



Structural Permit Application

**Community Development
Building Codes Division**
800 Exchange St, Ste. 100 Astoria, OR 97103
Ph: (503) 338-3697 Fax: (503) 338-3666
Inspection Request Line: (503) 338-3698
buildingdivision@co.clatsop.or.us

DEPARTMENT USE ONLY	
Permit #	
Date Received:	
By:	
Flood Plain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning / DEQ Approvals?
GHO? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/Remodel/Alteration	<input type="checkbox"/> Other

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Multi-family

JOB SITE INFORMATION AND LOCATION
Property Owner:
Job site address:
City:
Directions to job site:
Map/Legal Description:
Subdivision:

PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/Zip:	Ph: ()
Email:	
This installation is being made on residential or farm property owned by me or a member of my immediate family.	
Owner's Signature:	

CONTRACTOR INSTALLATION	
Business Name:	
Address:	
City/State/Zip:	Ph: ()
Email:	Fax: ()
CCB lic:	
Contractor's Signature:	

Point N Pay charges a 2.5% processing fee for credit card transaction. Min \$2.00 Fee.

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AE	Phone: ()
Credit card number	/ Expiration
Name of cardholder as shown on credit card	\$
Cardholder signature	Amount
<i>Please provide mailing address where you receive your credit card statement:</i>	
ADDRESS:	
ZIP:	

1 & 2 FAMILY DWELLING REQUIRED DATA
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.

Valuation \$
WORK DESCRIPTION:
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

COMMERCIAL USE REQUIRED DATA
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 \$
WORK DESCRIPTION:
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE
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:
Make check or money order payable to: CLATSOP COUNTY BUILDING CODES

