

Logo

Agency
 address
 city, state zip
 phone
 web
 email

APPLICATION FOR STRUCTURAL PERMIT	<u>DEPARTMENT USE ONLY</u>	
	Permit #:	
	By:	Date:

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

JOB SITE INFORMATION	OWNER INFORMATION
Address:	<i>I am the property owner doing my own work (initial):</i> _____
City:	
Parcel #:	Owner Name:
Directions to work site:	Mailing address:
	City/State/ZIP:
	Phone: Cell:
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:

OTHER APPROVALS		
Zoning	Floodplain	Onsite
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Approval:	Approval:	Approval:
Date: Parcel #:		Date: Parcel #:

(1) Valuation Information

(a) Job description:

(b) Occupancy:

(c) Construction type:

(d) Square feet:

(e) Cost per square foot (April ICC):

(f) Type of Work: New Alteration Addition Demolition Repair

(g) Is this a foundation ONLY permit? Yes No

(h) Is this a plan review ONLY? Yes No

(i) Total valuation:

(2) Building Fees		Contractor:	
(a) Permit fee:		Address:	
(b) 12% surcharge:		City/State/ZIP:	
(3) Plan Review		Phone:	
(a) Plan review (permit fee x)		Email:	
(b) Fire & Life Safety (permit fee x)		BCD license:	
Subtotal of fees above:		CCB license:	
(4) Miscellaneous Fees			
(a) Seismic review – permit fee x 0.01			
Total Due:			

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Applicant name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Signature:	Date: