



BUILDING PERMIT APPLICATION

CATEGORY		JOB SITE INFORMATION
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial / Industrial	Project Name:
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Multi-family	Job Site Address:
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:	Map / Parcel No.:
TYPE OF WORK		DESCRIPTION OF WORK – PLEASE BE SPECIFIC
<input type="checkbox"/> New construction	<input type="checkbox"/> Hood Suppression	
<input type="checkbox"/> Add / Alter / Replace	<input type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Fire Sprinkler	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Other:		
PROPERTY OWNER INFORMATION		NOTICE
Business Name:		TIME LIMITATION OF APPLICATION. AN APPLICATION FOR A PERMIT FOR ANY PROPOSED WORK SHALL BE DEEMED TO HAVE BEEN ABANDONED 180 DAYS AFTER THE DATE OF FILING, UNLESS SUCH APPLICATION HAS BEEN PURSUED IN GOOD FAITH OR A PERMIT HAS BEEN ISSUED; EXCEPT THAT THE BUILDING OFFICIAL IS AUTHORIZED TO GRANT ONE OR MORE EXTENSION OF TIME FOR ADDITIONAL PERIODS NOT EXCEEDING 180 DAYS EACH. THE EXTENSION SHALL BE REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED
Contact Name:		
Address:		
City/State/Zip:		
Phone:		
Email:		
APPLICANT/ PRIMARY CONTACT INFORMATION		RESIDENTIAL / COMMERCIAL / INDUSTRIAL
Business Name:		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.
Contact Name:		
Address:		
City/State/Zip:		TOTAL VALUATION
Phone:		
Email:		
CONTRACTOR INFORMATION		BUILDING DEPARTMENT COMMENTS
Business Name:		
Contact Name:		
Address:		
City/State/Zip:		
Phone:		
Email:		
CCB:		

APPLY ONLINE AT WWW.BUILDINGPERMITS.OREGON.GOV