



New Single Family Dwelling Combination Permit Application

Clatsop County
Building Codes Division
 800 Exchange St Ste 100
 Astoria, OR 97103
 Phone: 503-338-3697 • Fax: 505-338-3666
buildingdivision@co.clatsop.or.us

DEPARTMENT USE ONLY

Permit no.:	
This project has final land-use approval: Signature:	DEQ approved: Signature:

**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.
 Note: It is not the responsibility of the Building
 Division to send reminders notifying the permit holder
 of expiration dates.**

LOCAL GOVERNMENT APPROVAL

Zoning approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flood Zone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT INFORMATION

Name:	
Mailing address:	
City/state/ZIP:	
Phone:	Phone:
Email:	

JOB SITE INFORMATION AND LOCATION

Job site address:	
City/state/ZIP:	
Project name:	
Directions to job site:	
Parcel no.:	

ELECTRICAL CONTRACTOR INSTALLATION

Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	BCD license no.:
Signing supervisor name & license no.:	

MECHANICAL CONTRACTOR INSTALLATION

Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	LPG license no.:

PLUMBING CONTRACTOR INSTALLATION

Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	BCD license no.:
Journeyman name & license no.:	

CONTRACTOR INSTALLATION

Business name:	
Address:	
City/state/ZIP:	
Phone:	Mobile phone:
Fax:	
Email:	
CCB license no.:	
Signature:	

PROPERTY OWNER INFORMATION

Name:	
Mailing address:	
City/state/ZIP:	
Phone:	Mobile phone:
Email:	

OWNER INSTALLATION

Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Framing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This installation is being made on residential or farm property owned by me or a member of my immediate family.

Sign here:

PRIMARY CONTACT

Name:	
Phone:	
Email:	



440-5032-CB (5/15/COM)

VALUATION INFORMATION							
Job description:				Total square footage (dwelling and attached garage):			
				Building height ____ ft. ____ in no. of bathrooms: ____			
				no. of kitchens: ____			
				Decks / porches / covered patios ____ (total sq. ft.)			
				Unfinished basement ____ (total sq. ft.)			
				Living area sq. ft. ____ (total sq. ft.)			
				Garage sq. ft. ____ (total sq. ft.)			
				Carport ____ (total sq. ft.)			
Declared job value: \$				No. of stories: ____ Limited or restricted energy ____			
PLUMBING							
Water service: total linear feet:			Storm sewer: total linear feet:			Sanitary sewer: total linear feet:	
HEATING / COOLING							
Type of fuel:							
Boiler	Electric	Geothermal	LPG	Natural gas	Oil	Photovoltaic	Solid fuel
Other							
Secondary type of fuel:							
Boiler	Electric	Geothermal	LPG	Natural gas	Oil	Photovoltaic	Solid fuel
Other							
			Qty				Qty
Air handling unit of up to 10,000 cfm				Air conditioner			
Air handling unit greater than 10,000 cfm				Furnace – up to 100,000 BTU			
Furnace – greater than 100,000 BTU				Floor furnace, including vent			
Heat pump				Evaporative cooler other than portable			
Suspended heater, recessed wall heater, or floor mounted unit heater				Mini split			
				Radiant in-floor heating system			
OTHER FUEL APPLIANCES							
Wood / pellet stove				Water heater			
Gas or wood fireplace/ insert				Pool or spa heater, kiln			
Decorative gas fireplace				Oil tank / gas / diesel generators			
Chimney / liner / flue / vent				Installation domestic-type incinerator			
ENVIRONMENTAL EXHAUST AND VENTILATION							
Range hood / other kitchen equipment				Attic / crawl space fans			
Ventilation system not a portion of heating or air-cooling system authorized by permit				Flue vent for water heater or gas fireplace			
				Clothes dryer exhaust			
Appliance vent installation not included in appliance permit				Ventilation fan connected to single duct			
Other environmental exhaust / ventilation							
FUEL PIPING							
Gas fuel piping outlets							