Marion County	Marion Co 5155 Silverto Salem, Orego	n Rd NE n 97305	
	Email: Build		Fax: (503) 588-7948 on.or.us
			o.marion.or.us
	CATEGORY OF	CONSTRUC	CTION
Residential	Gover	nment	
JOB	SITE INFORMA	TION AND I	OCATION
Job site address:			
City/State/Zip:			
Suite/Bldg/apt no.:	Pr	roject name:	
Business name, if ap	plicable:		
Cross Street:			
Subdivision:	Le	ot no:	
Tax map/parcel no:			
	DESCRIPTI	ON OF WOR	RK
P	ROPERTY OWN	ER INFORM	IATION
Name:			
Mailing Address:			
City/State/ ZIP:			
Phone:	Fa	ax:	
E-mail:			
For Owner Inst This installation owned by me or from licensing re	is being made of a member of my	v immediate f	amily, and is exempt
Signature:			Date:
CCB form is rea	uired for homeonw	er installations	
			FION
Ducinact	CONTRACTOR	NINFUKIMA	11014
Business name:			
Contact name:			
Address:			
City/State/ZIP:			
Phone:		Fax:	
E-mail:			
CCB License no:		BCD Lic. no	.:
Plumbing License no	o.:		
Print Name:			
Signature:			Date:
	APPI	LICANT	
Contractor		Owner	

See other side of this form for additional information.

FEE SCHEDULE	2		
Description	Qty	Cost Each	Total Cost
New 1 & 2 family dwellings (includes 100 ft. for Note: A "half" bath is equivalent to a s			ctions)
1 bathroom/ 1 kitchen		\$285.00	
2 bathrooms/ 1 kitchen		\$363.00	
3 bathrooms/ 2 kitchen		\$441.00	
Each additional bath (over 3)/ kitchen (over 1)		\$78.00	
Fire sprinkler system (13-D) sq. ft.	Fee per	schedule	
Additional site utilities over 100 feet (per 100')		\$26.00	
Site Utilities			
Catch Basin or area drain		\$17.50	
Drywell or trench drain		\$17.50	
Sanitary Sewer – First 100 feet		\$41.00	
Each additional 100 feet		\$26.00	
Water Service – First 100 feet			
		\$41.00	
Each additional 100 feet		\$26.00	
Storm/Rain Drain – First 100 feet		\$41.00	
Each additional 100 feet		\$26.00	
Fixture or item			
Backflow preventer / Valve		\$17.50	
Backwater valve Clothes washer		\$17.50 \$17.50	
Commercial dishwasher		\$17.50	
Drinking fountain		\$17.50	
Ejectors/sump		\$17.50	
Expansion tank Fixture/sewer cap		\$17.50	
Floor or roof drain/floor sink/hub		\$17.50 \$17.50	
Hose bib		\$17.50	
Ice maker		\$17.50	
Interceptor/grease trap		\$17.50	
Sink/basin/lavatory Tub/shower/shower pan		\$17.50 \$17.50	
Water closet/Urinal		\$17.50	
Water heater		\$17.50	
Other		\$17.50	
Miscellaneous Fees			-
Specially requested inspections (no. of hrs x fee per hour)		\$67.25	
Fire sprinkler system (13-D) sq.ft.	Per fee schedule		
Medical gas \$ valuation	Per fee	e schedule	
Reinspection Fee		\$52.00	
Investigation Fee		r	
Other			
FOR APPLICANT	USE		
Minimum permit fee			\$67.25
[A] Enter subtotal of above fees			
(or minimum permit fee, whichever is greated			
[B] Investigation fee – if applicable (Equal to [A])			
[C] Enter 12 % state surcharge (0.12 x [A + B]) [D] Plan review 30% - if applicable (0.30 x [A])			
TOTAL fees and surcharges (A through D)	/		
rees and sareharges (rranough D)			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

City of _____ Rec'd by: ____ Date:____

1 & 2 Family Dwelling Fire Suppression System (13-D) Fee Schedule

Total Square Feet	Fee
0 to 2000	\$98.00
2001 to 3600	\$129.00
3601 to 7200	\$139.75
Over 7200	\$186.25

(Fee includes permit & plan review)

<u>Two sets of plans must be submitted for review.</u> NOTE: Standalone systems (13-R) are permitted under a separate building permit, however, a plumbing permit for a backflow prevention device is required.

Medical Gas Installation

The Permit Fee is based on the value of the installation

Total Valuation			Permit Fee	
\$1	to	\$2,000	\$60.00	
\$2,001	to	\$25,000	\$60.00 for the first \$2000 plus \$8.00 for each additional \$1000, or fraction thereof, to and including \$25,000	
\$25,001	to	\$50,000	\$244.00 for the first \$25,000 plus \$6.25 for each additional \$1000, or fraction thereof, to and including \$50,000	
\$50,001	to	\$100,000	\$400.25 for the first \$50,000 plus \$4.75 each additional \$1000, or fraction thereof, to and including \$100,000	
\$100,001		and up	\$637.75 for the first \$100,000 plus \$3.95 for each additional \$1000, or fraction thereof	

Commercial Plan Review Requirements

		eview – Job Involving (if yes to any, plan review required):
Yes /	No	
		Medical gas and vacuum system for healthcare facility?
		Chemical drainage waste and vent system?
		Sewer wastewater pretreatment?
		(Grease pretreatment systems do not apply)
		Vacuum drainage waste and vent system?
		Commercial potable water pressure booster pump system?
		Water service line with interior diameter of two inches or larger?
		Exception: those two inch systems which have been designed
		and stamped by a licensed engineer.
		Residential multi-purpose or continuous loop fire suppression system?
Two	sets	of plans must be submitted and plans review fees paid if you

answered yes to any of the above questions.