



Structural Permit Application

Community Development
 Building Codes Division
 800 Exchange St, Ste. 100
 Astoria, OR 97103
 Ph: (503) 338-3697 Fax: (503) 338-3666

buildingdivision@co.clatsop.or.us

DEPARTMENT USE ONLY	
Permit #	
Date Received:	
DEQ APPROVAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLOOD PLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO
GHO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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.

TYPE OF WORK		RESIDENTIAL USE REQUIRED DATA	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition	Permit fees* are based on the value / Square Footage 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.	
<input type="checkbox"/> Addition/Remodel Alteration	<input type="checkbox"/> Other	Valuation of Project: \$	
CATEGORY OF CONSTRUCTION		DESCRIPTION OF WORK:	
<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial/Industrial	Number. of bedrooms:	
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Multi-family	Number of bathrooms:	
JOB SITE INFORMATION AND LOCATION		Total number of floors:	
Property Owner:		New dwelling area: square feet	
Job site address:		Garage/carport area: square feet	
City:		Covered porch area: square feet	
Directions to job site:		Deck area: square feet	
Map/Legal Description:		Other structure area: square feet	
Subdivision:		COMMERCIAL USE REQUIRED DATA	
PROPERTY OWNER INSTALLATION		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.	
Name:		Valuation of Project: \$	
Address:		DESCRIPTION OF WORK:	
City/State:	Ph: ()	Existing building area: square feet	
Email:		New building area: square feet	
This installation is being made on residential or farm property owned by me or a member of my immediate family.		Number of stories:	
Owner's Signature:		Type of construction:	
CONTRACTOR INSTALLATION		Occupancy groups:	
Business Name:		Existing: New:	
Address:			
City/State:	Ph: ()		
Email:	Fax: ()		
CCB#			
Signature:			