## **Structural Permit Application**

This project has final land-use approval.

This project has DEQ approval.

## CITY OF SPRINGFIELD, OREGON

LOCAL GOVERNMENT APPROVAL

Date:





DEPARTMENT USE ONLY			
Permit no.:			
Date:			

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.

Signature:		Da	nte:			
Zoning approval verified:	Yes	No				
Property is within flood plain: Yes No						
CATEGORY OF CONSTRUCTION						
Residential Government Commercial						
JOB SITE INFORMATION AND LOCATION						
Job site address:						
City:	State:		ZIP:			
Subdivision:	Subdivision: Lot no.:					
Reference:	Reference: Taxlot:					
PROPERT	Y OWNER	?				
Name:						
Address:						
City:	State:		ZIP:			
Phone:	Fax:		-			
E-mail:						
Building Owner or Owner's agent	authorizing	g this ap	pplication:			
Sign here:						
☐ This installation is being made on						
	me or a member of my immediate family, and is exempt from licensing					
requirements under ORS 701.010.						
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CONTRACTOR II	NSTALLA					
CONTRACTOR II Business name:	NSTALLA <sup>T</sup>					
CONTRACTOR II Business name: Address:						
CONTRACTOR II Business name: Address: City:	State:		ZIP:			
CONTRACTOR II  Business name: Address: City: Phone:						
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CONTRACTOR II  Business name: Address: City: Phone: E-mail: CCB license no.:	State:					
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CONTRACTOR II  Business name:  Address: City: Phone: E-mail: CCB license no.: Print name: Signature:	State: Fax:	MATIC	ZIP:			
CONTRACTOR II  Business name: Address: City: Phone: E-mail: CCB license no.: Print name: Signature:	State: Fax:	MATIC	ZIP: -			
CONTRACTOR II  Business name: Address: City: Phone: E-mail: CCB license no.: Print name: Signature:  SUB-CONTRACTO Name	State: Fax:	MATIC	ZIP: -			
CONTRACTOR II  Business name: Address: City: Phone: E-mail: CCB license no.: Print name: Signature:  SUB-CONTRACTO Name	State: Fax:	MATIC	ZIP: -			
CONTRACTOR II  Business name: Address: City: Phone: E-mail: CCB license no.: Print name: Signature:  SUB-CONTRACTO Name Electrical	State: Fax:	MATIC	ZIP: -			
CONTRACTOR II  Business name: Address: City: Phone: E-mail: CCB license no.: Print name: Signature:  SUB-CONTRACTO Name Electrical	State: Fax:	MATIC	ZIP: -			
CONTRACTOR II  Business name: Address: City: Phone: E-mail: CCB license no.: Print name: Signature:  SUB-CONTRACTO Name  Electrical	State: Fax:	MATIC	ZIP: -			

FEE SCHEDULE	
1. Valuation information	
(a) Job description:	
Occupancy	
Construction type:	
Square feet:	
Cost per square foot:	
Other information:	
Type of Heat:	
Energy Path:	
new alteration addition	
(b) Foundation-only permit? Yes No	
Total valuation:	\$
2. Building fees	
(a) Permit fee (use valuation table):	\$
(b) Investigative fee (equal to [2a]):	\$
(c) Reinspection (\$ per hour): (number of hours x fee per hour)	\$
(d) Enter 12% surcharge (.12 x [2a+2b+2c]):	\$
(e) Subtotal of fees above (2a through 2d):	\$
3. Plan review fees	
(a) Plan review (65% x permit fee [2a]):	\$
(b) Fire and life safety ( <b>65</b> % x permit fee [2a]):	\$
(c) Subtotal of fees above (3a and 3b):	\$
4. Miscellaneous fees	
(a) Seismic fee, 1% (.01 x permit fee [2a]):	\$
(b) Tech fee, 5% (.05 x permit fee[2a]+PR fee [3c])	\$
(c) Continuing Education Fee \$2.50	\$2.50
TOTAL fees and surcharges (2e+3c+4a+b+c+d):	\$