



Planning to Build Single Family Dwelling

The application for a residential building or structure usually involves two or more government agencies.
The following steps will help lead you through the permit process:

STEP 1: DO YOU HAVE A CURRENT PROPERTY DESCRIPTION (ASSESSOR'S MAP AND TAX LOT NUMBER) OF THE PROPERTY, INCLUDING TOWNSHIP, RANGE, SECTION AND TAX LOT NUMBER?

- YES: Bring it with you when you apply for permits or have it available when you call with questions.
- NO: Look on your property tax statement in the box marked Property Description (Map Number) or contact the Clatsop County Tax Assessor's Office (503-325-8522) to obtain the property description.

STEP 2: IS YOUR PROPERTY LOCATED WITHIN CITY LIMITS OR AN URBAN GROWTH BOUNDARY?

- YES: Contact the appropriate City Planning Department for their planning and building permit requirements.
- NO: Contact Clatsop County Land Use Planning (325-8611) for:
- Zoning, Overlay Districts, and allowed uses
 - Conditional uses in zones and procedures for obtaining a Conditional Use Permit
 - Building setbacks from property lines
- If located in a Geologic Hazard, Flood Hazard or other overlay district, additional development requirements may apply.
 - If located at Arch Cape, Design Review is required.
 - If located at Fishhawk Lake, approval and sign-off by the Homeowner's Association is required.
 - If located in a Rural Fire Protection District (RFPD), specific development requirements may apply. See attached contact information.
- IF UNSURE - Contact the Clatsop County Tax Assessor's Office to determine if property is located within city limits.

STEP 3: DO YOU HAVE QUESTIONS REGARDING BUILDING PERMITS OR CONSTRUCTION REQUIREMENTS IN THE COUNTY?

- YES: The Clatsop County Building Codes Division issues and inspects the following permits for rural areas in Clatsop County: Building, Manufactured Dwellings, Mechanical, and Plumbing. They also issue Electrical permits for rural areas *and* all cities located within Clatsop County.

Inspectors are available at 503-338-3697 and for office visits Monday through Friday, 7:30 am to 9:00 am.

STEP 4: OBTAIN ROAD ACCESS PERMIT FOR LEGAL ACCESS FROM YOUR PROPERTY ONTO AN EXISTING ROAD.

County Road: Contact the Clatsop County Road Division at 503-325-8631. Requires a two (2) week time period to receive a permit. Access must be constructed and approved by the Clatsop County Road Division prior to the issuance of a Development Permit.

State Highway: Contact the Oregon Department of Transportation at 503-325-7222.

Requires a two to three (2-3) week time period to receive a permit.

In a Subdivision: You may not need a road access permit. Check with the appropriate agency.

Private Road: Provide a copy of easement/owners approval that clearly identifies your right to use the roadway.

STEP 5: DRAW A PLOT PLAN & EROSION CONTROL PLAN FOR THE PROPOSED STRUCTURE OR DEVELOPMENT.

(Use forms provided on pages 6 & 7 or 8.5" x 11" paper. These drawings are suitable for review by all agencies.)

- Draw property lines and all existing and proposed structures on the property. Include use of structure.
- Draw and label all roads adjacent to or providing access to the site, and driveways on the site.
- Provide accurate distances from the proposed structure to all property lines, surface water bodies, wells, and existing septic system components, including drainfield areas.
- Include a north arrow.
- Include erosion control measures, if applicable.
- Make two (2) copies of the plot plan.
- Clatsop County Building Codes requires plans be drawn to scale.
- Indicate off-street parking spaces, if required (size, location, number).
- Identify any wetlands, streams, lakes, etc. on-site.

STEP 6: OBTAIN APPROVAL FROM THE LOCAL SEWER DISTRICT or ONSITE WASTEWATER.

Signature required on the Agency Review Form (page 8,#2).

Check with Clatsop County Onsite Wastewater at 503-338-3681 for records of any existing septic systems on your property and the required setbacks to ensure you do not build over the drainfield or otherwise encumber the septic system. An accurate property description (assessor's map and tax lot number) that includes township, range, section and tax lot number must be provided.

