



Structural Permit Application

Department of Consumer and Business Services
Building Codes Division • Pendleton Field Office
 800 S.E. Emigrant Ave., #360, Pendleton, OR 97801
 800-452-8156 or 541-276-7814 • Fax: 541-276-9244
 Web: bcd.oregon.gov

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

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.

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.		
Sign here:		
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

