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.