STEP 7: OBTAIN APPROVAL FROM LOCAL WATER DISTRICT or PROVIDE PROOF OF ADEQUATE WATER SUPPLY (250 GALLONS PER DAY) Signature required on the Agency Review Form (page 8,#3).

Well: Well log data showing the required quantity from a certified well driller for a new or existing well or a well easement (provided that no more than three households use the well as a potable source) AND A potability test for fecal coliform and nitrates from a certified water lab (see contact number). Over three households on one well must meet state potability requirements (ORS 448.115).

Public or Community System: Current receipt of written correspondence from water utility stating water is available for connection at the property line or satisfactory arrangements have been made to extend service to the property.

River, Stream, Spring or Other Surface Water: Obtain a permit from the State of Oregon Water Resources Department Watermaster, 503-842-2413 x119 or Salem 503-986-0900, for domestic water right of at least .005 cfs (2.25 gals/min). **This process may take one to two (1-2) years to receive a permit. ** A potability test for fecal coliform and nitrates from a certified water lab is required.

STEP 8: OBTAIN APPROVAL FROM THE LOCAL FIRE PROTECTION DISTRICT (RFPD).

Signature required on the Agency Review Form (page 8, #4). This process may take up to 10 days.

STEP 9: OBTAIN APPROVAL FROM LAND USE PLANNING – ISSUANCE OF THE DEVELOPMENT PERMIT.

Requirements needed at time of development permit sign-off:

- a. Agency Review Form completed with all applicable approvals.
- b. Two (2) copies of a plot plan (see Step 5). Land Use Planning Dept will stamp plot plan.
- c. An Erosion Control Plan (see Step 5). Land Use Planning will stamp erosion control plan.
- d. Proof of water for the property.
- e. Road approach permit if property takes access through a County road, if property takes access through a private road a road approach permit is not needed.
- f. Two (2) Sets of Floor Plan of Manufactured Dwelling and any applicable building plans (Land Use Planning will stamp all building plans).
- g. Submit \$75.00 fee for development permit.
- h. Submit \$112.00 fee for an address along with a completed rural address application if the property does not have a valid rural address (see page 9).

STEP 10: SUBMIT BUILDING PLANS FOR REVIEW TO BUILDING CODES

Requirements needed at the time of Plan Review intake:

- a. Completed Agency Review form with all approvals.
- b. Two (2) copies of signed Clatsop County development permit.
- c. Two (2) copies of the plot plan, stamped by Land Use Planning.
- d. Two (2) sets of building plans stamped by Land Use Planning.
- e. Submit fee based on calculation of square footage and construction value of specific type of structure.
- f. Map showing exact location of site, including cross streets and landmarks to help locate the property.
Note: Residential construction plans require an approximate two (2) week period for review. Commercial, industrial or institutional plans requiring life safety review could take three (3) weeks, depending on the complexity of the plan review. Manufactured dwellings will need a plan review if in a flood or geo-hazard zone; check with plans examiner if foundation walls exceed two (2) feet in height.

STEP 11: AFTER REVIEW IS COMPLETE THE BUILDING PERMIT WILL BE ISSUED AND CONSTRUCTION READY TO BEGIN. CONTACT BUILDING CODES TO SCHEDULE INSPECTIONS.

The following information is required when requesting an inspection:

- a. Permit number
- b. Owner's name
- c. Situs address
- d. Date of inspection needed
- e. Type of inspection
- f. Contact phone number for date of inspection

CONTACT NUMBERS

Clatsop County Building Codes

800 Exchange Street, Suite 100
Astoria, Oregon 97103
Hours: 7:30am - 4:00pm – Mon-Fri
Phone: 503-338-3697
FAX: 503-338-3666
Inspection Request Line: 503-338-3698

Clatsop County Land Use Planning

800 Exchange Street, Suite 100
Astoria, Oregon 97103
Hours: 7:30am - 4:00pm - Mon-Fri
Phone: 503-325-8611
FAX: 503-338-3606

