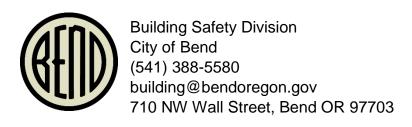
Last Revised Date: 03/17/2021



This submittal form is to be completed as part of your commercial construction permit application with the City of Bend. *Download this form before completing fillable fields*, then upload with your application through the Online Permit Center at www.bendoregon.gov/permitcenter or contact your Building Permit Technician for instruction on how to submit.

COMMERCIAL PLUMBING SCOPE OF WORK

Permit Number:	•
Contractor Name:	CCB #:
Contact Name:	Phone:

FIXTURE COUNT

<u>Description</u>	Quantity	<u>Description</u>	Quantity
Water Lines or Drains (lineal feet)		Hub Drain	
Sewer Lines or Drains (lineal feet)		Mop Sink	
Storm Lines or Drains (lineal feet)		Sink	
Rain Lines or Drains (lineal feet)		Basin	
Reclaim Water System		Lavatory	
Rain Water Harvesting Systems		Interceptor	
Backwater Valve		Grease Interceptor	
Backflow Preventer Device – Irrigation		Trap Primer	
Backflow Preventer Device – All Other		Roof Drain	
Pressure Reducing Valve		Roof Overflow	
Clothes Washer		Tub	
Dishwasher		Shower	
Garbage Disposal		Shower Pan	
Ice Maker		Urinal	
Drinking Fountain		Water Closet	

BLDG - Commercial Plumbing Scope of Work



Last Revised Date: 03/17/2021

Hose Bibb	Recirculation Pump
Sump Pump	Water Heater
Ejector	Drywells
Expansion Tank	Catch Basins
Floor Drain	Other:
Floor Sink	

Category of Med Ga	s System as defined by NF	PA 99:	
☐ Category 1	☐ Category 2	☐ Category 3	☐ Category 4
Valuation of medical	gas installation and equipn	nent: \$	