



City of Wilsonville  
 29799 SW Town Center Lp E.  
 Wilsonville, Oregon 97070  
 503.682-4960  
 www.ci.wilsonville.or.us

# GRADING PERMIT APPLICATION

*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.*

| CATEGORY OF CONSTRUCTION                                 |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1 & 2 Family                    | <input type="checkbox"/> Commercial | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> Accessory Bldg                  | <input type="checkbox"/> Other:     |                                       |
| TYPE OF WORK   |                                     |                                       |
| <input type="checkbox"/> New Construction                | <input type="checkbox"/> Demolition |                                       |
| <input type="checkbox"/> Addition/Alteration/Replacement |                                     |                                       |
| Description of work:                                     |                                     |                                       |
| JOB SITE INFORMATION AND LOCATION                        |                                     |                                       |
| Job site address:  |                                     |                                       |
| City:  | State:                              | ZIP:                                  |
| Subdivision:   | Lot no.:                            |                                       |
| PROPERTY OWNER   |                                     |                                       |
| Name:  |                                     |                                       |
| Address:   |                                     |                                       |
| City:  | State:                              | ZIP:                                  |
| Phone:   |                                     |                                       |
| Email:   |                                     |                                       |
| CONTRACTOR   |                                     |                                       |
| Business name:   |                                     |                                       |
| Address:   |                                     |                                       |
| City:  | State:                              | ZIP:                                  |
| Phone:   |                                     |                                       |
| Email:   |                                     |                                       |
| CCB license no.:   | Metro/City Lic. No:                 |                                       |
| APPLICANT IF DIFFERENT FROM ABOVE                        |                                     |                                       |
| Name:  |                                     |                                       |
| Address:   |                                     |                                       |
| City:  | State:                              | ZIP:                                  |
| Phone:   |                                     |                                       |
| Email:   |                                     |                                       |
| Contact Name:  |                                     |                                       |
| Email:   |                                     |                                       |
| REQUIRED AUTHORIZED SIGNATURE                            |                                     |                                       |
| Authorized Signature:                                    |                                     |                                       |
| Printed name:  |                                     |                                       |
| Date:  |                                     |                                       |

| Online Portal   |             |
|---|-------------|
| Upload this form to the Online Portal when applying For a Grading Permit.   |             |
| EXCAVATION  |             |
| Total Volume:   | cubic yards |
| Maximum Depth:  | feet        |
| Area:   | square feet |
| FILL  |             |
| Total Volume:   | cubic yards |
| Maximum Depth:  | feet        |
| Area:   | square feet |
| NOTICE  |             |
| <p>All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 70 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reason applies:</p> |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| _____   |             |
| Additional Permit Submittals:   |             |
| Site Utilities  |             |
| UG Fire Service Line  |             |
| Erosion Control   |             |
|   |             |
|   |             |
|   |             |

# SPECIAL INSPECTION AND TESTING AGREEMENT

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_



**City of Wilsonville  
 Building Division**  
 29799 SW Town Center Loop E  
 Wilsonville, OR 97070  
 503.682.4960  
[www.ci.wilsonville.or.us/building](http://www.ci.wilsonville.or.us/building)

The City of Wilsonville has adopted the Oregon Building Officials Association (OBOA) Special Inspection Program (SIP) through Building Department Policy BPP 108. In accordance with the Oregon Specialty Structural Code (OSSC) 107.1, the Registered Design Professional (RDP) shall prepare and submit a special inspection and structural observation program. The RDP shall confirm that the special inspection and structural observations noted below are indicated on the approved plans. This agreement is meant to denote areas of construction requiring special inspection. More specific special inspection requirements will be listed in the approved plans.

Per OSSC 1704.2, the Building Official may accept all special inspectors registered with the Oregon Building Officials Association (OBOA) Special Inspection Program for the type of work for which they are certified/qualified to inspect.

