

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:
<p>This permit application will expire if a permit is not obtained within 180 days after it has been accepted as complete.</p>	

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	
<p>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.</p> <p>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.</p> <p>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)</p>	
Building Permit Fees*	
Please refer to fee schedule	
Fees due upon application:	
Amount received:	
Date received:	

PLUMBING CONTRACTOR			
Business Name:			
Address:			
City/State/ZIP:			
Phone: ()		Fax: ()	
CCB LIC.:			
METRO LIC.:		CITY LIC.:	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
New 1-2-family dwellings (Includes 100 ft. for each utility connection)			
SFR (1) bath		256.50	
SFR (2) bath		311.65	
SFR (3) bath		348.80	
Fire Sprinkler (SFD) _____sq. ft.			
Site utilities (*Per 100 FT)			
Catch basin or area drain		14.90	
Drywell, leach line, or trench drain		14.90	
Footing drain (no. linear ft.)		50.80	
Manufactured home utilities		25.65	
Manholes		14.90	
Rain drain connector		14.90	
Sanitary sewer (no. linear ft.)		50.80	
Storm sewer (no. linear ft.)		50.80	
Water service (no. linear ft.)		50.80	
Fixture or Item			
Absorption valve		14.90	
Backflow preventer		14.90	
Backwater valve		14.90	
Clothes washer		14.90	
Dishwasher		14.90	
Drinking fountain		14.90	
Ejectors/sump		14.90	
Expansion tank		14.90	
Fixture/sewer cap		14.90	
Floor drain/floor sink/hub		14.90	
Garbage disposal		14.90	
Hose bib		14.90	
Ice maker		14.90	
Interceptor/grease trap		14.90	
Medical gas (value: \$ _____)			
Primer		14.90	
Roof drain (commercial)		14.90	
Sink/basin/lavatory		14.90	
Tub/shower/shower pan		14.90	
Urinal		14.90	
Water closet		14.90	
Water heater		14.90	
Other:		14.90	
Other:		14.90	

COMMERCIAL FEE* SCHEDULE - USE CHECKLIST			
Mechanical permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all materials, equipment, labor, overhead, and profit.			
Value: \$			
MECHANICAL CONTRACTOR			
Business name:			
Address:			
City/State/ZIP:			
Phone: ()		Fax: ()	
CCB LIC.:			
METRO LIC.:		CITY LIC.:	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Heating/cooling			
Furnace, add-on air conditioning		23.05	
Gas heat pump		18.45	
Duct work		18.45	
Hydronic hot water system		18.45	
Residential boiler (radiator or hydronic)		18.45	
Unit heaters - fuel-type, not electric		18.45	
Flue/vent for any of above		13.85	
Other:		13.85	
Other fuel appliances			
Gas fireplace		13.85	
Flue vent for water heater, gas fireplace		13.85	
Log lighter (gas)		13.85	
Wood/pellet stove		13.85	
Wood fireplace/insert		13.85	
Chimney/liner/flue/vent		13.85	
Other:		13.85	
Environmental exhaust and ventilation			
Range hood/other kitchen equipment		9.20	
Clothes dryer exhaust		9.20	
Single-duct exhaust - bathrooms, toilet compartments, utility rooms		9.20	
Attic/crawl space fans		13.85	
Other:		13.85	
Fuel piping			
\$6 for first four, \$1.50 for each additional			
Furnace, etc.			
Gas heat pump			
Wall/suspended/unit heater			
Water heater			
Fireplace			
Range hood/other kitchen equipment			
Barbecue			
Clothes dryer (gas)			
Other:			

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* Fee methodology set by Tri-County Building Industry Service Board



Residential Plan Submittal Intake Checklist

Department of Consumer & Business Services
 Building Codes Division • 1535 Edgewater NW, Salem, OR
 Mailing address: P.O. Box 14470, Salem, OR 97309
 (503) 378-4133, Fax: (503) 378-3656 Web: bcd.oregon.gov

FOR DEPARTMENT USE ONLY

Plan review no.:

Permit no.:

Office:

JOB INFORMATION

OWNER

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____
 Phone: () _____ County: _____ Phone: () _____ Fax: () _____
 E-mail: _____

