



BUILDING PERMIT APPLICATION

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

Demolition Addition Alteration Other Wood Stove Inspection

PERMIT NO. 10- - B P M M

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

Property Owner Installation: _____ 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 PLANNING DEPARTMENT USE																
Zone:	RR	SFR	GR	RC	CC	HC	IC	LI	MI	PFP	/SS	/GW	/FP	/PD	/SDP(NE)	/SDP(SW)
Required Yard Setbacks:																
Front:			Back:			Side:										
Flood Hazard: Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Off-street Parking Spaces Required																
SPECIAL CONDITIONS (Deeds, Easements, Improvement Agreements, Site Plans, etc.)														<input type="checkbox"/> SEE ATTACHMENTS		
Approved By: _____ Date: _____																

Job Address:

PERMIT NO.

COMMERCIAL

RESIDENTIAL

Structural Permit

Plumbing Permit

Mechanical Permit

Structure Type	\$/ Sq.Ft.	Total Sq.Ft.	Fee Amount	Minimum fee \$65	Qty.	Each	Total	Residential	Qty.	Each	Total
House	101.95			1 Bathroom/1 Kitchen		\$300		Minimum fee \$69 Issuance Electrical furnace/burner incl. ducts & vents Gas furnace including ducts & vents Unit heater Wood/pellet/gas/stove/flueiINSERT Repair/alter/add to heating/refrig/cooling & absorption system Evaporated cooler Vent fan with one duct/appliance vent Hood with exhaust and duct Floor furnace including vent Air handling units, including ducts All others Dryer Gas piping (any number of outlets)			
Garage	39.61			2 Bathroom/1 Kitchen		\$415			\$55.00		
Carpport/Deck/Porch	19.81			3 Bathroom/1 Kitchen		\$470			\$14		
Other				Each additional bathroom over 3 (each fixture)		\$17			\$30		
Total Valuation				Each fixture, appurtenance and piping		\$17			\$14		
Building Fees				Storm water retention/detention facility		\$65			\$14		
(a) Permit fee (use valuation table):				Irrigation systems		\$65					
(b) Investigation fee (equal to [2a]):				Sanitary Services first 100'		\$75		\$14			
(c) MH Setup Fee (\$160)				Each additional 100' or fraction thereof		\$44		\$14			
(d) Inspection/Reinspection (\$75 per hour)				Storm Services first 100'		\$75		\$14			
(e) Enter 12% surcharge (2a thru 2d x .12)				Each additional 100' or fraction thereof		\$44		\$14			
Other Fees (if applicable)				Water Services first 100'		\$75		\$14			
Plan review (65% x line a above)				Each additional 100' or fraction thereof		\$44		\$14			
Right of Way				Medical gas system		\$250		\$14			
ODOT FEE				Inspection/Reinspection (\$75 per hour)		\$75		\$15			
Sidewalk				Other							
Water Permit				(a) Subtotal of above fees or \$65 whichever is greater				Commercial			
Sewer Permit				(b) Investigation fee if applicable (equal to line a above)				Total Valuation:			
System Development Charges (SDC)				(c) Surcharge (12% x lines a & b above)				\$1 to \$5,000 = \$70			
Other Totals from PLUMBING / MECH	\$	-		(d) Plan review (_____% x line a above if applicable)				\$5,001 to \$10,000 = \$70 plus \$2 for ea. Add'l \$100			
Total Fees & Surcharges				Total Fees & Surcharges (lines a through d)				\$10,001 to \$100,000 = \$170 plus \$10 for each add'l \$1,000			
Less Pre-paid Plan Check Fee				Less Pre-paid Plan Check Fee				Over \$100,000 = \$1070 plus \$7 for ea. Add'l \$1,000			
Permit Fee Balance Due				Permit Fee Balance				Inspection/Reinspection (\$75 per hour) \$75			
BUILDING	MECHANICAL	PLUMBING	TOTAL	(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							
FEES -	FEES -	FEES -	FEES -								
PLAN ✓ -	PLAN ✓ -	PLAN ✓ -	PLAN ✓ -								
SURCHARGE -	SURCHARGE -	SURCHARGE -	SURCHARGE -								
Sidewalk -											
TOTAL -	TOTAL -	TOTAL -	TOTAL -								
FERN RIDGE SCHOOLD DISTRICT CONSTRUCTION EXCISE TAX											
Date Paid	<input type="checkbox"/> New Residential Construction - \$1.00 per square 1x \$1.00 = \$										
Amount \$	Square footage of construction <input type="checkbox"/> New Commercial Construction - \$0.50 per square x \$0.50 = \$ <input type="checkbox"/> New Construction Is Exempt From Tax (Attache Exemption Form if applicable)										
Receipt Number	Inspectors Signature: _____										
								Total Fees & Surcharges (lines a through e)			
								Less Pre-paid Plan Check Fee			
								Permit Fee Balance			