Clatsop County Onsite Wastewater

820 Exchange Street, Suite 100
Astoria, Oregon 97103
Hours: 7:30am -12pm & 1- 4:30pm, Mon-Thurs
7:30am – 11:30am Friday
Phone: 503-325-8500
FAX: 503-325-9303

Clatsop County Roads Division

1100 Olney Avenue
Astoria, OR 97103
Hours: 8:00 am - 4:30 pm - Mon-Fri
Phone: 503-325-8631
FAX: 503-325-9312

Clatsop Soil & Water Conservation District

750 Commercial, Room 207
Astoria, Oregon 97103
(US Post Office Building)
Phone: 503-325-4571

Oregon Dept of Transportation

350 W. Marine Drive
Astoria, Oregon 97103
Hours: 8:00am - 5:00pm
Phone: 503-325-7222
FAX: 503-325-1314

SEWER DISTRICTS

Arch Cape Sanitary District

Phil Chick, ACSD Manager
32065 E Shingle Mill Lane
Arch Cape, OR 97102
Phone: 503-436-2790
FAX: 503-436-1467

Miles Crossing Sanitary Sewer

Bill Mitchell
34795 Hwy 101 Business
Astoria, OR 97103
Phone: 503-325-4330
FAX: 503-338-6915

Shoreline Sanitary District

John Glen, Chairman
PO Box 732
Warrenton, OR 97146
Phone: 503-861-0574

Westport Sewer District

1100 Olney Avenue
Astoria, OR 97103
Phone: 503-325-8631
FAX: 503-325-9312

WATER SERVICE AGENCIES

Arch Cape Water and Sanitary District

Phil Chick, ACSD Manager
32065 E Shingle Mill Ln
Arch Cape, OR 97102
Phone: 503-436-2790

Burnside Water Association

Art Bezanson
PO Box 625
Astoria, OR 97103
Phone: 503-458-5525

Falcon Cove Beach Water District

PO Box 1
Arch Cape, OR 97102
Phone: 503-436-9759

Fernhill Community Water System

Valerie Ranta
92571 Fernhill Road
Astoria, OR 97103
Phone: 503-325-7097

John Day Water District

Sandi Osterholme
PO Box 1317
Astoria, OR 97103
Phone: 503-325-9680 or 503-325-3533

Knappa Water Association

Carol Bartlett, Office Manager
92755 Allen Road
Astoria, OR 97103
Phone: 503-458-6461

Olney-Walluski Water Association

90029 Hwy 202
Astoria, OR 97103
Phone: 503-325-1288 or 503-325-7677

Seaside Public Works

1387 Avenue U
Seaside, OR 97138
Phone: 503-738-5112

City of Warrenton Water District

Craig Walter, Public Works Foreman
PO Box 250
Warrenton, OR 97146
Phone: 503-861-0914
Billing: 503-861-2223

Westport Water Association

49206 Highway 30
Westport, OR 97016
Phone: 503-445-9231
Cynthia Reeves: 503-455-9201

Wickiup Water District

Julienne Olson-Armstrong
92648 Svensen Market Road
Astoria, OR 97103
Phone: 503-458-6555

Youngs River, Lewis & Clark Water

Bill Mitchell
34583 US Highway 101 Business
Astoria, OR 97103
Phone: 503-325-4330

Oregon Water Resources Department

Nikki Hendricks, Watermaster Office (Local)
4000 Blimp Blvd Suite 400
Tillamook, OR 97141
Phone: 503-815-1967
FAX: 503-815-1968

Oregon Water Resources Department

725 Summer Street NE, Suite A
Salem, OR 97301
Phone: 503-986-0900
FAX: 503-986-0904

FIRE DEPARTMENTS

Astoria Fire Department

Ted Ames
555 30th Street
Astoria, OR 97103
Phone: 503-325-4237
tames@astoria.or.us

Cannon Beach RFPD

Matt Benedict
PO Box 24
Cannon Beach, OR 97110
Phone: 503-436-2949
FAX: 503-436-9639
mbenedict@cbfire.com

Elsie-Vinemaple RFPD

Mike Wammack or Hans Mulder
42644 Loyd Lane
Seaside, OR 97138
Phone: 503-755-2233
FAX: 503-755-2232
Olney-fire@seasurf.net

