

Building Permit Application

150 Beavercreek Road, Oregon City, OR 97045 Phone: (503) 742-4240 Fax: (503) 742-4741

Inspection request: 503-742-4720 Internet address: www.clackamas.us

TYPE OF WORK					
☐ New construction	☐ Demolition				
Addition/alteration/replacement	Other:				
CATEGORY OF CONSTRUCTION					
1- and 2-family dwelling	☐ Commercial/industrial				
☐ Accessory building	☐ Multi-family				
☐ Master builder	Other:				
JOB SITE INFORMATION AND LOCATION					
Job site address:					
City/State/ZIP:					
Suite/bldg./apt. no.:	Project name:				
Cross street/directions to job site:					
Subdivision:	Lot no.:				
Tax map/parcel no.:					
DESCRIPTIO	N OF WORK				
☐ PROPERTY OWNER	☐ TENANT				
Name:					
Address:					
City/State/ZIP:					
Phone: ()	Fax: ()				
E-mail:					
☐ APPLICANT	☐ CONTACT PERSON				
Business name:	70				
Contact name:					
Address:					
City/State/ZIP:					
Phone: ()	Fax: ()				
E-mail:					
CONTRACTOR					
Business name:					
Address:					
City/State/ZIP:					
Phone: ()	Fax: ()				
E-mail:					
CCB lic.:					
Authorized					
signature:					

Date Recd:	Bldg #:
Ву:	Plmb #:
Simple/Complex:	Elec #:
Land Use Appr:	Prj #:

Land Use Appr:	Prj #:				
REQUIRED DATA: 1- AND 2-FAMILY DWELLING					
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.					
Valuation					
Number. of bedrooms:					
Number of bathrooms:					
Total number of floors:					
New dwelling area:	square feet				
Garage/carport area:	square feet				
Covered porch area:	square feet				
Deck area:	square feet				
Other structure area:	square feet				
REQUIRED DATA: COMMI					
Permit fees* are based on the value (rounded to the equipment, materials, labor, over work indicated on this application).	he nearest dollar) of all erhead, and the profit for the				
Valuation					
Existing building area:	square feet				
New building area:	square feet				
Number of stories:					
Type of construction:					
Occupancy groups:					
Existing:					
New:					
NOT	ICE				
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:					
BUILDING PERMIT FEES*					
Please refer to fee schedule					
Fees due upon application					
Amount received					
Date received:	·				

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

* Fee methodology set by Tri-County Building Industry Service Board 440-4613T (11/02/COM/WEB) CCP-PW12 (Rev. 3/15)

CLACKAMAS COUNTY TRANSPORTATION & DEVELOPMENT – PERMIT APPLICATION CREDIT CARD AUTHORIZATION SHEET

A	
	From:
CLACKAMAS	Date:
Building Codes Division	
Electrical, Mechanical & Plumbing permits	Phone:
https://www.clackamas.us/building	
hillion to Orbeita and	Fax:
bldservice@clackamas.us Phone: 503.742.4240	
Fax: 503.742.4741	Number of Pages (Including Cover):
PLEASE TYPE OR PRINT LEGIBLY.	
NAME AS IT APPEARS ON CARD:	
-	
CONTACT PHONE #:	
CONTACT EMAIL:	
CREDIT CARD NUMBER*:	
CARD EXPIRATION DATE:	
3-DIGIT SECURITY CODE* (CVVS CVC2 CID See rev	erse side of credit card):
DULING ADDRESS*	
BILLING ADDRESS*:	
STATE: ZIP CODE*:	
AUTHORIZED SIGNATURE:	DATF:

I authorize Clackamas County to charge the credit card indicated above for the permits I am applying for. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on my request. I understand that Clackamas County's vendor charges a service fee for the use of a credit/debit card and authorize the additional charge to my account.

ADDRESS OF WORK PERMITTED:	
STATE:	ZIP CODE:

AFTER REMOVING SECURE DATA*, DOCUMENT WILL BE STORED FOR 60-DAYS AFTER PROCESSING CARD.



Project Description Form

Address:				
City:	State:		Zip:	
Tax Lot #:		Permit Type:		
Residential		Commer	cial	
Detailed Job Description Na				
walk in shower. Rebuilding new stairs		nlarging picture win	dow in living room.) (Trade Example:	
Adding (1) 20amp circuit in garage for	weiding machine.)			
Best person to contact regar	dina auestions	about this app	olication	
Name:	3 1	Phone:		
Email:				
Best person to contact regar	ding County In	spector's Acce	ess to this project	
Name:		Phone:		
Email:				
Have you applied or are you	going to apply	for related per	mits with this project at this	
time, and which types: (i.e., El	ectrical, Plumbing,	Mechanical)		
☐ YES ☐ NO		Type:		
Is this related to a home bus	iness?			
☐ YES ☐ NO				
Will you be creating new bed	droom(s)?			
☐ YES ☐ NO		How many:		
Will you be adding habitable rooms in an existing basement?				
☐ YES ☐ NO		Square Feet:		
Are you installing new struct	ural members?	(i.e., beams, joists	s, trusses, footings, foundation)	
YES NO		Type:		
Are you creating a separate dwelling unit? (i.e., ADU)				
YES NO				
Are you adding a kitchen?				
☐ YES ☐ NO				
Is there a septic system on property?				
YES NO		<u> </u>		
Are you expanding the footprint of the structure?				
YES NO		Square Feet:		
Are you adding a new buildir	ng on property			
│		Type:		