



City of Sisters  
 520 E. Cascade Ave. / PO Box 39  
 Sisters, OR 97759  
**Inspection Line :(541 )323-5202**  
 www.ci.sisters.or.us

<b>Plumbing Permit Application</b>		Permit Number: _____	
TAX LOT _____		SUBDIVISION _____	
Job site address: _____		City: _____	State: _____ Zip: _____
<b>PROPERTY OWNER INSTALLATION</b>			
Name: _____		Address: _____	
City: _____		State: _____ Zip: _____	
Phone: _____		E-mail: _____ Fax: _____	
This installation is being made on residential or farm property owned by me or a member of my immediate family and is exempt from licensing requirements under ORS 701.010.			
Signature: _____		Date: _____	
<b>CONTRACTOR INSTALLATION</b>		<b>New One &amp; Two Family Dwellings</b>	
Business name: _____		(Includes first 100' of water and sewer services.)	
Address: _____		One bathroom	\$150.00 _____
City: _____ State: _____ Zip: _____		Two bathroom	\$265.00 _____
Phone: _____ Fax: _____		Three bathroom	\$320.00 _____
E-mail: _____		Each additional bathroom: (# of fixtures, Table 1)	x \$17.00* = _____
CCB lincse no: _____		<b>Minimum Fee</b>	\$65.00 = _____
City business license no: _____		<b>Commercial/Multifamily Units &amp; Residential Remodels</b>	
Print name: _____		Number of fixtures	x \$17.00* = _____
Signature: _____		<b>Sanitary Services</b>	
<b>CATEGORY OF CONSTRUCTION</b>		First 100 feet	x \$75.00 = _____
Residential    Commercial    Government		Each additional 100 feet or fraction thereof	x \$44.00 = _____
<b>CLASS OF WORK</b>		<b>Storm Services</b>	
New    Addition    Alteration    Demolition    Move    Other		First 100 feet	x \$75.00 = _____
<b>FIXTURES (Table 1)</b>		Each additional 100 feet or fraction thereof	x \$44.00 = _____
_____ Water Closet	_____ Drinking Fountain	<b>Water Services</b>	
_____ Lavatory	_____ Hose Bibb	First 100 feet	x \$75.00 = _____
_____ Tub/shower	_____ Sink Drain	Each additional 100 feet or fraction thereof	x \$44.00 = _____
_____ Sink	_____ Floor Drain	<b>Miscellaneous</b>	
_____ Bidet	_____ Expansion Tank	Medical Gas System	\$250.00 = _____
_____ Disposal	_____ Sump Pumb/Ejector	<b>Minimum Fee</b>	
_____ Laundry Tub	_____ Urinal	Minimum fee for repair	\$65.00 = _____
_____ Dishwasher	_____ Catch Basin	Minimum fee to cover all other possibilities.	\$65.00 = _____
_____ Water Heater	_____ Interceptor/Grease trap	Plumbing Fee _____	
_____ Clothes Washer	_____ Dental Units	State Surcharge 12% _____	
_____ Roof Drain/Overflow	_____ Emergency Eye Wash	*Plan review fee (if applicable) _____	
_____ Receptors	_____ Backflow	<b>TOTAL Permit Fee</b> _____	
_____ Catch Basin	_____ Floor sink		
*When applicable, a 25% plan review fee will be assessed for commercial installations.			
Signature of registered contractor or home owner - ORS 447.020: _____			Date: _____
<b>NOTICE:</b> This permit becomes null & void if work or construction authorized is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.			