Gearhart Fire Department

Bill Eddy
PO Box 2530
Gearhart, OR 97138
Phone: 503-738-7838
FAX: 503-738-9385
gearhartfd@cityofgearhart.com

Hamlet Fire Department

Bill Boone
37564 Highway 26
Seaside, OR 97138
Phone: 503-717-2992
FAX: 503-738-8188
wwboone15@gmail.com

John Day-Knapa Fire District

Paul Olheiser
43114 Hillcrest Loop
Astoria, OR 97103
Phone: 503-458-6610
FAX: 503-458-6228
olheiser@pacifier.com

Lewis & Clark RFPD

Jeff Golightly
34571 Hwy 101 Business
Astoria, OR 97103
Phone: 503-325-4192 FAX: 503-325-7353
Lewisclarkfire@gmail.com

Mist-Birkenfeld RFPD

Dave Crawford or Mary Lou Busch
12525 Highway 202
Mist, OR 97016
Phone: 503-755-2710
FAX: 503-755-2556

Nehalem Bay Fire and Rescue

Perry Sherbaugh, Fire Chief
PO Box 117
Manzanita, OR 97130
Phone: 503-368-7590
FAX: 503-368-7580
Nbfr.chief@nehalem.tel.net

Olney Walluski Fire and Rescue

Ron Tyson
36115 River Point Drive
Astoria, OR 97103
Phone: 503-325-5440
FAX: 503-325-3039

Seaside Fire & Rescue

Joey Daniels
150 S Lincoln
Seaside, OR 97138
Phone: 503-738-5420
FAX: 503-717-9318
jdaniels@cityofseaside.us

Warrenton Fire Department

Tim Demer
PO Box 250
Warrenton, OR 97146
Phone: 503-861-2494
FAX: 503-861-2351
firechief@ci.warrenton.or.us

Westport Fire & Rescue

Keith Walling
91177 Ferry Rd
Westport, OR 97016
Phone: 503-455-0727
FAX: 503-455-0727
Chief2101@msn.com

PLOT PLAN

Sketch the appropriate structure to scale. Clatsop County Building Codes requires all plans be drawn to scale.

- Draw property lines and all existing and proposed structures on the property
- Draw and label all roads adjacent to or giving access to the site
- Draw all driveways on the site
- Include use of accessory structure
- Include a north arrow
- Identify any wetlands, streams, lakes, etc. on-site
- Provide accurate distances from the proposed structure to all property lines, surface water bodies, wells, and existing septic system components including drainfield areas
- Show off-street parking spaces, if required (size, location, number)

(Please Use the Space Provided)

SOIL EROSION CONTROL PLAN

Sketch the appropriate structure to scale. Clatsop County Building Codes requires all plans be drawn to scale.

- Draw the streets and roadways leading to the property
- Draw the boundaries of the property
- Include a north arrow
- Draw in the proposed building on the site
- Add arrows showing the direction water will flow off the property
- Indicate the steepness of slopes by classifying them as steep, moderate or gentle
- Designate area where vegetation will be left undisturbed
- Draw in the access driveway and designate an area for vehicle parking
- Determine where soil will be stockpiled
- Draw and Label the erosion control measures

Erosion Control Guidance provided by (CREST) Columbia River Estuary Taskforce

(Please Use the Space Provided)

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: _____ City: _____

Owner: _____ Phone: _____

Address: _____ Email: _____

Agent: _____

Proposed Development/Construction: _____

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T _____ R _____ S _____ Tax Lot(s) _____

Permit Needed: Yes No Site Approved: Yes No

Signature: _____ Date: _____

Remarks: _____

Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:

(Signature of Water District required.)

