

CITY OF SPRINGFIELD, OREGON

225 Fifth St, Springfield OR 97477 (541) 726-3753 permitcenter@springfield-or.gov

OREGON Online at BuildingPermits.Oregon.gov

NEW DWELLING COMBO APPLICATION

PERMIT#:

DATE:

This permit is issued under OAR 918-460-0030. Permits are nontransferable.

Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

TYPE OF WORK	SAME	SAME AS:			
New SFD ADU Single Duplex Unit	DETAILS (provide <u>all</u> information below)				
JOB SITE LOCATION	Description of work:				
Job site address:	Total new sq ft (living area plus garage):				
City/State/Zip:	Total living	Total living area sq ft: (ICC cost per sqft \$150.87)			
Map/Tax Lot #:	Garage sq	Garage sq ft: (ICC cost per sqft \$60.43)			
Subdivision: LOT #:	Covered po	Covered porch & patio sq ft: (ICC cost per sqft \$30.22)			
PROPERTY OWNER	On Septic?	YES / NO	Flood Zone? YES /	NO	
Name:	# of bathro	# of bathrooms: #Stories/Height:			
Address:	Energy Pat	Energy Path: Type of Heat:			
City/State/Zip:	Temp Pow	Temp Power? YES / NO # of exhaust fans:			
Phone:	Heat Pump	Pump? YES / NO AC? YES / NO			
Email:	# of gas ou	outlets: (list gas appliances belo		low)	
This installation is being made on residential or farm property owned by me or a member of my immediate family and is exempt from licensing requirements under	OFFICE US	E ONLY-Building F	ees (electrical/plumbing/me	echanical fees TBD)	
ORS 701.010	Plan Review	w Fee (65% of per	mit fee)	\$	
gnature: Permit Fee (based on ICC sqft valuation		ft valuation)	\$		
CONTRACTOR INFORMATION	New Addre	ess Fee		\$58.00	
Business name: Miscellaneous Fees					
Address:	Willamalane Fee		\$		
City/State/Zip:	Planning/Z	Planning/Zoning Review Fee		\$	
Phone:	SDC Fees (s	SDC Fees (System Development Charges)		\$	
Email:	Subtotal (r	Subtotal (minimum permit fee \$109.00) \$		\$	
CCB License #:	State surch	State surcharge 12% \$		\$	
Print name:	Technology	Technology Fee 5% \$		\$	
Signature:			TOTAL PERMIT FEE	\$	
SUB-CONTRACTOR INFORMATION		List all gas applia	nces here:		
Plumbing Contractor: CCB#					
echanical Contractor: CCB#					
Electrical Contractor: CCB#					
Electrical Signing Supervisor's Signature (REQUIRED):					
Signing Supervisor's License #:					

DEPARTMENT USE ONLY				
BUILDING INTAKE	PLANNING INTAKE	PW/ENG INTAKE		
Stamped Truss Calcs Received? YES / NO	Flood zone? YES / NO	LDAP Received? YES / NO		
NOTES:	NOTES:	NOTES:		
Intake Approval:	Intake Approval:	Intake Approval:		