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FOR OFFICE USE ONLY

Application #:

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:(Required):	
Print Name:	

* Note: Permit will not be processed without valid CCB# and signature.

Authorized Signature (Required):

Print Signer's Name (Required):

Date (Required):

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

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 \$123)	\$
Plan Review (25% of Permit Fee)	\$
State Surcharge (12% of Permit Fee)	\$
Total Fee	\$