

Plumbing Permit Application

Medical Gas

Gresham/East Multnomah County

1333 NW Eastman Parkway Gresham, OR 97030

Phone: 503-618-2845 Fax: 503-618-2224

www.GreshamOregon.gov

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Other:
<input type="checkbox"/> Addition/Alteration/Replacement	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job Site Address:	
Suite #:	Bldg./Apt.#:
Project Name:	
Subdivision:	Lot #:
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
CONTRACTOR	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Email:
*CCB Lic. #:	Plumbing Lic. #:
*Signature of Plumbing Contractor:	
Print Name:	

* Note: Permit will not be processed without valid CCB# and in some cases a signature of plumbing contractor.

Authorized Signature:

Print Signer's Name:

Date:

FOR OFFICE USE ONLY

Application #:

Plan Review: Required for Complex Structures. 918-780-0040

1. The installation or alteration of a medical gas and vacuum system for health care facilities.

MEDICAL GAS FEE SCHEDULE

Medical gas permit fees are based on the total value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead and profit.

Value: \$

PLUMBING PERMIT FEES (OFFICE USE ONLY)

Subtotal (Minimum Permit Fee \$105) \$

Plan Review (25% of Permit Fee) \$

State Surcharge (12% of Permit Fee) \$

Total Fee \$