



# Fee Estimate Request Form

City of Corvallis, Development Services Division  
 PO Box 1083, Corvallis OR 97339  
 501 SW Madison Avenue, Corvallis OR 97333  
 Phone: 541-766-6929 Fax: 541-766-6936  
 E-mail: development.services@ci.corvallis.or.us  
 Web: [www.corvallispermits.com](http://www.corvallispermits.com)

## DEPARTMENT USE ONLY

Date Received:

Prepared by:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/Alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
TYPE OF FEE ESTIMATE (Check All That Apply)	
<input type="checkbox"/> Building Permit Fees	<input type="checkbox"/> System Development Charges
<input type="checkbox"/> Electrical Permit Fees	<input type="checkbox"/> Excavation, Grading, Erosion Control
<input type="checkbox"/> Mechanical Permit Fees	<input type="checkbox"/> Other:
<input type="checkbox"/> Plumbing Permit Fees	<input type="checkbox"/> Other:
JOB SITE LOCATION	
Job site address (or map & tax lot number):	
DESCRIPTION OF WORK	
APPLICANT	
Company name:	
Contact name:	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
* Deferred submittals or phased projects will change this estimate. Without valuations for deferred submittals; fees cannot be calculated.	
*Public improvement permit fees (PIPC) are calculated by Development Review; contact (541) 766-6941 for a separate estimate.	
* This is only an estimate. No claim is made of the accuracy of estimated fees until the plan review is complete and the permit is ready to issue. Development Services is not liable for discrepancies in this estimate. Costs may vary depending on accuracy of information provided, revisions to plans, changes in fee schedules etc.	
<b>I acknowledge that I have read and understand the conditions listed above:</b>	
Applicant's signature:	
Print name:	Date:

REQUIRED: PROJECT INFO
Number of structures (circle): 1 2 3+
If more than 1; Permit fees are calculated per structure. On a separate sheet, provide valuation, square footage and unit information for each structure.
Number of floors for this structure:
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation - \$
Are you adding, relocating or removing any plumbing fixtures? <input type="checkbox"/> No <input type="checkbox"/> Yes; submit a completed SDC worksheet
1 & 2 FAMILY DWELLING INFO
<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex
Number of bedrooms; Existing:                      New:
Number of bathrooms; Existing:                      New:
Existing building area (sq ft):
New building area (sq ft):
Living area (sq ft):
Garage/carport area (sq ft):
COMMERICAL & MULTI-FAMILY INFO
Type of construction:
Type of occupancy:
Existing building area (sq ft):
New building area (sq ft):
Parking lot area (sq ft):
Living area (sq ft per unit):
Number of bedrooms (per unit):
Number of bathrooms (per unit):
Garage/carport area (sq ft per unit):
Is a Fire Alarm system being installed?
Is a Fire Sprinkler system being installed?
How many project items are being deferred?
Will this project be permitted in phases?
ELECTRICAL, MECHANICAL, PLUMBING INFO
Submit Electrical, Mechanical and/or Plumbing permit application(s) with just the "Fee Schedule" portion of the application completed.



# Mechanical Permit Fee Estimate

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DEPARTMENT USE ONLY
<b>Date Received:</b>
<b>Prepared by:</b>

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial or Multi-Family
JOB SITE LOCATION	
Address:	
DESCRIPTION OF WORK	
CONTACT INFORMATION	
Name or Company Name:	
Address:	
City:	State:      Zip:
Phone:	Fax:
E-mail:	
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<b>I acknowledge that I have read and understand the conditions listed above:</b>	
<b>Signature:</b>	
<b>Print name:</b>	<b>Date:</b>

FEE SCHEDULE			
Residential – 1 & 2 Family	Qty.	Cost ea.	Total cost
Fuel burning stove, fireplace, insert, lighter		\$30.00	\$
Furnace, air conditioner		\$30.00	\$
Clothes dryer, exhaust fan, hood		\$20.00	\$
Other appliance or equipment		\$20.00	\$
Gas piping system, new or altered		\$20.00	\$
Alteration to mechanical equipment or system		\$20.00	\$
Commercial & Multi-Family			
Enter total valuation of mechanical system and installation costs: \$ _____			
Valuation Range	Fee Based on Valuation		
\$1.00 - \$2,000.00	\$30.00		
\$2,001.00 - \$5,000.00	(\$72.50 for the first \$2,000.00) + (\$2.30 for each additional \$100.00 or fraction thereof)		
\$5,001.00 - \$10,000.00	(\$141.50 for the first \$5,000.00) + (\$1.80 for each additional \$100.00 or fraction thereof)		
\$10,001.00 - \$50,000.00	(\$231.50 for the first \$10,000.00) + \$1.35 for each additional \$100.00 or fraction thereof)		
\$50,001.00 - \$100,000.00	(\$771.50 for the first \$50,000.00) + \$1.25 for each additional \$100.00 or fraction thereof)		
\$100,001.00 and up	(\$1,396.50 for the first \$100,000.00) + (\$1.10 for each additional \$100.00 or fraction thereof)		
Enter fee based on valuation of mechanical system		\$	
Fee Total			
(A) Enter subtotal of above fees		\$	
(B) Enter 12% state surcharge (.12 x [A])		\$	
(C) Plan review (50% of [A])		\$	
<b>TOTAL fees and surcharges (A through C):</b>		\$	



