



New Single Family Dwelling Combination 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:
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	
LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.:	
ELECTRICAL CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	BCD license no.:
Signing supervisor name & license no.:	
MECHANICAL CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	LPG license no.:
PLUMBING CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	BCD license no.:
Journeyman name & license no.:	

CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone:	Mobile phone:	
Fax:		
Email:		
CCB license no.:		
Signature:		
PROPERTY OWNER INFORMATION		
Name:		
Mailing address:		
City/state/ZIP:		
Phone:	Mobile phone:	
Email:		
OWNER INSTALLATION		
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Framing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This installation is being made on residential or farm property owned by me or a member of my immediate family.		
Sign here:		
PRIMARY CONTACT		
Name:		
Phone:		
Email:		



440-5032-CB (4/19/COM)

VALUATION INFORMATION

Job description:	Total square footage (dwelling and attached garage):
	Building height ____ ft. ____ in no. of bathrooms: ____ no. of kitchens: ____
	Decks / porches / covered patios ____ (total sq. ft.)
	Unfinished basement ____ (total sq. ft.)
	Living area sq. ft. ____ (total sq. ft.)
	Garage sq. ft. ____ (total sq. ft.)
	Carport ____ (total sq. ft.)
	No. of stories: ____ Limited or restricted energy ____
Declared job value: \$	Temporary service 200 amps or less ____

PLUMBING

Water service: total linear feet:	Storm sewer: total linear feet:	Sanitary sewer: total linear feet:
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HEATING / COOLING

Type of fuel:							
Boiler	Electric	Geothermal	LPG	Natural gas	Oil	Photovoltaic	Solid fuel
Other							
Secondary type of fuel:							
Boiler	Electric	Geothermal	LPG	Natural gas	Oil	Photovoltaic	Solid fuel
Other							

	Qty		Qty
Air handling unit of up to 10,000 cfm		Air conditioner	
Air handling unit greater than 10,000 cfm		Furnace – up to 100,000 BTU	
Furnace – greater than 100,000 BTU		Floor furnace, including vent	
Heat pump		Evaporative cooler other than portable	
Suspended heater, recessed wall heater, or floor mounted unit heater		Mini split	
		Radiant in-floor heating system	

OTHER FUEL APPLIANCES

Wood / pellet stove		Water heater	
Gas or wood fireplace/ insert		Pool or spa heater, kiln	
Decorative gas fireplace		Oil tank / gas / diesel generators	
Chimney / liner / flue / vent		Installation domestic-type incinerator	

ENVIRONMENTAL EXHAUST AND VENTILATION

Range hood / other kitchen equipment		Attic / crawl space fans	
Ventilation system not a portion of heating or air-cooling system authorized by permit		Flue vent for water heater or gas fireplace	
		Clothes dryer exhaust	
Appliance vent installation not included in appliance permit		Ventilation fan connected to single duct	
Other environmental exhaust / ventilation			

FUEL PIPING

Gas fuel piping outlets		
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