



BUILDING PERMIT APPLICATION

DEPARTMENT USE ONLY
Permit No: _____
Application Date: _____
Date Issued & Paid: _____

Inspections: 800-358-8034 :: Fax 503-429-4232

Job Address: _____

Parcel ID Number: _____

CLASS OF WORK:

New Structure Addition Alteration Gargage/Carport Accessory Bldg Mfg Home Other _____

Property Owner: _____ Phone: _____

Mailing Address: _____ City, State, Zip: _____

Contractor: _____

Mailing Address: _____ City, State, Zip: _____

Contractor Number: _____ Phone: _____

Engineer, Architect: _____ Phone: _____

Description of Work: _____

Estimated Finished Project Value: \$ _____

NOTICE

This permit is issued under OAR 918-460-0030, 918-780-0090, 918-440-0050

This permit becomes null and void if work is not commenced within 180 days, or if construction or work is suspended for a period of 180 days.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes governing this type of work will be complied with whether specified herein or not. 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.

Property Owner Signature: _____ Date: _____

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 701.010.

Contractor Signature: _____ Date: _____

FOR PLANNING DEPARTMENT USE

Zone: _____ Required Setbacks: Front _____ Side _____ Front/Side _____ Rear _____

Flood Hazard Yes No Flood Zone _____ Number of Off-street Parking Spaces _____

Special Conditions: _____ Approved By: _____ Date: _____

Project Value \$ _____ + Dwelling Structure Assessed Value \$ _____ = Project Percentage _____

FOR PUBLIC WORKS DEPARTMENT USE

FOR FIRE DEPARTMENT USE

Meter size _____ Sewer available <input type="checkbox"/> Yes <input type="checkbox"/> No	Access: _____
Sidewalk/Curb required <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Protection Equip: _____
Storm Drain plan submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Comments: _____	
Approved by: _____ Date: _____	Approved by: _____ Date: _____

FOR BUILDING DEPARTMENT USE

Constr. Type: _____ Sq Ft: _____ Occ. Group: _____ Max Occ Load: _____ # of units: _____ # of stories: _____ Height: _____

Other information _____

Plan checked by: _____	Date: _____	Approved by: _____	Date: _____
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	BUILDING	MECHANICAL	PLUMBING	TOTAL
FEES				
PLAN CHECK				
SUCHARGE				
TOTAL				

Total Fees	\$ _____
Total Plan Check	\$ _____
Total Surcharge	\$ _____
Total Amount Due	\$ _____