

Building Permit Application

P: 503-682-4960 • Secure Fax Line 503-682-1013

Online Inspection Request www.ci.wilsonville.or.us • 24 Hr Inspection IVR Line: 503-682-4159



29799 SW Town Center Loop East
Wilsonville, OR 97070

Type of work	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
Category of construction	
<input type="checkbox"/> 1 & 2 family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multifamily	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
Job site information and location	
Job address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Lot No.:	
Description of Work	
List all known deferred submittals associated to this project	
Owner	
Name:	Phone:
Address:	
City/State/ZIP:	
E-mail:	
Contractor	
Business name:	
Address:	
City/State/ZIP:	Phone:
E-mail:	
CCB lic. no.	Exp. Date:
City Business/Metro License No.	Exp. Date:
Applicant	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
Owner / Applicant Signature	
Authorized signature:	
Print name:	Date:
This permit application will expire if a permit is not obtained within 180 days after it has been accepted as complete.	

Office Use Only	
Permit no:	
Required Data: One and Two Family Dwelling	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
Required Data: Commercial Use	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups	
Existing:	
New:	
New Impervious:	
Fire Sprinkler System?	Yes No
New Water Meter:	Domestic: Irrigation:
Notice	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.	
Statement of Fact: I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.	
I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. _____ (initials)	
Building Permit Fees*	
Please refer to fee schedule	
Fees due upon application:	
Amount received:	
Date received:	