

# Plumbing Permit Application

## Medical Gas

### City of Wood Village

23335 NE Halsey St. Wood Village, OR 97060

Phone: 503-489-6861 or 503 489-6859 Fax: 503-669-8723

[www.Woodvillageor.gov](http://www.Woodvillageor.gov) Email: [Building@woodvillageor.gov](mailto:Building@woodvillageor.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: Wood Village OR 97060	
Suite #:	Bldg./Apt.#:
Project Name:	
Directions to Job Site:	
Cross Street Name:	
Subdivision:	Lot #:
Tax Map/Parcel #:	Block:
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. #:
Metro or City Lic. #	
*Signature of Plumbing Contractor:	
Print Name:	

FOR OFFICE USE ONLY	
Application #:	Issued Permit #
Receipt #	Receipt #
Date:	Date Issued:
Received by:	Issued by:

### 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 \$57)	\$
Plan Review (25% of Permit Fee)	\$
State Surcharge (12% of Permit Fee)	\$
<b>Total Fee</b>	<b>\$</b>

\* 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 \_\_\_\_\_