



BUILDING PERMIT APPLICATION

CLASS OF WORK: MFG. Home Garage/Carport Accessory Building New Structure

Demolition Addition Alteration Other Wood Stove Inspection

PERMIT NO.

BPM

Assessor's Map Number	Tax Lots(s)	Acres	Zone
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Job Address: _____ City: _____ State: _____ Zip: _____

Property Owner _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Signature _____ This installation is being made on property owned by me or a member of my immediate family and is exempt from licensing requirements under OAR 918-695-0020.

Contractor Name: _____ Contractor #: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Engineer or Architect: _____ Date: _____

DESCRIPTION OF WORK: If applying for Manufactured Home, include Manufacturer's Name, Year Built, and Factory Energy Calculations. If structural permit is required, the description must include the TOTAL SQUARE FOOTAGE and BUILDING FOOTPRINT SQUARE FOOTAGE.

PLOT PLAN IS REQUIRED except for mobile homes located within a mobile home park. **PLOT PLAN** must indicate all proposed and existing structures and all setbacks including setbacks from property lines and setbacks from proposed and existing structures. **PLOT PLAN** must show square footage of all proposed and existing structures.

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Manufactured homes: I agree to install the Manufactured Home in accordance with Oregon Revised Statutes 444.003 through 446.990, Oregon Administrative Rules 918-500-000 through 918-520-110, and the installation instructions as supplied by the manufacturer, provide a copy of the manufacturer's installation instructions for inspector's use at the time of required installation inspection. If no instructions are provided, inspection will be based on minimum Oregon State Installation requirements. The inspecting authority takes no responsibility for the accuracy of Oregon Building Codes Agency Rules or manufacturer's instructions.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND CODES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Property Owner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

FOR BUILDING DEPARTMENT USE

Const. Type:	Sq. Ft.	Occ. Group:	Max. Occ. Load:	# of units:	# of Stories:	Height:
Other Information:						
Plan Checked By:			Date:			
Approved By:			Date:			

Address: _____ PERMIT NO. _____

_____ COMMERCIAL

_____ RESIDENTIAL

Structural Permit Plumbing Permit Mechanical Permit

Structure Type	\$ per sq. ft.	Total Sq. Ft.	Fee Amount	Minimum fee \$65	Qty.	Each	Total	Residential	Qty.	Each	Total
House	\$ 101.90			1 Bathroom/1 Kitchen		\$300		Minimum fee \$69			
Garage	\$ 39.06			2 Bathroom/1 Kitchen		\$415		Issuance		\$55.00	
Carport/Deck/Porch	\$ 19.53			3 Bathroom/1 Kitchen		\$470		Electrical furnace/burner incl. ducts & vents		\$14	
Other				Each additional bathroom over 3 (each fixture)	1	\$17		Gas furnace including ducts & vents		\$30	
Total Valuation				Each fixture, appurtenance and piping		\$17		Vents		\$14	
Building Fees				Storm water retention/detention facility		\$65		Wood/pellet/gas/stove/flue/insert		\$14	
(a) Permit fee (use valuation table):				Irrigation systems		\$65		Repair/alter/add to heating/refrig/cooling & absorption system		\$14	
(b) Investigation fee (equal to [2a]):				Sanitary Services first 100'		\$75		Evaporated cooler		\$14	
(c) MH Setup Fee (\$160)				Each additional 100' or fraction thereof		\$44		Vent fan with one duct/appliance vent		\$14	
(d) Inspection/Reinspection (\$75 per hour)				Storm Services first 100'		\$75		Hood with exhaust and duct		\$14	
(e) Enter 12% surcharge (2a thru 2d x .12)				Each additional 100' or fraction thereof		\$44		Floor furnace including vent		\$14	
Other Fees (if applicable)				Water Services first 100'		\$75		Air handling units, including ducts		\$14	
Plan review (65% x line a above)				Each additional 100' or fraction thereof		\$44		All others Dryer		\$14	
Right of Way				Medical gas system		\$250		Gas piping (any number of outlets)		\$15	
Lien Recording Fees				Inspection/Reinspection (\$75 per hour)		\$75					
Sidewalk				Other				Commercial			
Water Permit				(a) Subtotal of above fees or \$65 whichever is greater				Total Valuation:			
Sewer Permit				(b) Investigation fee if applicable (equal to line a above)				\$1 to \$5,000 = \$70			
System Development Charges (SDC)				(c) Surcharge (12% x lines a & b above)				\$5,001 to \$10,000 = \$70 plus \$2 for ea. Add'l \$100			
Other Totals from PLUMBING / MECH				(d) Plan review (_____ % x line a above if applicable)				\$10,001 to \$100,000 = \$170 plus \$10 for each add'l \$1,000			
Total Fees & Surcharges				Total Fees & Surcharges (lines a through d)				Over \$100,000 = \$1070 plus \$7 for ea. Add'l \$1,000			
Less Pre-paid Plan Check Fee				Less Pre-paid Plan Check Fee				Inspection/Reinspection (\$75 per hour)		\$75	
Permit Fee Balance Due				Permit Fee Balance				(a) Enter subtotal of above fees			

BUILDING	PLUMBING	MECHANICAL	TOTAL
FEES _____	FEES _____	FEES _____	FEES _____ -
PLAN ✓ _____	PLAN ✓ _____	PLAN ✓ _____	PLAN ✓ _____ -
SURCHARGE _____	SURCHARGE _____	SURCHARGE _____	SURCHARGE _____ -
Sidewalk _____			- Sidewalk _____
TOTAL -	TOTAL -	TOTAL -	TOTAL -

FERN RIDGE SCHOOL DISTRICT CONSTRUCTION EXCISE TAX

Date Paid _____
 Amount \$ _____
 Receipt Number _____

New Residential Construction - \$1.05 per square foot x \$1.05 = \$ _____
 Square footage of construction _____
 New Commercial Construction - \$0.53 per square foot x \$0.53 = \$ _____
 New Construction Is Exempt From Tax (Attache Exemption Form if applicable)

(b) Investigation fee (equal to line a above, if applicable) _____
 (c) Surcharge (.12 x lines a & b above) _____
 (d) Plan review (25% of line a above if applicable) _____
 (e) Deferred submittal (\$100 if applicable) _____
 (f) Other _____

Total Fees & Surcharges (lines a through e) _____
Less Pre-paid Plan Check Fee _____
Permit Fee Balance _____

Inspectors Signature: _____