Building Permit Application

City of Tualatin

10699 SW Tualatin, C Phone: 503-6



OFFICE USE ONLY

Date received:

Permit #

10699 SW Herman Rd. Tualatin, OR 97062 Phone: 503-691-3044 Fax: 503-69	2-0147 www.tualatinor	regon.gov	Date Issued:	By:	Receipt:
TYPE OF WORK				REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
New construction	De	emolition		Permit fees are based on the value of the work performed.	
Addition/alteration/replacement Other:				Indicate the value (rounded to the nearest dollar) of all materials and labor for the work described on this	
CAT	EGORY OF CONST	RUCTION		application.	
1- and 2-family dwelling Multi-family				Valuation	
Accessory building		lustrial		Number. of bedrooms:	
Commercial	Oti	her:		Number of bathrooms:	
JOB SITE	INFORMATION AN	ND LOCATION		Total number of floors:	•
Job site address:				New dwelling area: square feet	
City/State/ZIP:				Garage/carport area: square feet	
Suite/bldg./apt. no.: Project name:				Covered porch area:	square feet
Cross street/directions to job site:				Deck area:	square feet
				Other structure area:	square feet
Subdivision:	Lot no).:		REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Tax map/parcel no.: DESCRIPTION OF WORK				Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all materials and labor for the work described on this application.	
				Valuation	
				Existing building area:	square feet
OWNER				New building area:	square feet
Name:				Number of stories:	
Address:				Type of construction:	
City/State/ZIP:				Occupancy groups:	
Phone:				Existing:	
Email:				New:	
APPLICANT				BUILDING PERMIT FEES	
Business name:				Please refer to fee schedule	
Contact name:				FEE TYPE	AMOUNT
Address:				PERMIT FEE	
City/State/ZIP:				PLAN CHECK FEE	
Phone:				(Due upon application) FIRE LIFE SAFETY FEE	
E-mail:				(Due upon application)	
	CONTRACTOR			STATE SURCHARGE (12% of permit fee)	
Business name:				METRO CET	
Address:				(0.12% of valuation)	
City/State/ZIP:				DEFERRED SUBMITTAL	
Phone:				OTHER	
CCB lic.:	METRO lic.:	City Bus. lic.:		TOTAL FEES	
E-mail:				NOTES:	
Authorized signature:					

Print name:

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