# Plumbing Permit Fee Estimate

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DEPARTMENT USE ONLY	
<b>Date Received:</b>	
<b>Prepared by:</b>	

CATEGORY OF CONSTRUCTION			
<input type="checkbox"/> 1 & 2 Family Dwelling		<input type="checkbox"/> Commercial or Multi-Family	
JOB SITE LOCATION			
Address:			
DESCRIPTION OF WORK			
CONTACT INFORMATION			
Name:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
E-mail:			
This is only an estimate. No claim is made of the accuracy of estimated fees until the plan review is complete and the permit is ready to issue. Development Services is not liable for discrepancies in this estimate. Costs may vary depending on accuracy of information provided, revisions to plans, changes in fee schedules etc.			
<b>I acknowledge that I have read and understand the conditions listed above:</b>			
Signature:			
Print name:			Date:

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total cost
<b>New 1 &amp; 2 Family Dwelling Unit</b>			
1 bathroom/1 kitchen ( <i>includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages</i> )		\$375.00	\$
2 bathrooms/1 kitchen		\$450.00	\$
3 bathrooms/1 kitchen		\$525.00	\$
Each additional bathroom or kitchen		\$ 75.00	\$
Each water, sewer, storm line or private storm drainage system exceeding 100ft		\$150.00	\$
Water heater or boiler		\$ 30.00	\$
Each backflow device ( <i>includes first 10 feet of water service</i> )		\$ 30.00	\$
Residential Fire Sprinkler ( <i>Fees - see reverse side of form</i> )	Sq Ft.		\$
<b>1 &amp; 2 Family Dwelling Unit Alteration/Addition/Repair</b>			
Interior Plumbing; Re-pipe water supply, waste line, relocate, replace, or add fixtures		\$ 50.00	\$
Exterior Plumbing; Replace, repair, or alter water service, sanitary sewer or storm line		\$ 50.00	\$
Each new or additional water, sewer, storm line or private storm drainage system		\$150.00	\$
Water heater or boiler		\$ 30.00	\$
Each backflow device ( <i>includes first 10 feet of water service</i> )		\$ 30.00	\$
<b>Manufactured dwelling</b>			
Manufactured home space (When exterior utilities exceed 30 feet)		\$ 75.00	\$
<b>New Commercial / Multi-family</b>			
Each new fixture		\$ 20.00	\$
Each exterior water service, sanitary sewer or storm line		\$180.00	\$
Each water heater or boiler		\$ 50.00	\$
Each backflow device ( <i>includes first 10 feet of water service</i> )		\$ 30.00	\$
<b>Commercial / Multi-family Alteration/Addition/Repair</b>			
Interior Plumbing; alterations /additions (per 5 fixtures)		\$ 50.00	\$
Replace, repair, alter or add exterior water service, sanitary sewer or storm line		\$180.00	\$
Each water heater or boiler		\$ 50.00	\$
Each backflow device ( <i>includes first 10 feet of water service</i> )		\$ 30.00	\$
<b>Medical gas piping</b>			
Enter value of installation and equipment (see back for fee sheet)	\$		
Enter fee based on installation and equipment value			\$
<b>FEE TOTAL</b>			
(A) Enter subtotal of above fees			\$
(B) Enter 12% state surcharge (.12 x [A])			\$
(C) Plan review (50% of [A], complex structures only)			\$
<b>TOTAL fees and surcharges (A through C):</b>			\$



# Electrical Permit Fee Estimate

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<b>Date Received:</b>	
<b>Prepared by:</b>	

CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial or Multifamily	
JOB SITE LOCATION		
Address:		
DESCRIPTION OF WORK		
CONTACT INFORMATION		
Name:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
E-Mail:		
This is only an estimate. No claim is made of the accuracy of estimated fees until the plan review is complete and the permit is ready to issue. Development Services is not liable for discrepancies in this estimate. Costs may vary depending on accuracy of information provided, revisions to plans, changes in fee schedules etc.		
<b>I acknowledge that I have read and understand the conditions listed above:</b>		
Signature:		
Print name:	Date:	

