



| Type of work | |
|---|--|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Addition/alteration/replacement |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Other: |

| Category of construction | | |
|--|--|---|
| <input type="checkbox"/> 1 & 2 family dwelling | <input type="checkbox"/> Commercial/industrial | <input type="checkbox"/> Accessory building |
| <input type="checkbox"/> Multifamily | <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

| Job site information and location | |
|-----------------------------------|---------------|
| Job no.: | Job address: |
| City/State/ZIP: | |
| Suite/bldg./apt. no.: | Project name: |
| Subdivision: | Lot no. |
| | |
| | |
| | |
| | |

| <input type="checkbox"/> Property owner | | <input type="checkbox"/> Tenant | |
|--|---------|---------------------------------|--|
| Name: | E-mail: | | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone: | FAX: | | |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. | | | |
| Owner signature: | Date: | | |

| <input type="checkbox"/> Contractor | | | |
|-------------------------------------|---------|---------------------|---------|
| Business name: | E-mail: | | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone: | FAX: | | |
| CCB lic. no. | Expires | Metro/City lic. no. | Expires |
| Authorized signature: _____ | | | |
| Print name: | Date: | | |

| <input type="checkbox"/> Applicant | | <input type="checkbox"/> Contact Person | |
|------------------------------------|-------|---|--|
| Business name: | | | |
| Contact name: | | | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone: | FAX: | | |
| E-mail: | | | |
| Authorized signature: _____ | | | |
| Print name: | Date: | | |

| Office Use Only | |
|-----------------|--|
| Permit no: | |
| Date received: | |
| By: | |

| Required Data: One and Two Family Dwelling | |
|--|-------------|
| Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. | |
| Valuation: | |
| Number of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |

| Required Data: Commercial Use | |
|--|-------------|
| Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. | |
| Valuation: | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups | |
| Existing: | |
| New: | |

Notice
 All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.

Statement of Fact: I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.

I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations. _____ (initials)

| Building Permit Fees* | |
|------------------------------|--|
| Please refer to fee schedule | |
| Fees due upon application | |
| Amount received | |
| Date received | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Disclaimer: By signing this application, the permit applicant acknowledges and agrees that they have obtained any required permission for the proposed work from the property owner. Refer to the policy of this jurisdiction if it discovers that a dispute regarding the proposed work exists between the applicant and the property owner or any other party with a legal interest in the property.

Are you changing the roof material or color of roof material? Is it visible from the street? **Yes** **No**

If yes, you are required to Contact the Planning Division 503-682-4960 for Land Use Approval.

Provide Required Specifications if replacing any of the below, mark N/A to those not applicable.

- _____ Replace roof flashing or edging (Provide specifications of material)
- _____ Add roof ventilation (Provide specifications of material)
- _____ Roof hatch (adding or replacing) (Provide specifications of material)
- _____ Skylights (adding or replacing) (Provide specifications of material)
- _____ Structural loads (Provide Engineering if roofing material is adding additional weight)

- _____ Roof re-covering (Provide specifications of material)
- _____ Roof replacement (Provide specifications of material)
- _____ Underlayment (Provide specifications of material)
- _____ Installation of Roof Anchors (Provide specifications of material)
- _____ Provide site plan

Submit a Building Permit Application Form along with this form and the following information:

Occupancy (Use of Building)

Number of Square Feet

Slope of Roof

Specifications of ALL NEW materials

Manufacture installation instructions

IF a TPO Replacement provide Insulation Specifications

Is this Heated space

Semi Heated space

Unheated Space