

Yamhill County

DEPARTMENT OF PLANNING AND DEVELOPMENT

525 NE FOURTH STREET • McMinnville, Oregon 97128

Phone: 503-434-7516 • Fax: 503-434-7544 • TTY: 800-735-2900 • Internet Address: <http://www.co.yamhill.or.us/planning>

April 12, 2023

MEMORANDUM

To: Board of Commissioners

From: Ken Friday, Planning Director

Re: Proposed Permit Fee Increases

I am requesting that the Board adopt the new fee schedules for building, plumbing, mechanical, manufactured home, and electrical permits, with an effective date of July 1, 2023. Please see the attached fee schedules.

Our current manufactured home, building, plumbing and mechanical permit fees were adopted and have been in effect since July 1st, 2002, and electrical permit fees since June 1, 2011.

As a department that is fee supported, we have done our best to keep costs down while continuing to provide courteous and timely service. With rising costs, we have determined that a fee increase is necessary to cover our expenses. For example, our current minimum permit fee is \$51.00 plus 12% state surcharge. The average costs for those inspections (including wages, vehicle, fuel, office follow-up) is about \$75.00 to \$80.00. Per Oregon Administrative Rule 918-020-0090 (1) (a) states that we shall "Provide adequate funds necessary to administer and enforce the inspection program". The increase will allow us to continue to provide the best customer service and enforcement of the Oregon Specialty Code.

Thank you for your consideration.

Accepted by Yamhill County
Board of Commissioners on

4.20.23 by Board Order

23-148

Plumbing Permit Application **PROPOSED**

YAMHILL COUNTY

525 NE 4th St., McMinnville, OR 97128

planning@co.yamhill.or.us

Phone: (503) 434-7516

Fax: (503) 434-7544

Permit No. _____

Date _____

Project No _____

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Garage
<input type="checkbox"/> Agricultural building	<input type="checkbox"/> Other
JOB SITE INFORMATION AND LOCATION	
Job site address:	
Cross street/directions:	
Tax map/parcel no.	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
E-mail:	
Phone: ()	Fax: ()
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-695-0020. .	
Signature:	
CONTRACTOR	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
E-mail:	
CCB lic:	Expiration date:
BCD lic:	Expiration date:
Signature	

This permit is issued under OAR 918-780-0060. Permits are issued only to the person or contractor doing the work. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

FEE SCHEDULE			
Description	Qty	Cost ea.	Total
Residential			
1 bathroom/1 kitchen (includes: first 100 ft of water/sewer lines, hose bibbs, ice maker, underfloor, low-point drains, and rain-drain packages)		\$328.70	\$
2 bathrooms/1 kitchen		\$438.73	\$
3 bathrooms/1 kitchen		\$535.25	\$
Each additional bathroom (over 3)		\$ 96.49	\$
Each additional kitchen (over 1)		\$ 96.49	\$
Remodel/alteration (MIN. fee)		\$ 89.31	\$
Each fixture and piping		\$ 27.89	\$
Irrigation systems		\$ 89.31	\$
Back Flow Device		\$ 89.31	\$
Each additional 100' water line		\$ 49.73	\$
Each additional 100' sewer line		\$ 49.73	\$
Residential fire sprinklers (includes plan review)			
0 to 2,000 square feet		\$ 89.31	\$
2,001 to 3,600 square feet		\$106.17	\$
3,601 to 7,200 square feet		\$141.59	\$
7,201 square feet and greater		\$212.37	\$
Manufactured dwelling or pre-fab (circle one)			
Each 100' water line (over 30')		\$ 49.73	\$
Each 100' sewer line (over 30')		\$ 49.73	\$
RV and manufactured dwelling parks			
Base fee (includes first 10 spaces)		\$239.78	\$
Each additional 10 spaces		\$179.85	\$
Commercial, industrial, and multi-family dwellings			
Minimum fee		\$ 89.31	\$
Each fixture		\$ 27.89	\$
Ea 100' of water line		\$ 49.73	\$
Ea 100' of sewer line		\$ 49.73	\$
Miscellaneous fees			
Specially fixtures		\$ 27.89	\$
Special Inspection (per hour)		\$ 89.31	\$
Re-inspection		\$ 89.31	\$
Other		\$	\$
Medical Gas Piping -- PLEASE SEE FEE SCHEDULE			
Minimum fee			\$310.05
Enter value of installation and equipment \$		_____	
Enter fee based on installation and equipment value		\$	
FEE CALCULATIONS			
Subtotal of fees above		\$	
Investigation fee (when applicable)		\$	
12% Surcharge		\$	
Plan review 30% (when applicable)		\$	
TOTAL FEES AND SURCHARGES		\$	
Amount paid		\$	

