

Date:

## **PLUMBING PERMIT APPLICATION**

## **CITY OF SEASIDE BUILDING CODES**

LOCATION: 1387 AVE U MAILING: 989 BROADWAY **SEASIDE OR 97138** 

FOR DEPARTMENT USE ONLY

Permit #: **Issued Date:** 

Issued By:

BALANCE DUE \$

**Associated Permits:** 

		F	Ph. (503) 738-7100 Fax (503) 738-8765						
	JOBSITE INFO		OWNER'S IN	IFORMAT	ION				
Address:				Name:					
City/St/Zip	Seasio	de, OR 9	7138	Address:					
Directions		·		City/St/Zip					
to Jobsite				Phone:					
			CONTRACTO		MATION				
I am	the property owner h	iring a PLU	IMBING contracto	or.	License #:		Expires:		
I am	licensed with the Buil	ding Code	s Division.		License #:		Expires:		
I am	registered with the C	onstruction	Contractor's Boa	ırd	Registration #:		Expires:		
Cont	ractor's Seaside Busi	ness Licen	se		License #:		Expires:		
I am	the property owner d	oing my o	<u>wn work</u>						
Contractor's	Name:								
Address:				City/St/Zip					
Telephone:			Cell Phone:			Fax:			
			PLUMBIN	G PERMIT F	EES				
1 & 2 FAMIL	Y DWELLINGS					Cost @	Items		Sum
(1) New	Construction								
	1 Bathroom (include							\$	-
	2 Bathroom (include							\$	-
	3 Bathroom (include							\$	-
	Each Add'l Kitchen ar							\$	
(e) Each Add'l 100 feet water or sewer or fraction thereof								\$	
(2) Additions, Alterations and Remodels								•	
(a) For fees not listed above per fixture\$ 22.00  MULTI-FAMILY, COMMERCIAL AND INDUSTRIAL including ADDITIONS & ALTERATIO  (3) (a) Base Fee (3 or fewer fixtures)\$ \$250.00								\$	
MULTI-FAM	Daga Fac (2 or favor	AND INDU	ISTRIAL Includir	ng ADDITION	S & ALTERATIO	<u></u>		,	
								<u>\$</u> \$	-
	More than 3 fixtures ( Water Service (First 1							\$	<u>-</u> -
	Sanitary Sewer (First							\$	
	Storm Sewer (First 10							\$	
	Each Additional 100 f							\$	-
	NEOUS FEES								
<b>(4)</b> (a) '	Waterheaters & Back	flow Device	es (Each)			- \$ 42.00		\$	-
	Water, Storm or Sani					\$ 47.60		\$	-
(c)	Each Additional 100	feet or frac	tion thereof			\$ 36.00		\$	
	Re-inspection or spec	cially-reque	ested inspections-			· \$ 84.00		\$	-
	Total of above fees <b>(r</b>	ninimum r	normit fon \$94 00	11				ı E	_
• • • •	2% State Surcharge			·/				<u>\$</u> \$	<del></del>
	Plan review fee (Line			ommercial Pe	ermits Only			\$	
	Investigative fee (Equ								
Applicant's Signature: GRAND TOTAL									-
Print Name:					PYMT:	CA CK#	PAID	<u>\$</u> \$	-