



MEMORANDUM

From: Scappoose Building Dept.

Re: Plumbing Permit required for REMOVAL OF BACKFLOW DEVICE

Removal of a backflow device(s) is regulated by the Oregon Plumbing Specialty Code, which requires a plumbing permit. See relevant code sections below.

The State of Oregon Building Codes Division has adopted the 2021 Oregon Plumbing Specialty Code (OPSC). This code applies to the installation, alteration, repair, relocation, and replacement of plumbing systems in *both commercial and residential buildings*. <https://www.oregon.gov/bcd/codes-stand/Pages/index.aspx>

Per the current OPSC;

- **101.2 Scope;** Municipalities may establish administrative procedures in accordance with ORS 455.020(4), and may amend specific sections of Chapter 1 Administration.
- **103.0 & 103.1 Duties & Power of the Building Official;** The Building Official shall be the Authority duly appointed to enforce this code and shall have the power to render interpretations of this code and to adopt and enforce rules and regulations supplemental to this code as deemed necessary in order to clarify the application of the provision of this code. Such interpretations rules and regulation shall comply with the intent and purpose of this code.
- **104.1 Permits Required;** It shall be unlawful for a person, firm or corporation to make an installation, *alteration*, repair, replacement or remodel a plumbing system regulated by this code.
- **104.2 Exempt Work;** Exemption from the permit requirement of this code shall not be deemed to grant authorization for any work to be done in violation of the provision of the code or any other laws or ordinances of this jurisdiction. **(1)** The stopping of leaks, repairing freeze damaged in drains, soil, waste, or vent pipe no exceeding 5' of new piping, provided the repair or replacement does not involve any changes or alterations of the existing plumbing. **(2)** The clearing of stoppages, including the removal and reinstallation of water closets, or the repairing of leaks in pipes, valves or fixtures, provided such repairs do not involve/require the replacement or rearrangement of values, pipes or fixtures.
- **309.5 Dead Legs.** Dead legs shall have a method of flushing (by installation of a valve or otherwise the line must be capped from the beginning of the source). Definition pg. 17; "Dead Leg is a section of potable water pipe which contains water that has no flow or does not circulate."

PERMIT APPLICATIONS;

- Contractors; Use Oregon ePermitting to apply for the removal of any backflow device
- Homeowners; Use the Homeowner Application.
 - <https://www.scappoose.gov/building/page/plumbing-backflowsprinkler-permit>

INSPECTIONS ARE REQUIRED;

- The backflow removal (and any new capped lines or flushing valves) must be inspected by the Building Dept.
- To schedule the required inspection(s), follow scheduling instructions on your approved/issued permit.

Link to the adopted code for your reference; <https://www.oregon.gov/bcd/codes-stand/Pages/Plumbing.aspx>

If you have any questions related to the current the Oregon Plumbing Sepcialty Code, please email our Building Dept; scappoosebuildingdept@scappoose.gov

BUILDING PERMIT APPLICATION

CITY OF SCAPPOOSE 503.543.7184

PHYSICAL ADDRESS: 52610 NE 1ST #120

MAILING ADDRESS: 33568 E. COLUMBIA AVE.

SCAPPOOSE, OR 97056

APPLICATION DATE

ADDRESS OF STRUCTURE		TAX LOT NUMBER (REQUIRED) <small>~Call County Assessor or use their website</small>		PERMIT NUMBER	
OWNER		MAIL ADDRESS		CITY - STATE - ZIP	
PHONE		MAIL ADDRESS		CITY - STATE - ZIP	
CONTRACTOR		MAIL ADDRESS		CITY - STATE - ZIP	
LIC. NO.		PHONE		<i>If using a contractor - they must apply via Oregon e-permit on-line.</i>	
TYPE OF CONST.	SIZE OF BLDG.	1st	TOTAL SQ. FT.	OCCUPANCY	VALUATION OF WORK
Plumbing	N/A	N/A	N/A	R	N/A
<input checked="" type="checkbox"/> RESIDENTIAL		2nd		GROUP	
<input type="checkbox"/> COMMERCIAL		BASEMENT			
		GARAGE			
TYPE OF WORK:		<input type="checkbox"/> MECHANICAL		<input checked="" type="checkbox"/> PLUMBING	
<input type="checkbox"/> NEW		<input checked="" type="checkbox"/> CHANGE		<input type="checkbox"/> ADDITION	
		<input type="checkbox"/> REPAIR		LOT SIZE	
				ZONING	

JOB DESCRIPTION: *Remove Backflow device*

CITY BUSINESS LICENSE NO. *All Contractors must have a City Business licence*

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

This permit is granted on the express condition that the said construction will, in all respects, conform to the Ordinances of this jurisdiction, including the Zoning Ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provision of said Ordinances.

I further certify that, pursuant to ORS 701.055(8) I will present to the City at the time of application for building permit or plumbing permit a full and complete list of names and registration numbers of all subcontractors and suppliers covered under chapter 701 of the Oregon Revised Statutes.

Failure to submit the list of subcontractors and suppliers will result in the withholding of the permit.

Failure to immediately notify the City of any changes of subcontractors and/or suppliers will result in the withholding of the occupancy permit and penalties under state and local statutes.

ALL SUBCONTRACTORS AND SUPPLIERS MUST BE LICENSED WITH THE CITY OF SCAPPOOSE PRIOR TO THE COMMENCEMENT OF THE JOB.

The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified herein or not. By signing this I agree to expressly and unequivocally call for and consent to any and all inspections deemed necessary by the building officials.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____

STAFF USE ONLY:

SPECIAL CONDITIONS AND REMARKS:

Our City inspector will need visual confirmation that the cross-connection threat no longer exist ie. Removal of sprinkler system section.

PERMIT FEES		
	RECEIPT NO.	FEE
ADMIN. FEE		/
PLAN CHECKING		/
FIRE / LIFE / SAFETY		/
CONSTRUCTION		/
STATE BUILDING FEE		/
PLUMBING		\$ /
STATE PLUMBING 12%		\$ /
MECHANICAL		/
STATE MECHANICAL		/
SDC WATER		/
SDC SEWER		/
SDC STREETS		/
SDC PARKS		/
SDC STORM		/
WATER/SEWER		/
CONSTRUCTION WATER		/
INVESTIGATION FEE		/
ENGINEER REVIEW FEE		/
PLANING DEPT. REVIEW		/
ISSUE DATE:		TOTAL \$

MUST BE APPROVED BY ALL THOSE INDICATED BELOW

BUILDING INSPECTOR: _____ DATE: _____ CITY ENGINEER: _____ DATE: _____

PLANNER: _____ DATE: _____ OFFICE ADMINISTRATOR: _____ DATE: _____