

### **City of Manzanita** P.O. Box 129

P.O. Box 129 Manzanita, OR 97130-0129 Phone (503) 368-5343 Fax (503) 368-4145 building@ci.manzanita.or.us

## WORK SITE LOCATION:

	PARENT PERMIT NUMBER: (Building)				
STREET ADDRESS	OF WORK SITE:				
CATEGORY OF CO	NSTRUCTION:				
One/Two Family	Manufactured Home				
	ulti-Family Accessory Structure				
<b>TYPE OF WORK:</b>					
New	Backflow device only				
Addition	Accessory Structure				
Alteration/Repair	Residential Fire System 13D				
	(requires plan review &				
PROJECT DESCRI	separate permit				
I ROJECI DESCRI					
~ · · · ·					
Commercial work req					
all that apply	urring plan review: check				
all that apply					
Medical gas and vacuu	m system for healthcare facility				
Medical gas and vacuu					
Medical gas and vacuu	m system for healthcare facility raste and vent system				
Medical gas and vacuu Chemical drainage w	m system for healthcare facility aste and vent system re-treatment				
Medical gas and vacuu Chemical drainage w Sewer wastewater pr Vacuum drainage wa	m system for healthcare facility aste and vent system re-treatment				
Medical gas and vacuu Chemical drainage w Sewer wastewater pr Vacuum drainage wa Commercial potable y	m system for healthcare facility raste and vent system re-treatment iste and vent system				
Medical gas and vacuu Chemical drainage w Sewer wastewater pr Vacuum drainage wa Commercial potable Water service line wi	m system for healthcare facility raste and vent system re-treatment uste and vent system water pressure booster system th interior diameter of 2 inches				
Medical gas and vacuu Chemical drainage w Sewer wastewater pr Vacuum drainage wa Commercial potable Water service line wit or larger Grease trap/Intercept	m system for healthcare facility raste and vent system re-treatment uste and vent system water pressure booster system th interior diameter of 2 inches				

# PLUMBING PERMIT APPLICATION DEPARTMENT USE ONLY Permit No: Date Issued: By:

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## **PEOPLE INFORMATION:**

APPLICANT:					
Name:					
Full Mailing Address:					
City:	State:		Zip:		
Phone:					
Email:					
<b>PROPERTY OWNER:</b>					
Same as applicant? Yes	No				
Name:					
Full Mailing Address:					
City:	State:		Zip:		
Phone:					
Email:					
CONTRACTOR INSTAL	LATION	I			
Same as applicant? Yes	No				
Business Name:					
Address:					
City/State/Zip:					
Phone:	Fax:				
E-mail:					
CCB license no.:		City	Lic No.:		
Plumbing Business License Numb	er:				
Journeyman License Number:					
Landscape (LCB Number:					
REQUIRED DOCUMEN	TS FOR	APPL	ICATION		
I have downloaded and revie Checklist (Initials):	ewed the	plans a	and documents		
SUBMITTAL METHOD FOR PLANS AND DOCS					
Paper (2 copies)	Electron	nic	Not applicable		

FEES:

Description			Qty	/	Each	)	Total	
New 1 & 2 Family dwelling	<b>gs -</b> Includes 1	kitchen and up to 100' each o	f water	, sewe	r, and s	storm	lines	
(rain, footing, trench drains	, leach lines, dr							
Check the number		1 bathroom						
of bathrooms		2 bathrooms						
(A "half" bath equals		3 bathrooms						
a single bathroom)	Number of add	itional bathrooms or kitchen						
I		Total						
Residential Fire Suppression (13D Multi-purpose loop).		Each				Total		
		to be covered by the system:						
		0 to 2000						
		2,001 to 3,600						
	3,601 to 7,200							
Fixtures	Over 7,200		Residential Com			mercia		
T IXtures					Qty			
Absorption valve			~~	2		~~,	2	1000
Backflow preventer								
Backwater valve								
Catch basin or area drain								
Clothes washer								
Dishwasher								
Drinking fountain								
Ejectors/sump pump								
Expansion tank								
Check all that apply: Ice ma		Sink/basin/lavatory						
Hose bib Garbage dispose Floor drain/floor sink/hub d		Tak /ak array/ak array array						
	rain Fixture ca Inceptor/grease tr							
Water Heater	inceptor/grease tr	ap						
Stormwater retention/deten	tion tank/facility	,						
Alternate potable water hea								
Other plumbing	5,							
Site utilities								
		Linear feet	Qty	1	Each	,	ΓΟΤΑΙ	
Storm sewer (incl trench drains,	leach lines)		~~~		Juen		101/1	
	,	1st 100' of line						
		Each additional 100' or fraction						
Sanitary sewer								
		1st 100' of line						
XX7 / *		Each additional 100' or fraction						
Water service								
		1st 100' of line						
Manufactured home utilities (bey	up 30')	Each additional 100' or fraction						
manufactured nome utilities (bey	yonu 50 j	1st 100' of line						
		Each additional 100' or fraction						
				Site Uti				

Plumbing Permit Fee		
A) Permit Subtotal (from checklist above)		
B) Minimum Permit Fee (only applicable if line A is less than \$106)		
C) Permit Total (Line A or B)		
D) Fire/Life and Safety Review (50% of Line A)		
E) Technology fee (5% of Total of Line C and G)		
F) State Surcharge (12% of Line A)		
G) Plan Review (Commercial 35% of Line C – Residential 35% of Line C)		
	TOTAL PERMIT FEE \$	

#### Notices

Expiration of application: This application is valid for 180 days after it has been accepted as complete.

Inspections required: Approved city inspections must be completed before the work performed is enclosed.

#### Terms and conditions

**Correct information:** I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

**Copyright release for government entities:** I hereby grant permission to the City of Manzanita to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

**Indemnity**: I, the permit applicant, shall indemnify, defend and hold harmless the City of Manzanita, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit. **Owner installation:** This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. OAR 479.540(1) and 479.560(1).

**Owner permission**: I have the legal right or permission from any property owner whose property is affected by the work covered under this permit to: 1) enter the property; 2) perform the work covered under this permit; 3) leave structures on or in the affected property. The issuance of this permit shall not be construed as permission or a grant of a legal right to enter upon or remain on any property affected by the work covered under this permit.

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials):

Authorized Signature:	_Print Name:	Date:
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