



# PLUMBING PERMIT APPLICATION

Crook County Community Development  
 300 NE 3<sup>RD</sup> 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/alteration/replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify: _____	
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"/> 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: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
OWNER INSTALLATION	
<b>This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.</b>	
Signature: _____	Date: _____
APPLICANT	
Name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
Signature: _____	Date: _____
CONTRACTOR	
Business name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
CCB Lic#: _____	BCD Lic#: _____
JP Lic#: _____	
CONTACT FOR PERMIT ISSUANCE	
Name: _____	Phone #: _____

FEE SCHEDULE			
Line Item / Description	Qty.	\$/Ea.	Total
Fire sprinkler ( _____ sq ft.)		*	
SITE UTILITIES			
Catch Basin / Area Drain / Manhole		28.60	
Water Meter / PRV		28.60	
Drywell / Leach Line / Trench Drain / Swale		28.60	
Alternate Potable Water Heating System		28.60	
Rain Drain Connector or Footing Drain		28.60	
WATER & SEWER			
1 <sup>st</sup> 100' of WATER service enter "1"		85.85	
Each add 100' (or portion of) enter "1"		70.60	
1 <sup>st</sup> 100' of Sanitary SEWER line enter "1"		85.85	
Each add 100' (or portion of) enter "1"		70.60	
1 <sup>st</sup> 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	
<b>Medical Gas Valuation: \$</b>			
SPECIALTY FIXTURES			
Backwater Valve		28.60	
Booster Pump / Circ Pump		28.60	
Eyewash Station		28.60	
<b>Other:</b> _____		*	
<b>Subtotal</b>			
OFFICE USE ONLY			
<b>Minimum permit fee</b>			<b>115.75</b>
Plan Review (75% of permit fee)			
State Surcharge (12% of permit fee)			
<b>Total Permit Fee</b>			