

CITY OF CAMAS
PLUMBING PERMIT REQUEST

APPLICANT INFORMATION:

- ❖ NAME _____
- ❖ ADDRESS _____
- ❖ PHONE _____
- ❖ CONTRACTOR LICENSE # _____

JOB SITE ADDRESS _____

OWNER NAME _____

OWNER PHONE _____

Mark the number of items that will be installed:

QTY	DESCRIPTION	RATE
	Permit Issuance	29.50
	Water Closets (toilets), each	10.00
	Tubs, showers, Jacuzzis, each	10.00
	Bathroom Basins, each	10.00
	Kitchen sink, each	10.00
	Dishwasher, each	10.00
	Laundry tray, each	10.00
	Floor drains, each	10.00
	Washing machine, each	10.00
	Water heater, each	10.00
	Disposal, each	10.00
	Hose bibs, each	10.00
	Backflow device less than 2"	10.00
	Alteration to water piping	10.00
	Waste/grease interceptor	10.00

This is a partial listing of plumbing items and fees. It is not intended as a confirmation of permit fees. Please contact the Building Department for actual permit cost after faxing in this request. 360-817-1568 X 4241 (PERMIT DESK)

FAX 360-834-8863