## CITY OF WILSONVILLE

## **Plumbing Permit Application**

29799 SW Town Center Loop E., Wilsonville OR 97070

Phone: 503-682-4960 permits@ci.wilsonville.or.us



## \*Apply on the OnlinePortal, attach this form.

Note for Commercial Projects: Complete 2nd page supplemental sheet; fixture work under this permit may result in new Sewer SDC charges.

Wilsonville City Code 7.300 requires all businesses located in or working in the city limits to obtain a City of Wilsonville business license prior to operating a business. Contractors may qualify to use a Metro License in lieu of a City of Wilsonville License

Category of Construction	Fee Schedule		
			. <u> </u>
□ 1 & 2 Family □ Commercial/Industrial □ Other	Description	Qty.	Ea.
Multifamily Accessory Building	New 1 & 2 Family Dwellings (includes 100 ft. for each utility connection)		
Type of Work	SFR (1) Bath		\$397.00
New Construction     Addition/Alteration/Replacement	SFR (2) Bath		\$487.00
Demolition Other:	SFR (2) Bath		\$550.00
Job Site Information/Location	Each Additional 1/2 Bath, Full Bath, or Kitchen		\$192.00
Address:	Fire Sprinkler (SFD) (# of sq. ft.)		,
Suite/Bldg/Apt. No/Lot No	Site Utilities		
	Catch Basin, French Drain, or Area Drain		\$24.25
Project Name: Description	Drywell, Leach Line, or Trench Drain		\$24.25
	Rain Drain Connector		
			\$24.25
	Manhole		\$24.25
	Manufactured Home Utilities (When exterior utilities exceed 30 f	eet)	\$80.00
	Each repair, replacement, or alteration of water service,		
	sanitary sewer or storm line		\$80.00
	Sanitary Sewer or Storm Service		linear feet
	First 100 feet		\$180.00
	Each additional 100 feet or portion		\$180.00
Property Owner	Water Service		linear feet
Name:	First 100 feet		\$180.00
Address:	Each additional 100 feet or portion		\$180.00
City/State/Zip:	Footing Drain		linear feet
Phone:	First 100 feet		\$180.00
Email:	Each additional 100 feet or portion		\$180.00
Contractor	Fixture or Item		\$24.25
Business name:	Backflow Device (Includes first 10 feet of water service)		\$24.25
Address:	Backwater Valve		\$24.25
City/State/Zip:	Clothes Washer		\$24.25
CCB No: Exp. Date:	Dishwasher		\$24.25
Plumber Lic. No: Exp. Date: JP Lic. No:	Drinking Fountain		\$24.25
Metro Lic. No./City Bus. Lic. No: Exp. Date:	Ejectors/Sump Pump		\$24.25
LCB Lic. No: Exp. Date:	Expansion Tank		\$24.25
Applicant/Contact Person	Fixture/Sewer Cap		\$24.25
Contact Name:	Floor Drain/Floor Sink/Hub Drain		\$24.24
Address:	Garbage Disposal		\$24.25
City/State/Zip:	Hose Bib		\$24.25
Phone:	Ice Maker		\$24.25
Email:	Interceptor/Grease Trap (Requires Review Submit Specs)		\$24.25
Signature Required (Electronic Signature Accepted)	Medical Gas (Value \$ ) (Plan Review)		\$24.25
			-
Applicant Signature:	Pressure Reducing Valve (PRV)		\$24.25
Print Name:	Primer		\$24.25
Date:	Re-pipe (Replacing in-building water supply lines) Per 4		\$48.25
	Roof Drain (Commercial)		\$24.25
If Owner Installation: This installation is being made on property that I own, which is not intended for sale, exchange, lease, or rent. ORS 479-540(1) and 479.560(1).	Sink/Basin/Lavatory		\$23.25
	Tub/Shower/Shower Pan		\$24.25
	Urinal		\$24.25
This permit is issued under OAR 918-440-0050. Permit expires if work is			\$24.25
not started within <u>180 days</u> of issuance or if work is suspended for 180 days			\$24.25
	Other:	Da	\$24.25
	Minimum Plumbing	Permi	
	Plan Review Commercial 55% of plu	mhin	a normait f