



Building Safety Division
City of Bend
(541) 388-5580
building@bendoregon.gov
710 NW Wall Street, Bend OR 97703

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

Contractor Name: _____ CCB #: _____

Contact Name: _____ Phone: _____

For non-complex structures, plumbing plan review is only required for a “complex structure” per OAR 918-780-0040. If non-complex, it will not be reviewed unless requested below and will be subject to field review at the time of inspection. Plumbing plans and information are still required to be submitted.

Plumbing Review Requested? Yes* No **Plan review fees apply*

FIXTURE COUNT

<u>Description</u>	<u>Quantity</u>	<u>Description</u>	<u>Quantity</u>
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	



Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Building Safety Division at building@bendoregon.gov or 541-388-5580; Relay Users Dial 7-1-1.

Dishwasher		Shower	
Garbage Disposal		Shower Pan	
Ice Maker		Urinal	
Drinking Fountain		Water Closet	
Hose Bibb		Recirculation Pump	
Sump Pump		Water Heater	
Ejector		Drywells	
Expansion Tank		Catch Basins	
Floor Drain		Other:	
Floor Sink			

Category of Med Gas System as defined by NFPA 99:

☐ Category 1 ☐ Category 2 ☐ Category 3 ☐ Category 4

Valuation of medical gas installation and equipment: \$ _____



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