



## COMMERCIAL OVER THE COUNTER (OTC) PERMITS QUALIFYING GUIDELINES CHECKLIST CALL OR EMAIL FOR AN APPOINTMENT TIME

Building Division | 29799 SW Town Center Loop E | Wilsonville, OR 97070

Permits: Becky White, [white@ci.wilsonville.or.us](mailto:white@ci.wilsonville.or.us) 503-570-1553

Plans Examiner: Melissa Gitt, [gitt@ci.wilsonville.or.us](mailto:gitt@ci.wilsonville.or.us) 503-570-1537

1.	YES/NO	Project must be designed by a Registered Architect or Engineer. The person authorized to make project modifications and/or plan changes must be present at the counter throughout the review process and must be present during the OTC process.
2.	YES/NO	Given that every project is unique, I understand plan review staff reserve the option to redirect an application out of the <b>OTC</b> review process and into the standard review process at any time.
3.	YES/NO	Applicant must submit Building Application with Contractor's information and pay all fees due at time of review/issuance.
4.	YES/NO	Is the scope of work limited to a tenant infill or tenant alteration project?
5.	YES/NO	The proposed use does not require a separate land use permit or is a Change in Use.
6.	YES/NO	The Accessibility to Existing Buildings Alterations Compliance Report (required) Energy Compliance Form and Special Inspection forms (if applicable)
7.	YES/NO	All alterations take place inside the footprint of the existing structure; no new impervious surface area is proposed.
8.	YES/NO	Will the building contain hazardous materials or is the occupancy an H - Hazardous occupancy?
9.	YES/NO	Is there any proposed additional square footage i.e. a mezzanine or covered <del>entry?</del>
10.	YES/NO	Does the project include any of the following: a medical gas or vacuum system i.e. as found in systems for dentist, veterinary and similar uses, a chemical drain waste and vent system i.e. as in laboratories or health care uses, high piled storage, or Change in use?

\*If this project includes NEW plumbing fixtures, please provide Page 2 Section Fixture Type

\*\*All sewer SDC's are required to be paid at time of permit issuance.

\*\*\*If you answered **"YES" TO #1-7**, your project qualifies for the OTC review program, if you answered **"YES" to #9-10**, your project fall outside the scope of the OTC review and you may submit your project through the standard review Monday to Friday during normal business hours.

# Plumbing Permit Application – City of Wilsonville

## Page 2 – Supplemental Information

### Fee Schedule:

Site Utilities	Qty.	Fee (ea)	Total
Footing drain – 1 <sup>st</sup> 100'		50.80	
Footing drain – each additional 100'		50.80	
Sewer – 1 <sup>st</sup> 100'		50.80	
Sewer – each additional 100'		50.80	
Water Service – 1 <sup>st</sup> 100'		50.80	
Water Service – each additional 100'		50.80	
Storm & Rain Drain – 1 <sup>st</sup> 100'		50.80	
Storm & Rain Drain – each additional 100'		50.80	
Fixture or Item	Qty.	Fee (ea)	Total
Commercial Backflow Prevention Device		14.90	
Residential Backflow Prevention Device		14.90	
Inspection of existing plumbing or specially requested inspections – per hour		51.30	
<b>Subtotal:</b>			

### Residential Fire Suppression Systems Multi purpose:

Square Footage:	Permit Fee:
0 to 2,000	65.00
2,001 to 3,600	90.00
3,601 to 7,200	101.00
7,201 and greater	173.00

### Medical Gas:

Valuation:	Permit Fee:
\$1.00 to \$5,000.00	Minimum fee \$123.00
\$5,001.00 to \$10,000.00	\$123.00 for the first \$5,000 and \$2.55 for each additional \$100 or fraction thereof, to and including \$25,000.
\$10,001.00 to \$25,000.00	\$251.35 for the first \$10,000 and \$2.55 for each additional \$100 or fraction thereof, to and including \$25,000.
\$25,001.00 to \$50,000.00	\$642.25 for the first \$25,000 and \$2.46 for each additional \$100 or fraction thereof, to and including \$50,000.
\$50,001.00 and up	\$1255.80 for the first \$50,000 and \$2.05 for each additional \$100 or fraction thereof.

### FIXTURE TYPE:

Are you capping, moving or replacing existing fixtures? If "yes", please indicate work performed by fixture. Failure to accurately report fixtures could result in increased sewer fees.\*

Fixture Type:	Quantity by (Fixture) Work Performed			
	New	Moved	Replace Existing	Capped
Baptistry/Font				
Bath -Tub/Shower -Jacuzzi/Whirlpool				
Car Wash -Each Stall -Drive Thru				
Cuspidor/Water Aspirator				
Dishwasher -Commercial -Domestic				
Drinking Fountain				
Eye Wash				
Floor Drain/Sink - 2" - 3" - 4" Car Wash Drain				
Garbage Disposal -Domestic -Commercial -Industrial				
Ice Mach./Refrig. Drains				
Oil Separator (Gas Station)				
Rec. Vehicle Dump Station				
Shower -Gang -Stall				
Sink -Bar/Lavatory -Bradley -Commercial -Service				
Swimming Pool Filter				
Washer – Clothes				
Water Extractor				
Water Closet – Toilet				
Urinal				
Other Fixtures:				

### Comments regarding fixture work:

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\*Note: If the fixture work under this permit results in an increase of sewer EDUs, a sewer permit will be issued, and fees assessed for the sewer increase must be paid before the plumbing permit can be issued.

### Quantity Total

Isometric or riser diagram is required if fixture quantity total is  $\geq 9$ .

### Plan Review

Plan review is required if fixture quantity total is  $\geq 9$ .