

Grading Permit Application:

City of Wilsonville

 29799 SW Town Center Loop E, Wilsonville, OR 97070 | **Phone:** (503) 682-4960 | **Fax:** (503) 682-1013

JOB SITE INFORMATION AND LOCATION

Job site address: _____ City/State/ZIP: _____ Project name: _____ _____ _____ Subdivision: _____ Lot no.: _____	Grading Valuation: \$ _____ **The permit fee is based on the valuation of the site work being constructed, less the valuation of any site utilities work. A separate plumbing permit for the site utilities will be issued based on the total developed length of the plumbing system.
DESCRIPTION OF WORK & INTENDED USE	EXCAVATION
	Total Volume: _____ Cu. Yds.
	Max depth: _____ Ft.
	Total Disturbed Area: _____ Sq Ft/ Acres
PROPERTY OWNER	FILL
Name: _____	Total Volume: _____ Cu. Yds.
Address: _____	Max. depth: _____ Ft.
City/State/ZIP: _____	Total Disturbed Area: _____ Sq Ft/ Acres
Phone: () _____ Fax: () _____	NOTICE
APPLICANT	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:
Business name: _____	
Contact name: _____	CONDITIONS OF PERMIT
Address: _____	Grading to conform to Appendix J of the 2014 Oregon Structural Specialty Code and Ordinance 482 as adopted by the City of Wilsonville.
City/State/ZIP: _____	This permit is valid for mass site grading only. It does not cover any public improvements.**
Phone: () _____ Fax: () _____	Issuance of this permit does not imply any City approval of the site plan. Permit is valid for six months.
E-mail: _____	All Erosion Control measures must be installed and approved prior to any site work. Call the Inspection line at 503-682-4159 to schedule.
ENGINEER	GRADING & EROSION CONTROL PERMIT FEES
Name: _____	Fees due upon application
Address: _____	Amount received
City/State/ZIP: _____	Date received:
Phone: () _____ Fax: () _____	
E-mail: _____	
CONTRACTOR	
Business name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: () _____ Fax: () _____	
CCB lic.: _____ Metro lic.: _____	
<i>A Metro License and/or a Wilsonville City Business License is required to do work in the City.</i>	
Authorized Signature: _____ Date: _____	<p>This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete</p> <p>**A separate Erosion Control Permit must be obtained through the Engineering Division.</p>