



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

Plumbing Permit Application		Permit Number:	
TAX LOT		SUBDIVISION	
Job site address:		City:	State: Zip:
PROPERTY OWNER INSTALLATION			
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: _____			
CONTRACTOR INSTALLATION		New One & Two Family Dwellings (Includes first 100' of water and sewer services.)	
Business name:		One bathroom	\$150.00 _____
Address:		Two bathroom	\$265.00 _____
City:	State: Zip:	Three bathroom	\$320.00 _____
Phone:	Fax:	Each additional bathroom: (# of fixtures, Table 1)	x \$17.00* = _____
E-mail:		Minimum Fee	\$65.00 = _____
CCB lincnse no:		Commercial/Multifamily Units & Residential Remodels	
City business license no:		Number of fixtures	x \$17.00* = _____
Print name:		Sanitary Services	
Signature:		First 100 feet	x \$75.00 = _____
CATEGORY OF CONSTRUCTION		Each additional 100 feet or fraction thereof	x \$44.00 = _____
Residential Commercial Government		Storm Services	
CLASS OF WORK		First 100 feet	x \$75.00 = _____
New Addition Alteration Demolition Move Other		Each additional 100 feet or fraction thereof	x \$44.00 = _____
FIXTURES (Table 1)		Water Services	
_____ Water Closet	_____ Drinking Fountain	First 100 feet	x \$75.00 = _____
_____ Lavatory	_____ Hose Bibb	Each additional 100 feet or fraction thereof	x \$44.00 = _____
_____ Tub/shower	_____ Sink Drain	Miscellaneous	
_____ Sink	_____ Floor Drain	Medical Gas System	\$250.00 = _____
_____ Bidet	_____ Expansion Tank	Minimum Fee	
_____ Disposal	_____ Sump Pumb/Ejector	Minimum fee for repair	\$65.00 = _____
_____ Laundry Tub	_____ Urinal	Minimum fee to cover all other possibilities.	\$65.00 = _____
_____ Dishwasher	_____ Catch Basin	Plumbing Fee _____	
_____ Water Heater	_____ Interceptor/Grease trap	State Surcharge 12% _____	
_____ Clothes Washer	_____ Dental Units	*Plan review fee (if applicable) _____	
_____ Roof Drain/Overflow	_____ Emergency Eye Wash	TOTAL Permit Fee _____	
_____ Receptors	_____ Backflow		
_____ 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:
NOTICE: 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.			



Inspection Line
541-323-5202

City of Sisters
520 E. Cascade Ave. / PO Box 39
Sisters, OR 97759
(541) 549-6022
www.ci.sisters.or.us

Mechanical Permit Application		Permit Number:	
TAX LOT		SUBDIVISION:	
Job site address:		City:	State: Zip:
PROPERTY OWNER INSTALLATION			
Name:		Address:	City: State: Zip:
Phone:	E-mail:	Signature:	Date:
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:	
CONTRACTOR INSTALLATION		RESIDENTIAL	
Business name:		Appliance	Qty. Cost Total
Address:		Issuance of each permit:	___ X \$55.00 \$ _____
City:	State: Zip:	Electrical appliances:	
Phone:	Fax:	Furnace (including duct work and vent)	___ X \$14.00 \$ _____
E-mail:		Cooling unit (Heat Pump)	___ X \$14.00 \$ _____
CCB license no:		Clothes Dryer	___ X \$14.00 \$ _____
City business license no:		Exhaust Fans	___ X \$14.00 \$ _____
Print name:		Kitchen Hood	___ X \$14.00 \$ _____
Signature:		Down Draft for Range	___ X \$14.00 \$ _____
CATEGORY OF CONSTRUCTION		Electrical Fireplace	___ X \$14.00 \$ _____
Residential	Commercial Government	Evaporated cooler	___ X \$14.00 \$ _____
DESCRIPTION OF WORK		Fuel Burning Appliances:	
		Furnace (including duct work and vent)	___ X \$30.00 \$ _____
		Wood Stove \ Gas Fireplace	___ X \$30.00 \$ _____
		Pellet Stove	___ X \$30.00 \$ _____
		Gas Range	___ X \$30.00 \$ _____
		Chimney Inspection if needed	___ X \$16.00 \$ _____
		All Others	___ X \$20.00 \$ _____
		Gas Piping System	
		(New or Altered) Any Number of Outlets	___ X \$15.00 \$ _____
		Supplemental Permit Fee	___ X \$35.00 \$ _____
COMMERCIAL		Commercial mechanical fee based on valuation	\$ _____
Total valuation of mechanical system \$ _____		Mechanical permit fee	\$ _____
Signature: _____		State Surcharge 12%	\$ _____
Date: _____		Plan review (if applicable) 25%	\$ _____
Notice: This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.		Total fees and surcharges	\$ _____