



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	
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> 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:	Fax:
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 or alteration of chemical drainage waste and venting systems containing chemical agents potentially detrimental to the plumbing system <input type="checkbox"/> Installation or alteration of wastewater pretreatment systems for building sewers <input type="checkbox"/> Installation of vacuum drainage waste and venting <input type="checkbox"/> Installation or alteration of reclaimed wastewater systems	<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 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 of any multi-purpose fire sprinkler system under standards adopted by the department <input type="checkbox"/> Grease processing equipment (traps, interceptors)
PERMIT NUMBER	

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total
<b>NEW RESIDENTIAL ONLY</b>			
1 Bathroom / 1 Kitchen*		\$ 546.50	
2 Bathrooms / 1 Kitchen*		\$ 730.25	
3 Bathrooms / 1 Kitchen*		\$ 819.50	
Each add'l bathroom (over 3)		\$ 219.50	
Each additional kitchen (over 1)		\$ 219.50	
<b>RESIDENTIAL, COMMERCIAL/INDUSTRIAL, &amp; MULTI-FAMILY PROJECTS</b>			
Each fixture, appurtenance, and piping.		\$ 25.25	
Sanitary First 100 feet		\$ 152.25	
Each additional 100 feet or fraction thereof		\$ 66.30	
Storm Service First 100 feet		\$152.25	
Each additional 100 feet or fraction thereof		\$ 66.30	
Water Service First 100 feet		\$122.10	
Each additional 100 feet or fraction thereof		\$ 66.30	
Backflow Device		\$ 25.25	
Residential Water Heater replacement combo (minimum plumbing fee not applicable)		\$ 72.00	
<b>MEDICAL GAS</b>			
Valuation of installation and equipment for the medical gas system:			
**Permit fee			
<b>PLUMBING PERMIT FEES</b>			
A	<b>Subtotal permit fees</b>		
B	<b>Minimum Permit Fee (\$99.00)</b>		
C	<b>Plan review (35% of Permit fee)</b>		
D	<b>City Technology Fee</b>		
E	<b>City Administrative Fee</b>		
F	<b>State Surcharge</b>		
<b>TOTAL PERMIT FEE</b>			

\*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:

<http://pdd.eugene-or.gov/BuildingPermits/FeeCalculator>

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