



# Structural Permit Application

Department of Consumer & Business Services  
 Building Codes Division • Coos Bay Field Office  
 1155 S. 5th St., Coos Bay, OR 97420  
 541-266-1098 • Fax: 541-266-1146 • TTY: 503-373-1358  
 oregon.gov/bcd

DEPARTMENT USE ONLY	
Permit no.:	
This project has final land-use approval: Signature:	DEQ approved: Signature:
<b>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.</b>	

Flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Detached accessory structure building	<input type="checkbox"/> Accessory	
<input type="checkbox"/> Manufactured dwelling	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Mixed use	
<input type="checkbox"/> Two-family dwelling	<input type="checkbox"/> Multi-family	
<input type="checkbox"/> Townhouses	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		
TYPE OF CONSTRUCTION		
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Other
<input type="checkbox"/> Move	<input type="checkbox"/> New	<input type="checkbox"/> Tenant improvement
<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement	
APPLICANT INFORMATION		
Name:		
Mailing address:		
City/state/ZIP:		
Phone:	Mobile phone:	
Email:		
JOB SITE INFORMATION AND LOCATION		
Job site address:		
City/state/ZIP:		
Project name:		
Directions to job site:		
Parcel no.:		
PROPERTY OWNER INSTALLATION		
Name:		
Mailing address:		
City/state/ZIP:		
Phone:	Mobile phone:	
Email:		
This installation is being made on residential or farm property owned by me or a member of my immediate family.		
<b>Sign here:</b>		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone:	Mobile phone:	
Fax:	Email:	
CCB license no.:		
Signature:		

LOCAL GOVERNMENT APPROVAL	
Zoning approval verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VALUATION INFORMATION	
Job description:	
Declared job value: \$ _____	
Occupancy type:	
Occupancy load:	
Number of housing units:	
Number of buildings:	
Publicly owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
New building square footage:	
Existing building square footage:	
Number of stories:	
Building height: _____ feet _____ inches	
Existing fire sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire sprinklers included in project: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing fire alarm system: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire alarms included in project: <input type="checkbox"/> Yes <input type="checkbox"/> No	

