



91136 North Willamette Street
Coburg, OR 97408

BUILDING PERMIT APPLICATION

DEPARTMENT USE ONLY	
Permit No.:	
Application Date:	
Date Issued & Paid:	

Job Address:				
Assessor's Map No.			Tax Lot(s)	
Lot	Block	Subdivision	Acres	
CLASS OF WORK:				
<input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Accessory Bldg. <input type="checkbox"/> Mfg. Home <input type="checkbox"/> Other				
Property Owner (print):			Phone:	
Mailing Address:		City:	State:	Zip:
Contractor (print):		Contractor #		Phone:
Mailing Address:		City:	State:	Zip:
Engineer, Architect or Designer (print):			Phone:	
DESCRIPTION OF WORK:				
ESTIMATED FINISHED VALUE:				
<small>NOTICE: This permit is issued under OAR 918-460-0030, 918-780-0060, 918-440-0050. This permit becomes null and void if work is not commenced within 180 days, or if construction or work is suspended for a period of 180 days.</small>				
<small>By signing below 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.</small>				
Property Owner Signature: _____			Date: _____	
<small>This installation is being made on residential or farm property owned by me or a member of my immediate family and is exempt from licensing requirements under OAR 701.010.</small>				
Contractor Signature: _____			Date: _____	

FOR PLANNING DEPARTMENT USE

Zone:	Plan Review No.	Required Yard Setbacks: Front	Side	Front/Side	Rear
Flood Hazard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Zone	Number of off-street parking spaces required:			
Special Conditions:					
					Approved By: _____
					Date: _____

FOR PUBLIC WORKS DEPARTMENT USE

FOR FIRE DEPARTMENT USE

Easements/Row			Access:		
Wtr. Mtr.	Size	B'flow X-com	Fire Protection Equip:		
Sewer	Special Permit/Monitoring	Tap	Comments:		
Streets/Sidewalks/Curbs:					
Bio Swales:					
Approved By: _____		Date: _____	Approved By: _____		Date: _____

FOR BUILDING DEPARTMENT USE

Const. Type:	Sq. Ft.:	Occ. Group:	Max. Occ. Load:	# of Units:	# of Stories:	Height:
Other Information:						SDC/CITY FEES
Plan Checked By: _____		Date: _____	Plans Approved By: _____		Date: _____	City Fee
BUILDING	PLUMBING	MECHANICAL	TOTAL B/P/M FEES		SDC Water	
FEES	FEES	FEES	FEES		SDC Transport.	
PLAN CHECK	PLAN CHECK	PLAN CHECK	PLAN CHECK		SDC Parks	
SURCHARGE	SURCHARGE	SURCHARGE	SURCHARGE		SDC Waste H ² O	
TOTAL	TOTAL	TOTAL	TOTAL		TOTAL	