Exhibit
A

Mechanical Permit Application **PROPOSED**

YAMHILL COUNTY

525 NE 4th St., McMinnville, OR 97128
 planning@co.yamhill.or.us

Phone: (503) 434-7516
 Fax: (503) 434-7544

Permit No. _____

Date: _____

This permit is issued under OAR 918-430-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration
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
<input type="checkbox"/> Agricultural building	<input type="checkbox"/> Garage
<input type="checkbox"/> Other	
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/Zip:	
Email:	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	
This installation is being made on property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.0010.	
Signature:	
CONTRACTOR	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	
CCB lic:	Expiration date:
BCD lic:	Expiration date:
Authorized Signature:	
Date:	

FEE SCHEDULE			
DESCRIPTION	QTY	COST EA.	TOTAL
Residential			
If items below do not total minimum fee, use minimum Value _____			
Minimum permit		\$89.31	\$
Furnace/burner including ducts and vents			
Up to 100k BTU/hr.		\$ 14.40	\$
Over 100k BTU/hr.		\$19.12	\$
Heaters/stoves/vents			
Unit heater		\$ 14.40	\$
Wood/pellet/flue		\$ 19.12	\$
Floor furnace including vent		\$ 14.40	\$
Alteration of existing system		\$ 14.40	\$
Evaporated cooler		\$ 11.09	\$
Vent fan with one duct/appliance vent		\$ 7.95	\$
Hood with exhaust and duct		\$ 11.09	\$
Clothes dryer vent		\$ 19.12	\$
Hydronic hot water system		\$ 75.03	\$
Gas Piping			
One to four outlets		\$ 9.55	\$
Additional outlets (each)		\$ 1.62	\$
Air-handling units, including ducts			
Up to 10,000 CFM		\$ 11.09	\$
Over 10,000 CFR		\$ 19.12	\$
Compressor/absorption system/heat pump			
Up to 3 hp/100k BTU		\$ 14.40	\$
Incinerators			
Domestic incinerator		\$ 19.12	\$
Gas appliances:			
Each appliance		\$ 11.09	\$
Commercial PLEASE SEE FEE SCHEDULE			
Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, labor, overhead, and profit			
Value _____			
Miscellaneous fees	Qty	Cost ea.	Total
Unclassed regulated equipment		\$ 11.09	\$
Re-inspection fee		\$ 89.31	\$
FEE CALCULATION			
Subtotal of fees above		\$	
Investigation fee (when applicable)		\$	
Surcharge (12%)		\$	
Plan review 25% (when applicable)		\$	
Amount paid		\$	
Receipt number			

Exhibit
"B11"

PROPOSED

Yamhill County Department of Planning and Development

525 NE 4th Street • McMinnville, OR 97128
 Phone: 503-434-7516 • Fax: 503-434-7544
 Internet Address: www.co.yamhill.or.us/plan

ELECTRICAL PERMIT APPLICATION

This permit is issued under OAR 918-309-0000. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days

Permit #: 979- _____

Issued By: _____ Date: _____

1. LOCATION OF INSTALLATION

Address: _____

City: _____ State: _____ Zip: _____

Tax Lot #: _____

Job description: Residential Commercial

2A. CONTRACTOR INSTALLATION

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax or e-mail: _____

CCB license no.: _____ Expiration date: _____

BCD license no.: _____ Expiration date: _____

Signature of signing supervisor: _____

Print signing supervisor's name: _____

Signing supervisor's license no.: _____ Expiration date: _____

2B. OWNER INSTALLATION

Owner's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

This installation is being made on property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. OAR 479.540(1) and 479.560(1).

Signature: _____

PERMITS ARE NON-TRANSFERABLE AND NON-REFUNDABLE AND EXPIRE IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.