ARCHITECT / ENGINEER

APPLICANT / CONTRACTOR

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____
 Phone: () _____ Fax: () _____ Phone: () _____ Fax: () _____

LOCAL GOVERNMENT

Zoning DEQ Other:

MINIMAL PLAN REQUIREMENTS CHECKLIST

Need	OK or N/A	
1. <input type="checkbox"/>	<input type="checkbox"/>	Plan Requirements — All structures
2. <input type="checkbox"/>	<input type="checkbox"/>	Two complete sets of plans; photocopy or blueprint (no pencil)
		Plans drawn to scale (minimum 1/8" per foot, minimum 8.5" x 11")
3. <input type="checkbox"/>	<input type="checkbox"/>	Site plan — All structures
4. <input type="checkbox"/>	<input type="checkbox"/>	North arrow, lot dimensions, setbacks (existing and proposed), all public and/or private easements
5. <input type="checkbox"/>	<input type="checkbox"/>	Structure dimensions
6. <input type="checkbox"/>	<input type="checkbox"/>	Site elevation at corners or contour information (for drainage review)
7. <input type="checkbox"/>	<input type="checkbox"/>	Existing public and private utilities located on property
		Names of all adjacent streets
8. <input type="checkbox"/>	<input type="checkbox"/>	Structural plans — housing
9. <input type="checkbox"/>	<input type="checkbox"/>	Floor plan: <input type="checkbox"/> first (lower) level <input type="checkbox"/> second (upper) level
10. <input type="checkbox"/>	<input type="checkbox"/>	Foundation plans (with square footage including garage) for additional increase
11. <input type="checkbox"/>	<input type="checkbox"/>	Floor framing: <input type="checkbox"/> first (lower) level <input type="checkbox"/> second (upper) level
12. <input type="checkbox"/>	<input type="checkbox"/>	Roof framing or truss layout
13. <input type="checkbox"/>	<input type="checkbox"/>	Cross sections, exterior elevations
14. <input type="checkbox"/>	<input type="checkbox"/>	Plumbing fixture and HVAC layout
15. <input type="checkbox"/>	<input type="checkbox"/>	Type of heat: Gas F/A: _____ Electrical (type): _____ A/C: _____
		Insulation — energy conservation path: _____
		If applicable
16. <input type="checkbox"/>	<input type="checkbox"/>	Soils information: 1000 psf: _____ Other: _____
17. <input type="checkbox"/>	<input type="checkbox"/>	Structural details
18. <input type="checkbox"/>	<input type="checkbox"/>	Structural calculations
19. <input type="checkbox"/>	<input type="checkbox"/>	Wind load calculations
		Garage/carport
20. <input type="checkbox"/>	<input type="checkbox"/>	Foundation/floor framing plan (slab, post and beam, or joist with sizing and spacing)
21. <input type="checkbox"/>	<input type="checkbox"/>	Ceiling/roof framing plan or truss layout with reactions
22. <input type="checkbox"/>	<input type="checkbox"/>	Window sizes, header sizes
23. <input type="checkbox"/>	<input type="checkbox"/>	Electrical, plumbing, and gas layout
24. <input type="checkbox"/>	<input type="checkbox"/>	Construction details (structural members, sheathing, roofing, bracing, dimensions, cross section, and elevations)
		Deck — 30 inches or more above grade
25. <input type="checkbox"/>	<input type="checkbox"/>	Foundation plan for view
26. <input type="checkbox"/>	<input type="checkbox"/>	Cross sections with connections
27. <input type="checkbox"/>	<input type="checkbox"/>	Stair, guardrail, handrail detail
		Awnings/patio covers — over 120 square feet
28. <input type="checkbox"/>	<input type="checkbox"/>	Foundation/floor framing plan (slab, post and beam, or joist with sizing and spacing)
29. <input type="checkbox"/>	<input type="checkbox"/>	Ceiling/roof framing plan or truss layout with reactions
30. <input type="checkbox"/>	<input type="checkbox"/>	Header sizes
31. <input type="checkbox"/>	<input type="checkbox"/>	Construction details (structural members, sheathing, roofing, bracing, dimensions, cross section, and elevations)



Applicant: _____ Date: _____

Building Codes Division employee (print name): _____ Date: _____