

STRUCTURAL Permit Application



INSPECTIONS, INC.

445 SW 24th St.

Ontario, OR. 97914

Phone: (541) 889-7422 or (800) 916-0028 Fax: (541) 889-7529

Serving Malheur & Harney Counties

DEPARTMENT USE ONLY
Permit No.:
Date Issued:

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.

TYPE OF WORK (Check box)			
<input type="checkbox"/> New Const	<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other	
CATEGORY OF CONSTRUCTION (Check box)			
<input type="checkbox"/> 1&2 family dwelling	<input type="checkbox"/> Commercial/Industrial		
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Multi-Family		
JOB SITE INFORMATION AND LOCATION			
Job site Address:			
Suite/Apt/Space#:	City:	OR	Zip:
Job site - Business Name:			
Cross St / Directions to Job Site:			
DESCRIPTION OF WORK			
PROPERTY OWNER INFORMATION			
Print Name:			
Mailing Address:			
City:	ST.:	Zip:	
Phone: ()	Cell: ()		
This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. ORS 701.010			
Owner Signature:			
Print Name:	Date:		
CONTRACTOR INFORMATION			
Business Name:			
Contact Person:			
Address:			
City:	ST.:	Zip:	
Phone: ()	Cell: ()		
Fax: ()	Email:		
CCB Lic. #:	MDI/LSI Lic. #:		
Authorized signature required :			
Print Name:	Date:		
I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701.), that I am the owner or authorized agent of the owner, that the registration No. is correct and current, that the plans submitted are in compliance with state law. Manufactured Dwelling foundation installers must have an Oregon MDI/ LSI/ LI license.			

LOCAL GOVERNMENT APPROVALS	
ZONING	
Use Zone: _____ T _____ S, R _____ S _____ TL _____	Permit #: _____ Date Issued: _____
Setbacks: Road ROW: _____ Side: _____ Side: _____ Rear: _____	*Owner/Contractor is responsible to meet above setback requirements
Farm Dwelling: New <input type="checkbox"/> or Replacement <input type="checkbox"/>	Non-farm Dwelling: New <input type="checkbox"/> or Replacement <input type="checkbox"/>
Other <input type="checkbox"/> _____	Flood Plain: Yes <input type="checkbox"/> or No <input type="checkbox"/> Required Elevation: _____
Signature: _____	Title: _____
Print Name: _____	Date: _____
SANITATION	
Information Verified : Yes <input type="checkbox"/> or No <input type="checkbox"/>	Sanitation Required: Yes <input type="checkbox"/> or No <input type="checkbox"/>
Signature: _____	Title: _____
Print Name: _____	Date: _____
(1) FEE SCHEDULE – Valuation Information (DEPT USE ONLY)	
(a) 1 & 2 FAMILY DWELLING:	(b) COMMERCIAL :
New dwelling: _____ Sq Ft	New Bldg: _____ Sq Ft
Att'd garage/carport _____ Sq Ft	Existing Bldg: _____ Sq Ft
Covered Porches _____ Sq Ft	Addition to Bldg: _____ Sq Ft
Deck _____ Sq Ft	Number of Stories: _____
Dwelling Addition _____ Sq Ft	Construction Type:
Other Structures _____ Sq Ft	Occupancy Group
Construction Type	Occ. New :
Occupancy	Occ. Existing:
Valuation: \$	Valuation \$
PERMIT FEES	
(2) BUILDING FEES	
(a) Permit Fee	\$
(b) Investigative fee (equal to (a) if applicable)	\$
(c) Re-inspection / Special inspection(\$65.00 per hr)	
(d) Enter 12% State Surcharge (.12 x (a) and / or (b) & (c) if applicable)	\$
(3) PLAN REVIEW FEES	
(a) Plan review 65% (.65 x (2a))	\$
(b) Fire & life safety 40% (.40 x (2a))	\$
(4) MISCELLANEOUS FEES	
(a) Seismic fee 1% (.01 x (2a) if applicable)	\$
Total of Permit Fees: (2) thru (4)	\$