



# New Single Family Dwelling Combination Permit Application

**City of Cottage Grove • Public Works & Development Department**  
 400 East Main Street • Cottage Grove, OR 97424  
 Phone: 541-942-3340 • Fax: 541-942-1267

DEPARTMENT USE ONLY	
Permit no.:	
This project has final land-use approval: Signature:	DEQ approved: Signature:

**This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

Flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICANT INFORMATION	
Name:	
Mailing address:	
City/state/ZIP:	
Phone:	Mobile phone:
Email:	
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/state/ZIP:	
Project name:	
Directions to job site:	
Parcel no.:	
ELECTRICAL CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	BCD license no.:
Signing supervisor name & license no.:	
MECHANICAL CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	LPG license no.:
PLUMBING CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	BCD license no.:
Journeyman name & license no.:	

CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone:	Mobile phone:	
Fax:		
Email:		
CCB license no.:		
Signature:		
PROPERTY OWNER INFORMATION		
Name:		
Mailing address:		
City/state/ZIP:		
Phone:	Mobile phone:	
Email:		
OWNER INSTALLATION		
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Framing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This installation is being made on residential or farm property owned by me or a member of my immediate family.		
<b>Sign here:</b>		
PRIMARY CONTACT		
Name:		
Phone:		
Email:		

VALUATION INFORMATION							
Job description:				Total square footage (dwelling and attached garage):			
				Building height ____ ft. ____ in no. of bathrooms: ____			
				no. of kitchens: ____			
				Decks / porches / covered patios ____ (total sq. ft.)			
				Unfinished basement ____ (total sq. ft.)			
				Living area sq. ft. ____ (total sq. ft.)			
				Garage sq. ft. ____ (total sq. ft.)			
				Carport ____ (total sq. ft.)			
				No. of stories: ____ Limited or restricted energy ____			
Declared job value: \$				Temporary service 200 amps or less ____			
PLUMBING							
Water service: total linear feet:			Storm sewer: total linear feet:			Sanitary sewer: total linear feet:	
HEATING / COOLING							
<b>Type of fuel:</b>							
Boiler	Electric	Geothermal	LPG	Natural gas	Oil	Photovoltaic	Solid fuel
Other							
<b>Secondary type of fuel:</b>							
Boiler	Electric	Geothermal	LPG	Natural gas	Oil	Photovoltaic	Solid fuel
Other							
			<b>Qty</b>				<b>Qty</b>
Air handling unit of up to 10,000 cfm				Air conditioner			
Air handling unit greater than 10,000 cfm				Furnace – up to 100,000 BTU			
Furnace – greater than 100,000 BTU				Floor furnace, including vent			
Heat pump				Evaporative cooler other than portable			
Suspended heater, recessed wall heater, or floor mounted unit heater				Mini split			
				Radiant in-floor heating system			
OTHER FUEL APPLIANCES							
Wood / pellet stove				Water heater			
Gas or wood fireplace/ insert				Pool or spa heater, kiln			
Decorative gas fireplace				Oil tank / gas / diesel generators			
Chimney / liner / flue / vent				Installation domestic-type incinerator			
ENVIRONMENTAL EXHAUST AND VENTILATION							
Range hood / other kitchen equipment				Attic / crawl space fans			
Ventilation system not a portion of heating or air-cooling system authorized by permit				Flue vent for water heater or gas fireplace			
				Clothes dryer exhaust			
Appliance vent installation not included in appliance permit				Ventilation fan connected to single duct			
Other environmental exhaust / ventilation							
FUEL PIPING							
Gas fuel piping outlets							