

Plumbing Permit Application

City of Fairview

1300 NE Village St. PO Box 337, Fairview, Or 97024
 Community Development – Permits Desk 503 674-6206
 Inspection requests may be made by:
 Phone: 503 674-6244 Fax: 503 667-7866 E-mail: inspection@ci.fairview.or.us

Application No.:	Permit No.:	P
Date Received:	Expire date:	
Date Issued:	Issued By:	
Assoc. Permit No.:	Receipt No.:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
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"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/Zip: Fairview Or 97024	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	
Plumbing License no.:	CCB License no.:
City or Metro License no.:	
Authorized signature:	
Print name:	Date:
DEPARTMENT APPROVAL INITIAL & DATE	
Planning Dept.:	
Public Works Dept.:	
Plumbing Dept.:	
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. Permits are non-transferable and expire 180 days from issuance or last inspection.	

* refer to fee schedule

Visit our website for additional forms and information:
www.ci.fairview.or.us

FEE SCHEDULE			
For special information use checklist			
Description	Qty	Fee	Total
New 1-2 family dwelling (includes 100 ft. for each utility connection)			
SFR (1) bath		396.00	
SFR (2) bath		515.00	
SFR (3) bath		658.00	
Each additional bath/kitchen		108.00	
Fire sprinkler (___sq. ft.) (value \$_____)		*	
Site utilities			
Catch basin or area drain		60.00	
Drywell, leach line or trench drain		60.00	
Manufactured home utilities		70.00	
Footing drain	1st 100 ft. 92.00	ea. add'l ft. 60¢	92.00 +
Manholes		60.00	
Rain drain connector		60.00	
Sanitary sewer	1st 100 ft. 92.00	ea. add'l ft. 60¢	92.00 +
Storm sewer	1st 100 ft. 92.00	ea. add'l ft. 60¢	92.00 +
Water Service	1st 100 ft. 92.00	ea. add'l ft. 60¢	92.00 +
Fixture or item			
Backwater valve		66.00	
Backflow preventer		60.00	
Clothes washer		26.00	
Dishwasher		26.00	
Drinking fountain		26.00	
Ejector/sump		26.00	
Expansion tank		26.00	
Fixture/sewer cap		26.00	
Floor drain/floor sink/hub		26.00	
Garbage disposal		26.00	
Hose bib		26.00	
Ice maker		26.00	
Interceptor/grease trap		26.00	
Medical gas (value \$_____)		*	
Primer		26.00	
Roof drain (commercial)		26.00	
Sink/basin/lavatory		26.00	
Tub/shower/shower pan		26.00	
Urinal		26.00	
Water closet		26.00	
Water heater		26.00	
Other:		26.00	
PLUMBING PERMIT FEES			
Plumbing Permit Fee	\$		
Minimum Permit Fee	\$	97.00	
Plan review fee (30% of permit fee)	\$		
State Surcharge (12% of permit fee)	\$		
Deposit			
TOTAL DUE	\$		