The Special Inspector shall observe and document the work for conformance with the building department approved plans and specifications and applicable workmanship provisions of the OSSC. Additionally, the special inspector(s), general contractor, owner and RDP shall comply with the duties and responsibilities outlined in Appendix D of the OBOA Special Inspection Program. Appendix D is available upon request or can be viewed at [www.oregonbuildingofficials.com/special-inspection-program-sip](http://www.oregonbuildingofficials.com/special-inspection-program-sip)

The following special inspections, material testing and structural observations shall be performed according to OSSC Chapter 17 unless a separate program of inspection is submitted by the RDP and approved by the Building Official.

**BEFORE A PERMIT CAN BE ISSUED:** The RDP shall complete this agreement and verify all the acknowledgements in Part 3 are completed. Signatures are not required – only the company name, representative name, and their email or phone contact.

**PRIOR TO RECEIVING FINAL INSPECTION:** The Special Inspector or Inspection Agency and the RDP shall submit a final summary report to the Building Official. The summary shall include a statement that all items requiring special inspection, testing or structural observations were fulfilled, reported and, to the best of their knowledge, in conformance with the building department approved plans, specifications, approved change orders and applicable workmanship provisions of the OSSC.

**1 - SPECIAL INSPECTION AND TESTING:**

- |   |  |
|---|--|
| <input type="checkbox"/> Inspection of Fabricators (OSSC1704.2.5) | <input type="checkbox"/> Cast-in-place Deep Foundations (OSSC 1705.8)              |
| <input type="checkbox"/> Steel Construction (OSSC 1705.2)         | <input type="checkbox"/> Helical Pile Foundations (OSSC 1705.9)                    |
| <input type="checkbox"/> Concrete Construction (OSSC 1705.3)      | <input type="checkbox"/> Sprayed Fire-resistant Materials (OSSC 1705.13)           |
| <input type="checkbox"/> Masonry Construction (OSSC 1705.4)       | <input type="checkbox"/> Mastic and Intumescent Fire-rest. Coatings (OSSC 1705.14) |
| <input type="checkbox"/> Wood Construction (OSSC 1705.5)          | <input type="checkbox"/> EIFS (OSSC 1705.15)                                       |
| <input type="checkbox"/> Soils (OSSC 1705.6)                      | <input type="checkbox"/> Fire-Resist Penetrations and Joints (OSSC 1705.16)        |
| <input type="checkbox"/> Driven Deep Foundations (OSSC 1705.7)    | <input type="checkbox"/> Anchors Expansion / Adhesive (OSSC 1705.1.1)              |
| <input type="checkbox"/> Special Case (OSSC 1705.1.1) _____       |  |

**Seismic Resistance – Risk Category III and IV**

- |  |  |
|--|--|
| <input type="checkbox"/> Structural Steel (OSSC 1705.11.1)                           | <input type="checkbox"/> Architectural Components (OSSC 1705.11.5)             |
| <input type="checkbox"/> Structural Wood (OSSC 1705.11.2)                            | <input type="checkbox"/> Mechanical and Electrical Components (OSSC 1705.11.6) |
| <input type="checkbox"/> Cold-formed Steel Light-frame Construction (OSSC 1705.11.3) | <input type="checkbox"/> Storage Racks and Access Floors (OSSC 1705.11.7)      |
| <input type="checkbox"/> Designated Seismic System Verifications (OSSC 1705.11.4)    | <input type="checkbox"/> Seismic Isolation Systems (OSSC 1705.11.8)            |

**2 - STRUCTURAL OBSERVATION (OSSC 1704.5):**

- Per Structural Observation Program noted on the Structural Drawings  
 Indicate stages at which structural observation is to occur: \_\_\_\_\_

**3 - ACKNOWLEDGEMENTS: (I have read and agree to comply with the terms and conditions of this agreement)**

|                                      |  |       |
|--------------------------------------|--|-------|
| _____                                | _____                                    | _____ |
| Owner                                | Owner's Representative                   | Email |
| _____                                | _____                                    | _____ |
| General Contractor                   | Contractor Representative                | Email |
| _____                                | _____                                    | _____ |
| Engineering or Architecture Firm     | Engineer or Architect Representative     | Email |
| _____                                | _____                                    | _____ |
| OBOA Registered Agency Name          | Special Inspection Agency Representative | Email |
| ACCEPTED BY THE BUILDING DEPARTMENT: | _____                                    | _____ |
|                                      | Building Official or Designee            | Email |