



PLUMBING PERMIT

Crook County Community Development
300 NE 3RD ST, RM #12, Prineville OR 97754
Phone: (541) 447-3211 Fax: (541) 416-2139
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"/> Multi-family	<input type="checkbox"/> Other, Specify:
<input type="checkbox"/> Accessory building	
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	
This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
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		27.25	
Water Meter / PRV		27.25	
Drywell / Leach Line / Trench Drain / Swale		27.25	
Alternate Potable Water Heating System		27.25	
Rain Drain Connector or Footing Drain		27.25	
WATER & SEWER			
1 st 100' of WATER service enter "1"		81.75	
Each add 100' (or portion of) enter "1"		67.25	
1 st 100' of Sanitary SEWER line enter "1"		81.75	
Each add 100' (or portion of) enter "1"		67.25	
1 st 100' of STORM SEWER line enter "1"		81.75	
Each add 100' (or portion of) enter "1"		67.25	
FIXTURE OR ITEM (CIRCLE TO IDENTIFY)			
Backflow Device / Dual Check		81.75	
Clothes Washer / Dishwasher		27.25	
Drinking Fountain		27.25	
Ejectors / Sump		27.25	
Fixture Cap / Sewer Cap / Cleanout		27.25	
Floor Drain / Floor Sink / Hub / Primer		27.25	
Garbage Disposal / Ice Maker		27.25	
Sink / Basin / Lavatory		27.25	
Frost Free / Yard Hydrant / Hose Bib		27.25	
Interceptor / Grease Trap		27.25	
Tub / Shower / Shower Pan		27.25	
Urinal / Water Closet		27.25	
Expansion Tank		27.25	
Water Heater		49.00	
Fire Hydrant / Fire Dept. Connect		27.25	
Roof Drain (Commercial)		27.25	
Medical Gas Valuation: \$			
SPECIALTY FIXTURES			
Backwater Valve		27.25	
Booster Pump / Circ Pump		27.25	
Eyewash Station		27.25	
Other:		*	
Subtotal			
OFFICE USE ONLY			
Minimum permit fee			110.25
Plan Review (75% of permit fee)			
State Surcharge (12% of permit fee)			
Total Permit Fee			