FEE SCHEDULE			
Number of inspections per item ( )	Qty.	Cost ea.	Total cost
<b>Services or feeders: installation, alteration, relocation</b>			
200 amps or less (2)		\$ 80.00	\$
201 to 400 amps (2)		\$ 95.00	\$
401 to 600 amps (2)		\$158.00	\$
601 to 1,000 amps (2)		\$205.00	\$
Over 1,000 amps or volts (2)		\$475.00	\$
Reconnect only (2)		\$ 65.00	\$
<b>Temporary services or feeders: installation, alteration, relocation</b>			
200 amps or less (2)		\$ 65.00	\$
201 to 400 amps (2)		\$ 86.00	\$
401 to 600 amps (2)		\$125.00	\$
Over 600 amps or 1,000 volts, see Services or Feeders section above			
<b>Branch circuits: new, alteration, extension per panel or feeder</b>			
a. Branch circuits with purchase of a service or feeder permit:			
Each branch circuit		\$ 5.00	\$
b. Branch circuits without purchase of a service or feeder permit:			
First branch circuit (2)		\$ 65.00	\$
Each additional branch circuit		\$ 5.00	\$
<b>Miscellaneous fees: service or feeder not included</b>			
Each pump or irrigation circle (2)		\$ 65.00	\$
Each sign or outline lighting (2)		\$ 65.00	\$
Signal circuit(s) or a limited-energy panel, alteration, or extension (2)		\$ 65.00	\$
Hourly rate (no. of hrs. x fee per hr.)		\$ 65.00	\$
Each additional inspection: (1)		\$ 65.00	\$
<b>Renewable Energy system</b>			
a. 5 kva or less		\$ 119.00	\$
b. 5.01 to 15 kva		\$ 140.00	\$
c. 15.01 to 25 kva		\$ 231.00	\$
d. Add'l inspections, misc fees/hrly rate		\$ 85.00	\$
FEE TOTAL			
(A) Enter subtotal of above fees			\$
(B) Enter 12% surcharge (.12 x [A])			\$
(C) Plan review, if required (25% of [A])			\$
<b>TOTAL fees and surcharges (A through C):</b>			\$

FEE SCHEDULE - NEW RESIDENTIAL			
Number of inspections per item ( )	Qty.	Cost	Total
<b>Residential 1 &amp; 2 Family Dwelling unit. Includes attached garage.</b>			
1,000 sq. ft. or less (4)		\$135.00	\$
Each additional 500 sq. ft. or portion thereof		\$ 25.00	\$
Limited energy (2)		\$ 65.00	\$
Each manufactured home or modular dwelling service or feeder (2)		\$ 65.00	\$



**Community Development**  
**Development Services Division**  
 501 SW Madison Avenue  
 P.O. Box 1083  
 Corvallis, OR 97339-1083  
 (541) 766-6929  
 FAX: (541) 754-1792  
[www.CorvallisPermits.com](http://www.CorvallisPermits.com)

## **SYSTEM DEVELOPMENT CHARGE WORKSHEET**

Please complete this form for any structural, plumbing, or use modifications.

### **Land Use Worksheet**

Please indicate how this structure will be used or modified.

#### **RESIDENTIAL**

<b>New or</b>	<b>Demo</b>	<b>Building Use Description</b>	<b># of Dwellings</b>

#### **COMMERCIAL**

<b>New or</b>	<b>Demo</b>	<b>Building Use Description</b>	<b>Gross Floor Area (SF)</b>

### **Impervious Surface Worksheet**

Please indicate any changes to impervious surfaces.

<b>New or</b>	<b>Demo</b>	<b>Surface Description</b>	<b>Area (SF)</b>
		Structure	
		Driveway	
		Sidewalk, Patio, etc.	

## **Plumbing Fixture Worksheet**

Please indicate the number of fixtures being installed, removed, or relocated.

### **RESIDENTIAL**

<b>Fixture</b>	<b>New</b>	<b>Remove</b>	<b>Relocate</b>
Bathroom Sink			
Toilet			
Bidet			
Shower/Tub/Combo			
Kitchen Sink			
Prep/Bar/Hand Sink			
Dishwasher			
Clotheswasher			
Laundry/Utility Sink			
Hose Bibb			
Water Heater			

### **COMMERCIAL**

<b>Fixture</b>	<b>New</b>	<b>Remove</b>	<b>Relocate</b>
Bathroom Sink			
Toilet			
Urinal			
Shower/Tub/Combo			
Kitchen Sink			
Prep/Hand/Lab Sink			
Breakroom Sink			
Commercial Dishwasher			
Small Dishwasher			
Commercial Clotheswasher			
Small Clotheswasher			
Laundry Tub			
Utility/Mop Sink w/ < 3" trap			
Utility/Mop Sink w/ 3" trap			
Floor Sink			
Floor Drain			
Drinking Fountain			
Hose Bibb			
Water Heater			
Irrigation (GPM)			