



# Grading Permit Application

## Clackamas County

150 Beavercreek Road, Oregon City, OR 97045  
Phone: (503) 742-4400, FAX: (503) 742-4741  
Internet address: www.clackamas.us

### OFFICE USE ONLY

Date received:	Permit no.:
Project no.:	Other:
Land use approval:	

### JOB SITE INFORMATION

Job Address:
Nearest Cross Street:
Legal Description:
Project Name:

### DESCRIPTION OF WORK


### OWNER

Name:		
Mailing address:		
City	State:	ZIP:
Phone:	Fax:	E-mail:
Owner's representative:		
Phone:	Fax:	E-mail:

### CONTRACTOR

Name:		
Address:		
City	State:	ZIP:
Phone:	Fax:	E-mail:
CCB no.:	City/metro lic. no.	

**Notice:** All contractors and subcontractors are required to be licensed with the Construction Contractors Board of the State of Oregon under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed, or, the applicant is exempt from licensing, the following reason:


### REQUIRED DATA

Lot Size:	_____
Cubic Yards of Material in Excavation	_____
Cubic Yards of Material in Backfill	_____
Sewage Disposal System	
<input type="checkbox"/> Septic <input type="checkbox"/> Sewer	

Submit plans & geotechnical report (if applicable). Plans shall include the following:

1. To-scale plot plan with grade contours showing existing and proposed development, including features such as proposed and existing buildings, roads, utilities, septic system or septic approved location, drainage ways, and rivers.
2. Sufficient cross section to accurately represent proposed earthwork in excavation and/or backfill.
3. Calculation of quantity of work in excavation and/or backfill.

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

**Notice:** This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

### OFFICE USE ONLY

Minimum Fee.....	\$ _____
Plan Review Fee .....	\$ _____
TOTAL.....	\$ _____