

BUILDING CODES DIVISION

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www.clackamas.us

Return application to: bldservice@clackamas.us

FOR OFFICIAL USE ONLY		
LOC PERMIT #		
Project #		
TCO#		
DATE		

Letter Of Completion Application

Please complete the following information

Project Address:			
Project/Tenant Name:			
APPLICANT		PERMIT NUMBERS	
Business name:			
Contact name:		Main Building:	
Address:		Mechanical:	
City/State/ZIP:		Fire Alarm:	
Phone:	Fax:	Fire Sprinklers:	
E-mail:		Electrical:	
PROPERTY OWNER		Limited Energy:	
Name:		Plumbing Exterior:	
Address:		Plumbing Interior:	
City/State/ZIP:		Grading:	
Phone:	Fax:	OTHER: (LIST TYPE & NUMBER)	
CONTRACTOR			
Business name:			
CCB#			
Address:	City/State/ZIP:		
Phone:	Fax:	Fee: \$170	