

# Grading & Erosion Control Permit Application:

## City of Wilsonville

29799 SW Town Center Loop E, Wilsonville, OR 97070 Phone: (503) 682-4960 Fax: (503) 682-7025

### JOB SITE INFORMATION AND LOCATION

Grading Valuation: \$ \_\_\_\_\_ \*\*

Job site address:	<p>**The permit fee is based on the valuation of the site work being constructed, less the valuation of any site utilities work including erosion control measures. A separate plumbing permit for the site utilities will be issued based on the total developed length of the plumbing system.</p>	
City/State/ZIP:		
Project name:		
Subdivision:	Lot no.:	<p><b>EXCAVATION</b></p> <p>Total Volume: _____ Cu. Yds.</p> <p>Max depth: _____ Ft.</p> <p>Total Disturbed Area: _____ Sq Ft/ Acres</p>
<b>DESCRIPTION OF WORK &amp; INTENDED USE</b>		<p><b>FILL</b></p> <p>Total Volume: _____ Cu. Yds.</p> <p>Max. depth: _____ Ft.</p> <p>Total Disturbed Area: _____ Sq Ft/ Acres</p>
<b>PROPERTY OWNER</b>		<p><b>NOTICE</b></p> <p>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:</p>
Name:		<p><b>CONDITIONS OF PERMIT</b></p> <p>Grading to conform to Appendix J of the 2010 Oregon Structural Specialty Code and Ordinance 482 as adopted by the City of Wilsonville.</p> <p>This permit is valid for mass site grading only. It does not cover any construction for roadways, underground utilities, or public improvements. Construction for any public improvements will be issuance of this permit does not imply any City approval of the site plan. Permit is valid for six months.</p> <p>All Erosion Control measures must be installed and approved prior to any site work. Call the Inspection line at 503-682-4159 to schedule.</p>
Address:		
City/State/ZIP:		
Phone: ( )	Fax: ( )	
<b>APPLICANT</b>		<p><b>GRADING &amp; EROSION CONTROL PERMIT FEES</b></p> <p>Fees due upon application</p> <p>Amount received</p> <p>Date received:</p>
Business name:		
Contact name:		
Address:		
City/State/ZIP:		
Phone: ( )	Fax: ( )	<p><b>CONTRACTOR</b></p> <p>Business name:</p> <p>Address:</p> <p>City/State/ZIP:</p> <p>Phone: ( )</p> <p>Fax: ( )</p> <p>CCB lic.: _____ Metro lic.: _____</p>
E-mail:		
<b>ENGINEER</b>		
Name:		
Address:		
City/State/ZIP:		<p><b>Authorized Signature:</b> _____</p> <p><b>Date:</b> _____</p>
Phone: ( )	Fax: ( )	
E-mail:		
<b>CONTRACTOR</b>		
Business name:		
Address:		<p><b>This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete</b></p>
City/State/ZIP:		
Phone: ( )	Fax: ( )	
CCB lic.:	Metro lic.:	
<b>Authorized Signature:</b> _____		
<b>Date:</b> _____		