



APPLICATION FOR STRUCTURAL PERMIT	<u>DEPARTMENT USE ONLY</u>	
	Permit #:	
	By:	Date:

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

JOB SITE INFORMATION	OWNER INFORMATION	
Address:	<i>I am the property owner doing my own work (initial):</i> _____	
City:	Owner Name:	
Map/Account#:	Mailing address:	
Directions to work site:	City/State/ZIP:	
	Phone:	Cell:
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	

OTHER APPROVALS		
Zoning	Floodplain	Onsite
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	Approval: <input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Approval:		Approval:
Date:		Date:

(1) Valuation Information

(a) Job description:

(b) Occupancy:

(c) Construction type:

(d) Square feet:

(e) Cost per square foot (April ICC):

(f) Type of Work: New Alteration Addition Demolition Repair

(g) Is this a foundation ONLY permit? Yes No

(h) Is this a plan review ONLY? Yes No

(i) Total valuation:

(2) Building Fees				Contractor:
(a) Permit fee:				Address:
(b) 12% surcharge:				City/State/ZIP:
(3) Plan Review				Phone:
(a) Plan review (permit fee x _____)				Email:
(b) Fire & Life Safety (permit fee x _____)				BCD license:
Subtotal of fees above:				CCB license:
(4) Miscellaneous Fees				
(a) Seismic review – permit fee x 0.01				
(b) Community Development Fee 5%				
Total Due:				

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Applicant name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Signature:	Date: