$  | 1st 100' of WATER service enter "1"     |         | 85.85    |        |  |  |
| Seach add 100' (or portion of) enter "1"   70.60     1st 100' of STORM SEWER line enter "1"   85.85     Each add 100' (or portion of) enter "1"   70.60     FIXTURE OR ITEM (CIRCLE TO IDENTIFY)     Backflow Device / Dual Check   28.60     Clothes Washer / Dishwasher   28.60     Drinking Fountain   28.60     Ejectors / Sump   28.60     Fixture Cap / Sewer Cap / Cleanout   28.60     Floor Drain / Floor Sink / Hub / Primer   28.60     Garbage Disposal / Ice Maker   28.60     Sink / Basin / Lavatory   28.60     Frost Free / Yard Hydrant / Hose Bib   28.60     Interceptor / Grease Trap   28.60     Tub / Shower / Shower Pan   28.60     Urinal / Water Closet   28.60     Expansion Tank   28.60     Water Heater   51.45     Fire Hydrant / Fire Dept. Connect   28.60     Roof Drain (Commercial)   28.60     Medical Gas Valuation: \$   | Each add 100' (or portion of) enter "1" |         | 70.60    |        |  |  |
| 1st 100° of STORM SEWER line enter "1"   70.60   | <u> </u>                                |         | 85.85    |        |  |  |
| Table   Tabl | Each add 100' (or portion of) enter "1" |         | 70.60    |        |  |  |
| Backflow Device / Dual Check   28.60   |   |         | 85.85    |        |  |  |
| Backflow Device / Dual Check   28.60   Clothes Washer / Dishwasher   28.60   Drinking Fountain   28.60   Ejectors / Sump   28.60   Fixture Cap / Sewer Cap / Cleanout   28.60   Fixture Cap / Sewer Cap / Cleanout   28.60   Garbage Disposal / Ice Maker   28.60   Sink / Basin / Lavatory   28.60   Frost Free / Yard Hydrant / Hose Bib   28.60   Interceptor / Grease Trap   28.60   Tub / Shower / Shower Pan   28.60   Expansion Tank   28.60   Expans | Each add 100' (or portion of) enter "1" |         | 70.60    |        |  |  |
| Clothes Washer / Dishwasher   28.60  | FIXTURE OR ITEM (CIRCLI                 | E TO ID | ENTIFY)  |        |  |  |
| Drinking Fountain   28.60  | Backflow Device / Dual Check            |         |          |        |  |  |
| Ejectors / Sump   28.60  | Clothes Washer / Dishwasher             |         | 28.60    |        |  |  |
| Fixture Cap / Sewer Cap / Cleanout Floor Drain / Floor Sink / Hub / Primer  Garbage Disposal / Ice Maker  Sink / Basin / Lavatory  Frost Free / Yard Hydrant / Hose Bib  Interceptor / Grease Trap  Tub / Shower / Shower Pan  Urinal / Water Closet  Expansion Tank  Water Heater  Fire Hydrant / Fire Dept. Connect  Roof Drain (Commercial)  Medical Gas Valuation: \$  SPECIALTY FIXTURES  Backwater Valve  Booster Pump / Circ Pump  Eyewash Station  Other:  *  Subtotal  OFFICE USE ONLY  Minimum permit fee  State Surcharge (12% of permit fee)  State Surcharge (12% of permit fee)  | Drinking Fountain                       |         | 28.60    |        |  |  |
| Floor Drain / Floor Sink / Hub / Primer   28.60  | Ejectors / Sump                         |         | 28.60    |        |  |  |
| Garbage Disposal / Ice Maker         28.60           Sink / Basin / Lavatory         28.60           Frost Free / Yard Hydrant / Hose Bib         28.60           Interceptor / Grease Trap         28.60           Tub / Shower / Shower Pan         28.60           Urinal / Water Closet         28.60           Expansion Tank         28.60           Water Heater         51.45           Fire Hydrant / Fire Dept. Connect         28.60           Roof Drain (Commercial)         28.60           Medical Gas Valuation: \$         8           SPECIALTY FIXTURES           Backwater Valve         28.60           Booster Pump / Circ Pump         28.60           Eyewash Station         28.60           Other:         *           Subtotal           OFFICE USE ONLY           Minimum permit fee         115.75           Plan Review (75% of permit fee)         5  | Fixture Cap / Sewer Cap / Cleanout      |         |          |        |  |  |
| Sink   Basin   Lavatory   28.60  | Floor Drain / Floor Sink / Hub / Primer |         | 28.60    |        |  |  |
| Frost Free / Yard Hydrant / Hose Bib 28.60  Interceptor / Grease Trap 28.60  Tub / Shower / Shower Pan 28.60  Urinal / Water Closet 28.60  Expansion Tank 28.60  Water Heater 51.45  Fire Hydrant / Fire Dept. Connect 28.60  Roof Drain (Commercial) 28.60  Medical Gas Valuation: \$  SPECIALTY FIXTURES  Backwater Valve 28.60  Booster Pump / Circ Pump 28.60  Eyewash Station 28.60  Other: *  Subtotal  OFFICE USE ONLY  Minimum permit fee 115.75  Plan Review (75% of permit fee)  State Surcharge (12% of permit fee)   | Garbage Disposal / Ice Maker            |         | 28.60    |        |  |  |
| Interceptor / Grease Trap   28.60     Tub / Shower / Shower Pan   28.60     Urinal / Water Closet   28.60     Expansion Tank   28.60     Water Heater   51.45     Fire Hydrant / Fire Dept. Connect   28.60     Roof Drain (Commercial)   28.60     Medical Gas Valuation: \$   SPECIALTY FIXTURES     Backwater Valve   28.60     Booster Pump / Circ Pump   28.60     Eyewash Station   28.60     Other:   *   Subtotal     OFFICE USE ONLY     Minimum permit fee   115.75     Plan Review (75% of permit fee)     State Surcharge (12% of permit fee)  | Sink / Basin / Lavatory                 |         | 28.60    |        |  |  |