NOTES: _____

3. COMPLETE FEE SCHEDULE BELOW

Number of inspections per item ()	Qty	Cost ea	Total
A. RESIDENTIAL, PER UNIT, SERVICE INCLUDED			
1. 1,000 sq ft or less (4)		\$ 164	\$
2. Each additional 500 sq ft or portion thereof (1)		\$ 30	\$
3. Limited energy single family (1)		\$ 48	\$
Limited energy: multi-family (1)		\$ 62	\$
4. Each manufactured home or modular home service (2)		\$ 86	\$
B. SERVICES OR FEEDERS: installation, alteration or relocation			
1. 200 amps or less (1)		\$ 108	\$
2. 201 amps to 400 amps (2)		\$ 128	\$
3. 401 amps to 600 amps (2)		\$ 213	\$
4. 601 amps to 1000 amps (2)		\$ 278	\$
5. Over 1000 amps or volts (3)		\$ 638	\$
6. Reconnect only (1)		\$ 86	\$
C. TEMPORARY SERVICES OR FEEDERS: installation, alteration, or relocation			
1. 200 amps or less (1)		\$ 86	\$
2. 201 amps to 400 amps (2)		\$ 117	\$
3. 401 amps to 600 amps (2)		\$ 170	\$
4. Over 600 amps or 1000 volts – see "B" above			
D. BRANCH CIRCUITS: new, alteration, or extension per panel			
1. The fee for branch circuits with purchase of service or feeder fee		\$ 6	\$
2. The fee for branch circuits without purchase of service or feeder fee (2)		\$ 74	\$
3. Each additional branch circuit		\$ 6	\$
E. MISCELLANEOUS: service or feeder not included			
1. Each pump or irrigation circuit (1)		\$ 86	\$
2. Each sign or outline lighting (1)		\$ 86	\$
3. Signal circuit(s) or a limited energy panel, alteration or extension (1)		\$ 86	\$
F. EACH ADDITIONAL INSPECTION			
1. Per inspection		\$ 71	\$
2. Per hour		\$ 94	\$
3. In plant		\$ 94	\$

4. FEES

- (A) Enter subtotal of fees above \$ _____
- (B) Enter surcharge (12%) \$ _____
- (C) Plan review, if required (25%) \$ _____

TOTAL DUE \$ _____

Date Paid	Receipt #	Credit Card/Check #	Total Paid	Fees Paid	Surcharge Paid	Balance Due

Exhibit
"C"

PROPOSED

Renewable Energy Electrical Permit Application
YAMHILL COUNTY
525 NE 4th St., McMinnville, OR 97128
planning@co.yamhill.or.us

Phone: (503) 434-7516
Fax: (503) 434-7544

Permit No. _____
Date: _____
Office _____
Issued by _____

This permit is issued under OARs 918-500-0105 and 918-525-0370. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City	
State:	Zip:
Cross street/directions to job site:	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent [ORS 479.540(1) and 479.560(1)].	
Sign here:	
CONTRACTOR INSTALLATION	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
E-mail:	
CCB lic:	Expiration date:
BCD lic:	Expiration date:
Signature – Signing Supervisor:	
Supervisor lic.:	Expiration date:

FEE SCHEDULE		
Number of inspections per item ()		
Renewable energy installation per solar system total	Cost	Sum
5 KVA or less (2)	\$ 108.00	\$
5.01 to 15 KVA (2)	\$ 128.00	\$
15.01 to 25 KVA (2)	\$ 213.00	\$

Solar generation systems in excess of 25 KVA	Cost	Sum
First 25 KVA (2)	\$ 213.00	\$
<u>For each additional KVA over 25 up to 100 KVA (3)</u>	\$ 9.00	\$

Renewable energy installation per wind generation system total	Cost	Sum
5 KVA or less (2)	\$ 108.00	\$
5.01 to 15 KVA (2)	\$ 128.00	\$
15.01 to 25 KVA (2)	\$ 213.00	\$

Wind generation systems in excess of 25 KVA	Cost	Sum
25.01 KVA to 50 KVA (2)	278.00	\$
50.10 KVA TO 100 KVA (2)	\$638.00	\$

FEE COLLECTIONS	
Subtotal of fees above	\$
12% surcharge	\$
Plan review (when applicable) 25%	\$
Other	\$
TOTAL FEES	\$

Exhibit "D"

Demolition Permit Application **PROPOSED**

YAMHILL COUNTY

525 NE 4th St., McMinnville, OR 97128

Phone: (503) 434-7516

Fax: (503) 434-7544

Permit No. _____

Date: _____

DEMOLITION APPLICATION	
<input type="checkbox"/> Residential dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Manufactured home
<input type="checkbox"/> Other	
DEMOLITION SITE INFORMATION AND LOCATION	
Job site address:	
City	
State:	Zip:
Cross street/directions to job site:	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
E-mail:	
APPLICANT	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
E-mail:	
CONTRACTOR	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
E-mail:	
CCB lic:	Expiration date:

DEMOLITION REQUIREMENTS	
<input type="checkbox"/>	Submit a site plan indicating the location of all structures to be removed
<input type="checkbox"/>	The owner of record is responsible for the complete removal of required sewer, water, electrical and gas disconnects.
<input type="checkbox"/>	Water meters must be removed by the water district.
<input type="checkbox"/>	Private sewage disposal systems must be decommissioned per DEQ requirements.
<input type="checkbox"/>	Private well systems must be decommissioned per Dept. of Water Resources requirements.
<input type="checkbox"/>	Commercial/industrial and high density residential requires an Asbestos Site Survey conducted by an accredited inspector. Refer to www.deq.state.or.us/aq/asbestos .
<input type="checkbox"/>	Inspections: A final inspection to verify that the demolition was completed per the permit requirements and no deficient items remain to be done.

