



CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Multi-family	
JOB SITE INFORMATION AND LOCATION	
Job address:	
Suite/bldg./apt. no.:	
City/State/ZIP:	
Tenant/Business:	
DESCRIPTION OF WORK	
PROPERTY OWNER <i>Application may be returned if this section is incomplete</i>	
Name:	
Address:	
City/State/ZIP:	
Phone:	
Email:	
Owner installation: This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-695-0020.	
Signature:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	
Email:	
CCB lic. no.:	BCD lic. no.:
Contact name:	
Contact Phone:	
PLAN REVIEW REQUIRED IF ANY OF THE FOLLOWING APPLY	
Please check all that apply:	
<input type="checkbox"/> Installation or alteration of medical gas and vacuum systems for health care facilities	<input type="checkbox"/> Installation of commercial booster pump system needed to maintain a minimum residual water pressure in a structure supplied by a municipality
<input type="checkbox"/> Installation or alteration of chemical drainage waste and venting systems containing chemical agents potentially detrimental to the plumbing system	<input type="checkbox"/> Installation of a plumbing system requiring a building water service line with an interior diameter or nominal pipe size of 2" or greater except 2" line systems designed and stamped by a licensed engineer
<input type="checkbox"/> Installation or alteration of wastewater pretreatment systems for building sewers	<input type="checkbox"/> Installation of any multi-purpose fire sprinkler system under standards adopted by the department
<input type="checkbox"/> Installation of vacuum drainage waste and venting	<input type="checkbox"/> Grease processing equipment (traps, interceptors)
<input type="checkbox"/> Installation or alteration of reclaimed wastewater systems	
PERMIT NUMBER	

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total
NEW RESIDENTIAL ONLY			
1 Bathroom / 1 Kitchen*		\$ 554.75	
2 Bathrooms / 1 Kitchen*		\$ 741.25	
3 Bathrooms / 1 Kitchen*		\$ 831.75	
Each add'l bathroom (over 3)		\$ 222.75	
Each additional kitchen (over 1)		\$ 222.75	
RESIDENTIAL, COMMERCIAL/INDUSTRIAL, & MULTI-FAMILY PROJECTS			
Each fixture, appurtenance, and piping.		\$ 25.60	
Sanitary Service First 100 feet		\$ 154.50	
Each additional 100 feet or fraction thereof		\$67.30	
Storm Service First 100 feet		\$154.50	
Each additional 100 feet or fraction thereof		\$ 67.30	
Water Service First 100 feet		\$123.90	
Each additional 100 feet or fraction thereof		\$67.30	
Backflow Device		\$ 25.60	
Residential Water Heater replacement (fill out Page 2 of application form)		\$ 72.00	
MEDICAL GAS			
Valuation of installation and equipment for the medical gas system:			
**Permit fee			
PLUMBING PERMIT FEES			
A Subtotal permit fees			
B Minimum Permit Fee (\$100.50)			
C Plan review (35% of Permit fee)			
D City Technology Fee			
E City Administrative Fee			
F State Surcharge			
TOTAL PERMIT FEE			

*Note: This bathroom / kitchen includes First 100 feet of water/sewer lines, hose bibs, ice maker, under-floor low point drains and rain drain packages.

**Fees for medical gas permits can be calculated online at: [pdd.eugene-or.gov/BuildingPermits/Fee calculator](http://pdd.eugene-or.gov/BuildingPermits/Fee%20calculator)

SDC fees may also apply. Contact Public Works Engineering at (541) 682-8400 for more information.

Residential Water Heater Replacement Details

Please complete the following questions regarding your project.

1.	What is the existing system? Check all that apply.	Tank	Tankless	Electrical	Gas
2.	What are you replacing it with? Check all that apply.	Tank	Tankless	Electrical	Gas
3.	Will the water heater be installed in the same location?	Yes	No		
4.	Will you be installing new electrical?	Yes	No		
5.	Will you be installing new gas piping?	Yes	No		
6.	Will you be adding or altering a fuel burning appliance vent?	Yes	No		
7.	Are you using a minor label for any of the following?	Electrical	Plumbing	N/A	