| Tub / Shower / Shower Pan  | Frost Free / Yard Hydrant / Hose Bib    |         | 28.60    |        |  |  |
| Urinal / Water Closet         28.60           Expansion Tank         28.60           Water Heater         51.45           Fire Hydrant / Fire Dept. Connect         28.60           Roof Drain (Commercial)         28.60           Medical Gas Valuation: \$           SPECIALTY FIXTURES           Backwater Valve         28.60           Booster Pump / Circ Pump         28.60           Eyewash Station         28.60           Other:         *           Subtotal           OFFICE USE ONLY           Minimum permit fee         115.75           Plan Review (75% of permit fee)         State Surcharge (12% of permit fee)  | Interceptor / Grease Trap               |         | 28.60    |        |  |  |
| Expansion Tank  28.60  Water Heater  51.45  Fire Hydrant / Fire Dept. Connect  Roof Drain (Commercial)  28.60  Medical Gas Valuation: \$  SPECIALTY FIXTURES  Backwater Valve  Booster Pump / Circ Pump  28.60  Eyewash Station  28.60  Other:  *  Subtotal  OFFICE USE ONLY  Minimum permit fee  Plan Review (75% of permit fee)  State Surcharge (12% of permit fee)   | Tub / Shower / Shower Pan               |         |          |        |  |  |
| Water Heater         51.45           Fire Hydrant / Fire Dept. Connect         28.60           Roof Drain (Commercial)         28.60           Medical Gas Valuation: \$           SPECIALTY FIXTURES           Backwater Valve         28.60           Booster Pump / Circ Pump         28.60           Eyewash Station         28.60           Other:         *           Subtotal           OFFICE USE ONLY           Minimum permit fee         115.75           Plan Review (75% of permit fee)         State Surcharge (12% of permit fee)   | Urinal / Water Closet                   |         | 28.60    |        |  |  |
| Fire Hydrant / Fire Dept. Connect         28.60           Roof Drain (Commercial)         28.60           Medical Gas Valuation: \$  | Expansion Tank                          |         | 28.60    |        |  |  |
| Roof Drain (Commercial)   28.60  | Water Heater                            |         |          |        |  |  |
| Medical Gas Valuation: \$   SPECIALTY FIXTURES     Backwater Valve   28.60     Booster Pump / Circ Pump   28.60     Eyewash Station   28.60     Other:   *     Subtotal     OFFICE USE ONLY     Minimum permit fee   115.75     Plan Review (75% of permit fee)     State Surcharge (12% of permit fee)  | Fire Hydrant / Fire Dept. Connect       |         | 28.60    |        |  |  |
| SPECIALTY FIXTURES   | Roof Drain (Commercial)                 |         | 28.60    |        |  |  |
| Backwater Valve         28.60           Booster Pump / Circ Pump         28.60           Eyewash Station         28.60           Other:         *           Subtotal           OFFICE USE ONLY           Minimum permit fee         115.75           Plan Review (75% of permit fee)         State Surcharge (12% of permit fee)   | Medical Gas Valuation: \$               |         |          |        |  |  |
| Booster Pump / Circ Pump   28.60   | SPECIALTY FIXT                          | URES    |          |        |  |  |
| Eyewash Station         28.60           Other:         *           Subtotal           OFFICE USE ONLY           Minimum permit fee         115.75           Plan Review (75% of permit fee)         State Surcharge (12% of permit fee)  | Backwater Valve                         |         |          |        |  |  |
| Other:         *           Subtotal           OFFICE USE ONLY           Minimum permit fee         115.75           Plan Review (75% of permit fee)         State Surcharge (12% of permit fee)  | Booster Pump / Circ Pump                |         |          |        |  |  |
| Subtotal  OFFICE USE ONLY  Minimum permit fee 115.75  Plan Review (75% of permit fee)  State Surcharge (12% of permit fee)   | Eyewash Station                         |         | 28.60    |        |  |  |
| OFFICE USE ONLY  Minimum permit fee 115.75  Plan Review (75% of permit fee)  State Surcharge (12% of permit fee)   | Other:                                  |         | *        |        |  |  |
| Minimum permit fee 115.75  Plan Review (75% of permit fee)  State Surcharge (12% of permit fee)  |   |         | Subtotal |        |  |  |
| Plan Review (75% of permit fee) State Surcharge (12% of permit fee)  | OFFICE USE ONLY                         |         |          |        |  |  |
| State Surcharge (12% of permit fee)  | Minimum permit fee                      |         |          | 115.75 |  |  |
|  | Plan Review (75% of permit fee)         |         |          |        |  |  |
| Total Powmit Foo   |   |         |          |        |  |  |
| Total Permit Fee   |   |         |          |        |  |  |

