

# Structural Permit Application

Jurisdiction name:			
Address:			
Phone:	-	-	Fax:
Email:	Web:		

## DEPARTMENT USE ONLY

Permit no.:

Date:

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVAL			
This project has final land-use approval.		Date:	
Signature:			
This project has DEQ approval.		Date:	
Signature:			
Zoning approval verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Property is within flood plain: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CATEGORY OF CONSTRUCTION			
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial	
JOB SITE INFORMATION AND LOCATION			
Job site address:			
City:	State:	ZIP:	
Subdivision:		Lot no.:	
PROPERTY OWNER INSTALLATION			
Name:			
Address:			
City:	State:	ZIP:	
Phone:	-	-	Fax:
Email:			
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 ORS 701.010.			
Sign here:			
CONTRACTOR INSTALLATION			
Business name:			
Address:			
City:	State:	ZIP:	
Phone:	-	-	Fax:
Email:			
CCB license no.:			
Print name:			
Signature:			

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - -
Credit card number	/
Name of cardholder as shown on credit card	Expiration
Cardholder signature	\$
	Amount

FEE SCHEDULE	
1. Valuation information	
(a) Job description:	
Occupancy	
Construction type:	
Square feet:	
Cost per square foot:	
Other information:	
<input type="checkbox"/> new <input type="checkbox"/> alteration <input type="checkbox"/> addition	
(b) Foundation-only permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Plan review only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total valuation:	\$
2. Building fees	
(a) Permit fee (use valuation table):	\$
(b) Investigative fee:	\$
(c) Reinspection (\$ per hour): (number of hours x fee per hour)	\$
(d) Enter 12% surcharge (.12 x [2a+2b+2c]):	\$
(e) Subtotal of fees above (2a through 2d):	\$
3. Plan review fees	
(a) Plan review ( % x permit fee [2a]):	\$
(b) Fire and life safety ( % x permit fee [2a]):	\$
(c) Subtotal of fees above (3a and 3b):	\$
4. Miscellaneous fees	
(a) Seismic fee, 1% (.01 x permit fee [2a]):	\$
TOTAL fees and surcharges (2e+3c+4a):	\$