CITY OF WILSONVILLE

Plumbing Permit Application

29799 SW Town Center Loop E., Wilsonville OR 97070

Phone: 503-682-4960 <u>permits@ci.wilsonville.or.us</u>



*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	Minimum Plumbing Permit Fee \$49.50 Plan Review Commercial 55% of plumbing permit fee	
charges.	State Surcharge 12% of subtotal or current rate	
Category of Construction	Plumbing Fee Schedule	
☐ 1 & 2 Family ☐ Commercial/Industrial ☐ Other	Description	Qty.
	New 1 & 2 Family Dwellings (includes 100 ft. for each utility connection)	ζ.γ.
☐ Multifamily ☐ Accessory Building		
Type of Work	SFR (1) Bath	
□ New Construction □ Addition/Alteration/Replacement	SFR (2) Bath	
□ Demolition □ Other: Job Site Information/Location	SFR (3) Bath Each Additional 1/2 Bath, Full Bath, or Kitchen	
Address:		
Suite/Bldg/Apt. No/Lot No	Fire Sprinkler (SFD) (# of sq. ft.) Site Utilities	
	Catch Basin, French Drain, or Area Drain	
Project Name:	Drywell, Leach Line, or Trench Drain	
Description	Rain Drain Connector	
	Manhole	
	Manufactured Home Utilities (When exterior utilities exceed	30 feet)
	Each repair, replacement, or alteration of water service,	
	sanitary sewer or storm line	
	Sanitary Sewer or Storm Service \$180.00 per 100 linear feet	
	First 100 feet	
	Each additional 100 feet or portion	
Property Owner	Water Service	
Name:	First 100 feet	
Address:	Each additional 100 feet or portion	
City/State/Zip:	Footing Drain	
Phone:	First 100 feet	
Email: Contractor	Each additional 100 feet or portion	
	Fixture or Item	
Business name:	Backflow Device (Includes first 10 feet of water service)	
Address:	Backwater Valve	
City/State/Zip: CCB No: Exp. Date:	Clothes Washer Dishwasher	
Plumber Lic. No: Exp. Date: JP Lic. No:	Drinking Fountain	
Metro Lic. No./City Bus. Lic. No: Exp. Date:	Ejectors/Sump Pump	
LCB Lic. No: Exp. Date:	Expansion Tank	
Applicant/Contact Person	Fixture/Sewer Cap	
Contact Name:	Floor Drain/Floor Sink/Hub Drain	
Address:	Garbage Disposal	
City/State/Zip:	Hose Bib	
Phone:	Ice Maker	
Email:	Interceptor/Grease Trap (Requires Review Submit Specs)	
Signature Required (Electronic Signature Accepted)	Medical Gas (Value \$) (Plan Review)	
Applicant Signature:	Pressure Reducing Valve (PRV)	
··· •		
Print Name:	Primer	
Date:	Re-pipe (Replacing in-building water supply lines) Per 4	
	Roof Drain (Commercial)	
If Owner Installation: This installation is being made on property that I own,	Sink/Basin/Lavatory	
which is not intended for sale, exchange, lease, or rent. ORS 479-540(1) and 479.560(1).	Tub/Shower/Shower Pan	
	Urinal Water Closet	
This permit is issued under OAR 918-440-0050. Permit expires if work is not started within 180 days of issuance or if work is suspended for 180	Water Heater	
not startea witnin <u>180 aays</u> of issuance or if work is suspenaea for 180 days	Other:	
		9 8 9 1
	 Wilsonville City Code 7.300 requires all businesses located in or working in th obtain a City of Wilsonville business license prior to operating a business. Cor 	
Plumbing permit fees 7_1_2024	qualify to use a Metro License in lieu of a City of Wilsonville License.	•
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