



503-429-5291 Fax: 503-429-4232

BUILDING PERMIT APPLICATION

DEPARTMENT USE ONLY

Permit No.:

Application Date:

Date Issued & Paid:

Job Address:

Assessor's Map No.

Tax Lot(s)

Lot

Block

Subdivision

Acres

CLASS OF WORK:

New Structure Addition Alteration Garage/Carport Accessory Bldg. Mfg. Home Other

Property Owner (print):

Phone:

Mailing Address:

City:

State:

Zip:

Contractor (print):

Mailing Address:

City:

State:

Zip:

Contractor Number:

Phone:

Engineer, Architect or Designer (print):

Phone:

DESCRIPTION OF WORK:

ESTIMATED PROJECT FINISHED VALUE:

NOTICE

This permit is issued under OAR 918-460-0030, 918-780-0060, 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: Plan Review No. Required Yard Setbacks: Front Side Front/Side Rear

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

Special Conditions: Approved By: Date:

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

FOR PUBLIC WORKS DEPARTMENT USE

FOR FIRE DEPARTMENT USE

Easements/Row

Access:

Wtr. Mtr. Size Tap B'flow X-con

Fire Protection Equip:

Sewer Special Permit/Monitoring Tap

Comments:

Streets/Sidewalks/Curbs:

Storm Drainage:

Comments:

Approved By:

Date:

Approved By:

Date:

FOR BUILDING DEPARTMENT USE

Const. Type: Sq. Ft.: Occ. Group: Max. Occ. Load: # of Units: # of Stories: Height:

Other Information:

Plan Checked By:

Date:

Approved By:

Date:

	BUILDING	MECHANICAL	PLUMBING	TOTAL
FEES				
PLAN CHECK				
SURCHARGE				
TOTAL				

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