

**LINN COUNTY  
RESIDENTIAL MECHANICAL & PLUMBING PERMIT**

**FLOOD PLAIN:** Yes \_\_\_ No \_\_\_

**FLOOD ZONE:** \_\_\_\_\_

Date: \_\_\_\_\_

Permit #: **HARR**\_\_\_\_\_

**Property Owner/Applicant Information:**

A. Applicant(s) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_

B. Property Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_

C. Contractor Name \_\_\_\_\_ CCB# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number (home) \_\_\_\_\_ Cell \_\_\_\_\_

**Property Information:**

Map Number: Twp. **15S** Range **4W** Section \_\_\_\_\_ TaxLot \_\_\_\_\_

Site Address (if any): \_\_\_\_\_ City: **Harrisburg**

**Permit Information:**

Please give a description of the proposed work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What type of work will be done?**

\_\_\_\_\_ Structural  
\_\_\_\_\_ Plumbing  
\_\_\_\_\_ Mechanical

**Permit Fees:** \_\_\_\_\_  
**12% State Surcharge:** \_\_\_\_\_  
**Total Fees Collected:** \_\_\_\_\_

I agree to build according to the submitted plans and specifications, the laws of the State of Oregon and the Ordinances of Linn County.

**Permit expires if work not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.**

I further expressly warrant that I comply with the provisions of ORS 701.005 to 701.125 because:

- I am performing work on a property I own or occupy.  
 I am a registered contractor **OR**  The authorized representative of a registered builder  
 The work will be performed by a registered builder.  
 Registration is not required to erect this structure.

I have read this permit and certify that the stated information is true and correct to the best of my knowledge

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

# PLUMBING PERMIT FEE WORKSHEET

1. Construction, alteration or repair to a one and two family dwelling plumbing system to include water service, building, and storm sewers.

a.	Dwelling with one bath room.....	\$294.00	_____
b.	Dwelling with two baths rooms.....	\$348.75	_____
c.	Dwelling with three baths rooms.....	\$408.75	_____
d.	Each additional fixture.....	\$ 24.00	_____
e.	Each solar connection to the water supply.....	\$ 60.00	_____
f.	1. Building sewer first 100 feet .....	\$ 60.00	_____
	2. Each additional 100 feet or fraction thereof.....	\$ 35.00	_____
i.	1. Storm sewer first 100 feet .....	\$ 60.00	_____
	2. Each additional 100 feet or fraction thereof.....	\$ 35.00	_____
j.	1. Water service first 100 feet.....	\$ 60.00	_____
	2. Each additional 100 feet or fraction thereof.....	\$ 35.00	_____
k.	Alternative water heating system.....	\$ 60.00	_____

2. Minimum plumbing fee

a.	Minimum inspection fee.....	\$ 65.00	_____
b.	Each plumbing fixture.....	\$ 24.00	_____

**NOTE:** The minimum inspection fee applies to one or two fixtures. For three or more fixtures, the fee is calculated per each plumbing fixture.

When two or more methods of calculating fees are used the method that provides the lowest fee shall apply.

3.	State surcharge (12% of total fees)	12%	_____
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TOTAL FEES	\$ _____
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Commercial and Industrial plumbing may require submittal of plans and a plan review by Linn County Planning and Building Department (OAR 918-780-040).

**ALL PLUMBING FEES CAN BE FOUND IN THE LINN COUNTY FEE ORDER.**

**Application Check List (for Building Department Staff only)**

Date Received: \_\_\_\_\_ Permit Number: HARR-\_\_\_\_\_

Accepted By: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Floodplain: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Date Application Deemed Complete: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

**Application Check List (for Planning Staff Only)**

Map Number: 15S-04W-\_\_\_\_\_

Date Received: \_\_\_\_\_ Planning Permit #: HARR-\_\_\_\_\_

Accepted By: \_\_\_\_\_ Site Plan Complete: \_\_\_\_\_

Setbacks-Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Riparian \_\_\_\_\_  
Other \_\_\_\_\_

Zoning District: \_\_\_\_\_

Legal Lot: \_\_\_\_\_ Wetlands: \_\_\_\_\_ GeoHazard: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Check List (for EHD Staff Only)**

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Septic Permit Number: \_\_\_\_\_ Site Plan Approved: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
**City Services**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_