Gallons per minute: _____

Signature: _____ Title: _____ Date: _____

Remarks: _____

Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location(s): _____

Signature: _____ Title: _____ Date: _____

Remarks: _____

Contact the local RFPD having jurisdiction. (See page 5)

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Signature: _____ Title: _____ Date: _____

Remarks: _____

Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 Fax (503) 338-3638

Internal Use Only:

- | | |
|---|---|
| <input type="checkbox"/> Proof of Legal Lot status (if substandard in size) | <input type="checkbox"/> Agency Sign-Off Sheet |
| <input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary) | <input type="checkbox"/> Proof of Potable Water |
| <input type="checkbox"/> Pre-Elevation Certificate (if necessary) | <input type="checkbox"/> Proof of DEQ Approved Sanitary System |
| <input type="checkbox"/> Application signed by the owner and applicant | <input type="checkbox"/> Average Grade Calculations |
| <input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc. | <input type="checkbox"/> Address Request (if necessary) |
| <input type="checkbox"/> Erosion Control & Drainage Plan | <input type="checkbox"/> Two (2) Sets of Building Plans |
| <input type="checkbox"/> Road Access Permit from the County or ODOT | <input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL? |



Clatsop County

Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606

comdev@co.clatsop.or.us www.co.clatsop.or.us

New Address Request

Fee: \$112.00

Name: _____ Email: _____

Mail Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Property Description: Township _____ Range _____ Section _____ Tax Lot(s) _____

Road Access Permit: ODOT _____ Clatsop County _____

Cross Street: _____ Fire Dept: _____

School: _____ Water: _____ Gas: _____

Sewer: _____ Power: _____

Driveway must be completed or physical location of the driveway must be clearly marked in the field.
(Provide statement that driveway is complete or detailed description of how driveway is marked in the field.)
Failure to provide this information may result in the delay of your address assignment.

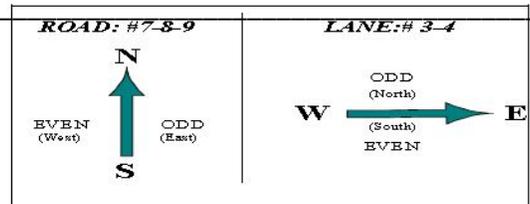
Office Use Only

NEW ADDRESS: _____

Beginning Address: _____

Distance (+/_): _____

Final: _____



Comments: _____



Clatsop County

Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606

comdev@co.clatsop.or.us www.co.clatsop.or.us

Development Permit

Fee: \$75.00

INSTRUCTIONS:

1. Complete form and attach site plan.
2. For commercial and industrial uses, include parking and loading plan, sign plan and erosion control plan.
3. For residential and other uses, include an erosion control plan.
4. Review applicant's statement and sign this form.

Proposed Use: _____

Base Zone: _____ **Overlay District:** _____

Project Location:

T _____ R _____ S _____ TL _____ Acres _____

Applicant Name: _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Phone:** _____

Owner Name: _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Phone:** _____

Other Name: _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Phone:** _____

SIGNATURES:

I have read and understand the statements **ON THE BACK OF THIS FORM** and agree to abide by them:

Applicant: _____ **Date:** _____

Owner: _____ **Date:** _____

Agent/Other: _____ **Date:** _____

Clatsop County Community Development:

