

Type of work

New construction Addition/alteration/replacement
 Demolition Other:

Category of construction

1 & 2 family dwelling Commercial/industrial Accessory building
 Multifamily Master builder 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: E-mail:
 Address:
 City/State/ZIP:
 Phone: FAX:
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.
 Owner signature: Date:

Contractor

Business name: E-mail:
 Address:
 City/State/ZIP:
 Phone: FAX:
 CCB lic. no. City Business/Metro License No.
 Authorized signature: _____
 Print name: Date:

Applicant Contact Person

Business name:
 Contact name:
 Address:
 City/State/ZIP:
 Phone: FAX:
 E-mail:
 Authorized signature: _____
 Print name: Date:

This permit application expires 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	
Water Meter Size: 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:	