Contract Office Worksheet

Department of Consumer & Business Services
Building Codes Division
1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
503-378-4133 • Fax: 503-378-2322 • TTY: 503-373-1358
oregon.gov/bcd

Contract office:
Contract no.:
Expires:
Reporting period:

REVENUE INFORMATION

	No. permits issued	Fees		
1. Structural				
a. Permits				70711/1195
b. Surcharge (12%)		$ -		70711/1291
c. Plan review				70711/1195
d. Fire-life plan review				70711/1195
e. **Total:**			$ -	
2. Mechanical				
a. Permits				70711/1195
b. Surcharge (12%)		$ -		70711/1291
c. Plan review				70711/1195
d. **Total:**			$ -	
3. Plumbing				
a. Permits				70611/1195
b. Surcharge (12%)		$ -		70611/1291
c. Plan review				70611/1195
d. **Total:**			$ -	
4. Electrical				
a. Permits				70111/1195
b. Surcharge (12%)		$ -		70111/1291
c. Plan review				70111/1195
d. **Total:**			$ -	
5. Manufactured dwellings				
a. Permits				70411/1195
b. Surcharge (12%)		$ -		70411/1291
c. Administrative fee ($30)				70411/1195
d. **Total:**			$ -	
6. Total permit revenue [lines 1e, 2d, 3d, 4d, and 5d]:				$ -
7. Total revenue deposited [line 6 (less credit card purchases)]:		( )	=	$ -

Completed by (print name): _____ Phone: _____
Signature: _____ Date: _____

BCD FISCAL USE ONLY

1. Total permits sold _____ X _____ = _____
2. Authorized expenses or adjustments _____ = _____
   Identify: _____
3. **Total amount due contractor (lines 1 and 2)** _____ = _____

Approved for payment by: _____ Date: _____
and by: _____ Date: _____

DCBS Consumer and Business Services