Authorization: _____ **Date:** _____

1. Pertaining to the subject property described, I hereby declare that I am the legal owner of record, or an agent having the consent of the legal owner of record, and am authorized to make the application for a Development Permit/Action so as to obtain the necessary building permits, sanitation permits, US Army Corps of Engineers permits, Oregon Division of State Lands permits, Oregon Department of Transportation permits, Oregon Department of Parks and Recreation permits, or Clatsop County road approach permits. I shall obtain any and all necessary permits and complete the conditions of approval as required herein within 180 days of the issuance of this permit before I do any of the proposed uses or activities. The statements within this application are true and correct to the best of my knowledge and belief. I understand that if the permit authorized was based on false statements or misrepresentation or it is determined that I have failed to fully comply with all conditions attached to and made a part of this permit, this permit approval is hereby revoked and null and void.
2. It is expressly made a condition of this permit that I at all times fully abide by all state, Federal and local laws, rules, regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Development Permit/Action the undersigned agrees that he/she will hold Clatsop County harmless from and indemnify the County for any and all liabilities to the undersigned, his/her property, or any other person or property, that might arise from any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever which might result from the signer's failure to build, improve or maintain roads which serve as access to the subject property or from the undersign's failure to fully abide by any of the conditions included in or attached to this permit.
4. **WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD FOR ZONING AUTHORIZATION.** I have been advised that this Land and Water Development permit/Action by the Clatsop County Community Development Director may be appealed within twelve calendar days of the date of permit issuance and authorization (note: if the twelfth day is a Saturday, Sunday or legal holiday, the appeal period lasts until the end of the next day which is not a Saturday, Sunday or legal holiday). I understand that if the approval authorized by the County and referenced above is reversed on appeal, then the authorization granted prior to the end of the appeal period will be null and void. I further understand and consent to the fact that any actions taken by me in reliance upon the authorization granted during the appeal period shall be at my own risk, and that I hereby agree not to attempt to hold Clatsop County responsible for consequences or damages in the event that removal of improvements constructed during the appeal period is ordered because an appeal is sustained.
5. I am aware that failure to abide by applicable Clatsop county Land and Water Development and Use Ordinance 80-14, as amended, and Standards Document regulations may result in revocation of this permit or enforcement action by the County to resolve a violation and that enforcement action may result in levying of a fine.
6. I understand that a change in use, no matter how insignificant, may not be authorized under this permit and may require a new Development Permit/Action. You should check with the Clatsop County Community Development Department.
7. This Development Permit/Action expires 180 days from the date of issuance unless substantial construction or action pursuant to the permit has taken place. Upon expiration, a new development permit must be obtained.



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							



Residential Energy Additional Measure Selection

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

RESIDENTIAL INFORMATION

Date: _____ Building permit number: _____

Owner's name: _____

Job address: _____

City: _____ State: _____ ZIP: _____

INSTRUCTIONS

Please select type of construction below; sign, date, and complete the entire form. Submit this form with your permit application or your project will be placed on hold until the required information is provided.

New construction. All conditioned spaces within residential buildings must comply with Table N1101.1(1) and two additional measures (one numbered and one lettered) from Table N1101.1(2) on Page 2.

Additions. Additions to existing buildings or structures may be made without making the entire building or structure comply if the new additions comply with the requirements of this chapter. (N1101.3)

Large additions. Additions that are equal to or more than 40 percent of the existing building heated floor area or 600 square feet (55 m²) in area, whichever is less, must comply with Table N1101.1(2) on Page 2. (N1101.3.1) *(Note: You must select one numbered **and** one lettered measure.)*

Small additions. Additions that are less than 40 percent of the existing building heated floor area or less than 600 square feet in area, whichever is less, must select one measure from Table N1101.1(2) on Page 2 or comply with Table N1101.3 below. (N1101.3.2)

Exception: Additions that are less than 15 percent of existing building heated floor area or 200 square feet (18.58 m²) in area, whichever is less, are not required to comply with Table N1101.1(2) or Table N1101.3.

Selected item number: _____ **Selected item letter:** _____

Note: Depending on which Additional Measures you have selected, there may be sub-options that you will have to specify. Check the appropriate box if provided.

Applicant's signature: _____ Print name: _____

TABLE N1101.3 – SMALL ADDITION ADDITIONAL MEASURES (SELECT ONE)

<input type="checkbox"/>	1	Increase the ceiling insulation of the existing portion of the home as specified in Table N1101.2.
<input type="checkbox"/>	2	Replace all existing single-pane wood or aluminum windows to be U-value as specified in Table N1101.2.
<input type="checkbox"/>	3	Insulate the floor system as specified in Table N1101.2 and install 50 percent of permanently installed lighting fixtures as CFL or linear fluorescent or min. efficacy of 40 lumens per watt as specified in Section N1107.2.
<input type="checkbox"/>	4	Test the entire dwelling with blower door and exhibit no more than 7.0 air changes per hour @ 50 Pascals.
<input type="checkbox"/>	5	Seal and performance test the duct system.
<input type="checkbox"/>	6	Replace existing 78 percent AFUE or less gas furnace with a 92 percent AFUE or greater system.
<input type="checkbox"/>	7	Replace existing electric radiant space heaters with a ductless mini-split system with a minimum HSPF of 8.5.
<input type="checkbox"/>	8	Replace existing electric forced air furnace with an air source heat pump with a minimum HSPF of 8.5.
<input type="checkbox"/>	9	Replace existing water heater for a natural gas/propane water heater with a minimum EF of 0.67.
<input type="checkbox"/>	10	Install a solar water heating system with a minimum of 40 square feet of gross collector area.

