CITY OF SANTA ANA
DEVELOPMENT FEES WORKSHEET -- PLUMBING PERMIT

Project Address:	Contractor:
Tenant Name:	Address:
Building Owner:	City: St.: Zip:
Address:	Contractor License No.:
City: St.: Zip:	Contractor e-mail:
Phone:	Phone:
Contact Person:	**Contact E-Mail Strongly Recommended PLEASE PRINT:**
Contact Phone:	

NEW BUILDING ☐ ALTERATIONS/ADDITIONS ☐

ITEM	NO.	EACH	TOTAL
Fixtures			
Water Closet or Bidet		11.75	
Urinal		9.00	
Tub, Shower, or Tub/Shower		18.40	
Whirlpool Tub or Foot Spa		18.40	
Sink, Lavatory, Laundry or Utility		10.50	
Clothes Washing Machine		11.55	
Dishwasher		9.90	
Garbage Disposal		8.80	
___Floor Sink + ___ Floor Drain =		13.35	
Drinking Fountain (one location)		7.40	
Cap Fixture (each)		5.75	
Sewer			
New Sewer – first 100'		53.40	
Each 100' Sewer (or any portion)		18.40	
Additional Sewer Connection		18.40	
Repair/Alter Sewer		36.80	
Cap Sewer		82.60	
Gas			
New Gas System (first 4 outlets)		36.80	
Each Additional Gas Outlet		5.85	
Extend or Alter Gas System		54.20	
Repair Gas Piping		36.80	
Cap Gas Outlet – each		7.00	
Swimming Pools			
Pool Trap		18.40	
Pool Heater		60.05	
Pool Piping		36.80	

ITEM	NO.	EACH	TOTAL
Miscellaneous			
Water Heater Res ☐ Comm ☐		18.40	
Water Heater Tankless		54.20	
Water Heater over 50 gallons		75.45	
Water Service/Piping– each 100'		36.80	
Repipe (residential) – each 100'		36.80	
Fire Line/Hydrant – each 100'		36.80	
Primary/Secondary Roof Drain Set		36.80	
Deck/Area Drain		7.95	
Rain Piping/Gutters – each 100'		17.90	
Storm Drains – 100'		23.65	
Water Softener – Residential		18.40	
Water Softener – Commercial		36.80	
Backflow less than 2"		18.40	
Backflow 2" and above		36.80	
Vacuum Breakers – first 5		16.80	
Vacuum Breakers – each >5		4.80	
Hose Bib with Vacuum Breaker		12.80	
Grease/Waste Interceptor		31.05	
Dental Unit		26.70	
Medical Gas Piping – each 100'		36.80	
Alteration to Drain/Vent		36.80	
Appliances not Listed		54.20	

SUBTOTAL	$
P/C 65% OF SUBTOTAL	$
MIN. FEE – (Nonresidential)	$ 60.65
ISSUANCE & **General Plan Surcharge**	$ 45.50 + 18.25 = $63.75
TOTAL	$

Office Use Only

BLDG PMT #	*RECEIPT #*	*DATE:*
OCCUPANCY:	*P/C FEE PD:*	*BY:*
CONST TYPE:		*P/C #*