

		OFFICE U	OFFICE USE ONLY	
TYPE OF WORK		Permit Number:		
New Construction	Demolition	Date Received: By:		
	Other	Date Issued:		
		FEE SCHEDULE		
CATEGORY OF CONSTRUCTION		DESCRIPTION	QTY. FEE TOTAL	
1 and 2 Family Dwelling	Commercial/Industrial	New 1 & 2 Family Dwellings (includes 100 ft for each utility connection)		
Accessory Building	Multi-Family	SFR (1) bath	\$492.00	
JOB SITE INFORMATION AND LOCATION		SFR (2) bath SFR (3) bath	\$600.00 \$712.00	
Job site address:		Each additional bath/kitchen	\$120.00	
		Fire sprinkler - New Home sq. ft		
City, State, Zip:		Site Utilities		
Suite/Bldg/Space/Apt #:		Catch basin or area drain	\$38.00	
Subdivision: Lot #:		Manufactured home utilities	\$88.00	
Project Name:		Manholes *Sanitary sewer (linear ft)	\$38.00 *\$93.00	
•		*Storm sewer (linear ft)	*\$93.00	
DESCRIPTION OF WORK		*Water service (linear ft)	*\$93.00	
		*403100 1: (: / 1: 1 1		
		*\$93per 100 linear ft (rounding up to the nearest 100 linear ft) Fixture or Item		
		Backflow preventer	\$28.00	
		Backwater valve	\$28.00	
		Clothes washer	\$28.00	
PROPERTY OWNER	TENANT	Dishwasher	\$28.00	
Name:		Drinking fountain	\$28.00	
Address:		Ejectors/sump Expansion tank	\$28.00 \$28.00	
		Fixture/sewer cap	\$28.00	
City, State, Zip:		Floor drain/floor sink/hub	\$28.00	
Email Address:		Garbage disposal	\$28.00	
Phone Number:		Hose bibb	\$28.00	
_		Ice maker	\$28.00 \$28.00	
APPLICANT	CONTACT PERSON	Interceptor/grease trap Medical gas (value: \$)	\$20.UU	
Name:		Primer	\$28.00	
Address:		Roof drain (commercial)	\$28.00	
	//	Sink/basin/lavatory	\$28.00	
City, State, Zip:		Tub/shower/shower pan	\$28.00	
Email Address:		Urinal Water closet	\$28.00 \$28.00	
Phone Number:		Water Heater	\$28.00	
		Other:	\$28.00	
CONTRACTOR All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Roard		NO	TICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701, as well as licensed with the City of Sandy.		This permit application expires if not obtained within 180 days after it is deemed ready to issue.		
Business Name:		PLUMBING PERMIT FE	ES (OFFICE USE ONLY)	
Contact Name:			Subtotal \$	
Address:		Permit Fee (minimum \$93.00)		
City, State, Zip:		State Surcharge (12%)		
Email Address:		Plan Review (40%) Technology Fee (3%)		
Phone Number: CCB#:		TOTAL PERMIT FEE		
Signature:	Date:			