

# Plumbing Permit Application

Jurisdiction name: Harney County

Address: 450 N. Buena Vista, Burns, OR 97720

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DEPARTMENT USE ONLY	
Permit no.:	
Date:	

**This permit is issued under OAR 918-780-0060. Permits are issued only to the person or contractor doing the work. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

LOCAL GOVERNMENT APPROVAL		
Zoning approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sanitation approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION		
Job site address:		
City:	State:	ZIP:
Subdivision:	Lot no.:	
DESCRIPTION OF WORK		
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
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 INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
CCB license no.:	BCD license no.:	
Plumbing license no.:		
Print name:		
Signature:		
PAYMENT INFORMATION		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Phone: - -
Check number		Date
Name as shown on check		\$
Check holder signature		Amount

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total cost
<b>Residential – One &amp; Two Family Dwellings (new/remodel/addition)</b>			
1 bathroom / 1 kitchen		\$150.00	\$
Additional bathroom (each)		\$100.00	\$
Additional ½ bathroom (each) (closet & lav. only)		\$75.00	\$
Minor Installation (no bath) \$20.00 per fixture – with minimum fee		\$100.00	\$
Water or Drain- re-pipe (no fixture relocation)		\$100.00	\$
Additional fixtures (each)		\$20.00	\$
<b>Commercial, Industrial, and Dwellings over One &amp; Two-family</b>			
3 or less fixtures (minimum fee)		\$120.00	\$
<b>Base Fee</b> (includes 4 to 10 fixtures)		\$240.00	\$
11 or more fixtures (\$240+\$20.00 pre fixture)		\$20.00	\$
<b>Utility Piping</b>			
Water Service- No. Linear Ft ____ 1 <sup>st</sup> 100'		\$55.00	\$
Each Additional 100' or part thereof per 100'		\$30.00	\$
Sewer Service- No. Linear Ft ____ 1 <sup>st</sup> 100'		\$55.00	\$
Each Additional 100' or part thereof per 100'		\$30.00	\$
Storm Sewer- No. Linear Ft ____ 1 <sup>st</sup> 100'		\$55.00	\$
Each Additional 100' or part thereof per 100'		\$30.00	\$
Interceptors, Catch Basin, Manholes, Roof Leaders and/or Overflow Drains, Etc., (each)		\$40.00	\$
Storm Sewer drywell, Leach Bed (each)		\$120.00	\$
<b>RV and Manufactured Dwelling Parks</b>			
5 or fewer spaces (Base Fee)		\$240.00	\$
6 to 19 spaces (\$240 +cost per space)		\$45.00	\$
20 or more spaces (Base Fee +cost per space)		\$35.00	\$
<b>Miscellaneous Fees</b>			
Re-Inspection (no. of hrs. x fee per hr.)		\$65.00	\$
Special requested inspections (no. of hrs. x fee per hr.)		\$65.00	\$
Backflow Device, Water Treatment Equip., Water Heater, Etc., (Single Inspection)		\$55.00	\$
<b>Medical Gas Piping</b>	Minimum fee	<b>\$300.00</b>	
Enter value of installation and equipment \$ _____			
Enter fee based on installation and equipment value.			\$
APPLICANT USE			
(A) Enter subtotal of above fees			\$
(B) Investigative fee (equal to [A])			\$
(C) Enter 12% surcharge (.12 x [A+B])			\$
(D) Under 30 Fixtures Plan review (30% of [A])			\$
(E) Over 30 Fixtures, RV/MFH, Med Gas - Plan review (40% of [A])			\$
<b>TOTAL fees and surcharges (A through D):</b>			\$