## Property Owner Statement Regarding Construction Responsibilities

Oregon Law requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. (ORS 701.325 (2))

| Lice | statement is required for residential building, elect<br>nsed architect and engineer applicants, exempt fror<br>mit this statement. This statement will be filed with t   | m licensing un                  |   |   |  |  |
|------|---|---------------------------------|---|---|--|--|
| Plea | se check the appropriate box:   |                                 |   |   |  |  |
|      | I own, reside in, or will reside in the completed str   | ucture and my                   | general contractor is:  |   |  |  |
|      | Name  | CCB#                            | Expiration Date   |   |  |  |
|      | I will inform my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.   |                                 |   |   |  |  |
|      | or  |                                 |   |   |  |  |
|      | I will be performing work on property I own, a reside in. If I hire subcontractors, I will hire only subcontractors Board. If I change my mind and hire who is licensed with the CCB and will immediately issuing this Building Permit. | ubcontractors<br>a general cont | licensed with the Construction ractor, I will select a contractor |   |  |  |
|      | e read and understand the Information Notice to Ho<br>hereby certify that the information on this homeow  |                                 |   | , |  |  |
| i    | Print Name of Permit Applicant  |                                 |   |   |  |  |
|      | Signature of Permit Applicant   | Date                            |   |   |  |  |
|      |   |                                 |   |   |  |  |
|      | Permit #:   |                                 | O F<br>O F<br>O O F<br>O O O O O O O O O O O O O                  |   |  |  |
|      | Issued by: Date:  |                                 | 1859  |   |  |  |



## Information Notice to Owners About Construction Responsibilities

(ORS 701.325 (3))

Homeowners acting as their own general contractors to construct a new home or make a substantial improvement to an existing structure, can prevent many problems by being aware of the following responsibilities:

- Homeowners who use labor provided by workers not licensed by the Construction Contractors
  Board, may be considered an employer, and the workers who provide the labor may be considered
  employees. As an employer, you must comply with the following:
- Oregon's Withholding Tax Law: Employers must withhold income taxes from employee wages at the time employees are paid. You will be liable for the tax payments even if you don't actually withhold the tax from your employees. For more information, call the Department of Revenue at 503-378-4988.
- **Unemployment Insurance Tax:** Employers are required to pay a tax for unemployment insurance purposes on the wages of all employees. For more information, call the Oregon Employment Department at 503-947-1488.
- Oregon's Business Identification Number (BIN): is a combined number for both Oregon
  Withholding and Unemployment Insurance Tax. To file for a BIN, go online to the Oregon Business
  Registry. For questions, call 503-945-8091.
- Workers Compensation Insurance: Employers are subject to the Oregon Workers Compensation Law, and must obtain Workers Compensation Insurance for their employees. If you fail to obtain Workers Compensation Insurance, you could be subject to penalties and be liable for all claim costs if one of your workers is injured on the job. For more information, call the Workers Compensation Division at the Department of Consumer and Business Services at 800-452-0288.
- **Tax Withholding:** Employers must withhold Social Security Tax and Federal Income Tax from employee wages. You may be liable for the tax payment, even if you didn't actually withhold the tax. For a Federal EIN number, go online to <a href="https://www.irs.gov">www.irs.gov</a>.

## Other Responsibilities of Homeowners:

- **Code Compliance:** As the permit holder for a construction project, the homeowner is responsible for notifying building officials at the appropriate times, so that the required inspections can be performed. Homeowners are also responsible for resolving any failure to meet code requirements that may be found through inspections.
- Property Damage and Liability Insurance: Homeowners acting as their own contractors should
  contact their insurance agent to ensure adequate insurance coverage for accidents and omissions,
  such as falling tools, paint overspray, water damage from pipe punctures, fire, or work that must be
  redone. Liability Insurance must be sufficient to cover injuries to persons on the job site who are not
  otherwise covered as employees by Workers Compensation Insurance.
- **Expertise:** Homeowners should make sure they have the skills to act as their own general contractor, and the expertise required to coordinate the work of both rough-in and finish trades.