NOTICE	
I HAVE READ THE ABOVE REQUIREMENTS	
Owner's signature:	
Print name:	
Date:	

DEMOLITION PERMIT FEE	
Permit Fee	\$89.31
Amount paid	\$
Receipt number	

FOR DEPARTMENT USE ONLY	
Sanitation approval:	
Planning approval:	

Exhibit
"E"

PROPOSED

Manufactured Home Placement Permit Application YAMHILL COUNTY

525 NE 4th St., McMinnville, OR 97128
planning@co.yamhill.or.us

Phone: (503) 434-7516
Fax: (503) 434-7544

Permit No. _____
Date: _____

This permit is issued under OARs 918-500-0105 and 918-525-0370. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	Replacement Dwelling?
<input type="checkbox"/> Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City:	
State:	Zip:
Cross street/directions to job site:	
Tax map/parcel no.:	
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-515-0010.	
Signature:	
DESCRIPTION OF WORK	
CONTRACTOR	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
E-mail:	
Phone:	Fax:
CCB lic:	Expiration date:
MDI lic:	Expiration date:
Authorized signature:	
Date:	

REQUIRED DATA: MANUFACTURED DWELLING	
Size: <u> X </u> sq. ft.	
Circle one: single double triple	
Valuation:	Year:
Make:	
Model:	
New water line: ft	New sewer line: ft
Number of bedrooms:	
Will there be an accessory structure (deck, carport, foundation, garage, etc.) that doesn't meet the prescriptive requirements of the Oregon Manufactured Dwelling Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FEE SCHEDULE	
Description	Cost
Manufactured Dwelling	
Placement (includes placement, electrical feeder, 30' water/sewer line)	\$410.09
12% Surcharge	\$ 49.21
State administrative fee	\$ 30.00
Agency review fee (zoning)	\$ 94.00
Miscellaneous Fees	
Re-inspection fee	\$
12% Surcharge	\$
SDC Charges	\$
Other	\$
TOTAL FEES & SURCHARGE	\$
Paid Amount	\$
Receipt number	

FOR DEPARTMENT USE ONLY
PUBLIC WORKS APPROVAL:
FIRE DEPARTMENT APPROVAL:

FOR DEPARTMENT USE ONLY
ZONING:
SETBACKS: Front:
Side: Rear:
PLANNING APPROVAL:
Conditions/remarks:
SANITATION APPROVAL:

Exhibit
" F "

Yamhill County

DEPARTMENT OF PLANNING AND DEVELOPMENT

525 NE 4TH STREET • McMINNVILLE, OREGON 97128

Phone: 503-434-7516 • Fax: 503-434-7544 • TTY: 800-735-2900 • Internet Address: <http://www.co.yamhill.or.us/planning>

PROPOSED

MANUFACTURED HOME SET-UP FEES

July 1, 2023

DESCRIPTION	FEE	SURCHARGE	TOTAL
Manufactured Home Placement Permit	\$410.09	\$49.21	\$459.30
State Manufactured Home Fee	\$30.00		\$ 30.00
Agency Review - County Only	\$94.00		\$ 94.00
Water, Sewer and Storm Lines – 31' to 100' If line exceeds 100', call office for fees	\$89.31	\$ 10.72	\$ 100.02
Manufactured Home Electrical Service Permit	\$86.00	\$ 10.32	\$ 96.32
Earthquake-Resistant Bracing System Installation (not part of the original system)	\$183.90	\$22.07	\$205.97
Reinspection of Manufactured Dwelling, Cabana and (ERBS)	\$179.45	\$21.53	\$200.99

Exhibit
"G"

**PROPOSED MISC. BUILDING AND
PLANNING FEES Effective July 1,
2023**

INSPECTIONS					
Replacement Dwelling Inspection and Letter	\$ 89.31	\$ 94.00			\$ 183.31
Ground Mount Solar Install Res/Com	\$ 89.31	\$ 94.00	\$ 29.00		\$ 212.31
Prescriptive Path Solar	\$ 181.00	\$ 94.00			\$ 275.00 + State surcharge
Non-Prescriptive Path Solar Res/Com	Based on value	\$ 94.00	State surcharge		
Ag Zoning Compliance					\$ 94.00
MICELLANEOUS PLANNING					
Oregon Liquor License/Special Events OLCC					\$ 29.00
Admin Processing Fee					\$ 29.00

Exhibit
"H"