TABLE N1101.1(2) ADDITIONAL MEASURES

<input type="checkbox"/>	1	<p>High-efficiency walls and windows: Exterior walls-U-0.047/R-19+5 (insulation sheathing)/SIPS, and one of the following options: <input type="checkbox"/> Windows – Max 15 percent of conditioned area, or <input type="checkbox"/> Windows – U-0.30</p>
<input type="checkbox"/>	2	<p>High-efficiency envelope: Exterior walls – U-0.058/R-21 Intermediate framing, and Vaulted ceilings – U-0.033/R-30A^{d, e}, and Flat ceilings – U-0.025/R-49, and Framed floors – U-0.025/R-38, and Windows – U-0.30; and <input type="checkbox"/> Doors – All doors U-0.20, or <input type="checkbox"/> Additional 15 percent of permanently installed lighting fixtures as high-efficacy lamps or <input type="checkbox"/> Conservation Measure D and E</p>
<input type="checkbox"/>	3	<p>High-efficiency ceiling, window and duct sealing (Cannot be used with Conservation Measure E) Vaulted ceilings – U-0.033/R-30A^{d, e}, and Flat ceiling – U-0.025/R-49, and Windows – U-0.30, and Performance tested duct systems^b</p>
<input type="checkbox"/>	4	<p>High-efficiency thermal envelope UA: Proposed UA is 15 percent lower than the Code UA when calculated in Table N1104.1(1)</p>
<input type="checkbox"/>	5	<p>Building tightness testing, ventilation and duct sealing: A mechanical exhaust, supply, or combination system providing whole-building ventilation rates specified in Table N1101.1(3), or ASHRAE 62.2, and The dwelling must be tested with a blower door and found to exhibit no more than <input type="checkbox"/> 6.0 air changes per hour^f, and <input type="checkbox"/> Performance tested duct systems^b</p>
<input type="checkbox"/>	6	<p>Ducted HVAC systems within conditioned space: (Cannot be used with Conservation Measure B or C) All ducts and air handler are contained within building envelopeⁱ</p>
<input type="checkbox"/>	A	<p>High-efficiency HVAC system: <input type="checkbox"/> Gas-fired furnace or boiler with minimum AFUE of 90 percent a, or <input type="checkbox"/> Air-source heat pump with minimum HSPF of 8.5 or <input type="checkbox"/> Closed-loop ground source heat pump with minimum COP of 3.0</p>
<input type="checkbox"/>	B	<p>Ducted HVAC systems within conditioned space: All ducts and air handler are contained within building envelope^j</p>
<input type="checkbox"/>	C	<p>Ductless heat pump: Replace electric resistance heating in at least the primary zone of dwelling with at least one ductless mini-split heat pump having a minimum HSPF of 8.5. Unit must not have integrated backup resistance heat, and the unit (or units, if more than one is installed in the dwelling) must be sized to have capacity to meet the entire dwelling design heat loss rate at outdoor design temperature condition. Conventional electric resistance heating may be provided for any secondary zones in the dwelling. A packaged terminal heat pump (PTHP) with comparable efficiency ratings may be used when no supplemental zonal heaters are installed in the building and integrated backup resistance heat is allowed in a PTHP</p>
<input type="checkbox"/>	D	<p>High-efficiency water heating and lighting: Natural gas/propane, on-demand water heating with min EF of 0.80, or heat pump water with min EF of 1.8 (northern climate) and a minimum 75 percent of permanently installed lighting fixtures as CFL or linear fluorescent or a min efficacy of 40 lumens per watt as specified in Section N1107.2^c</p>
<input type="checkbox"/>	E	<p>Energy management device and duct sealing Whole building energy management device that is capable of monitoring or controlling energy consumption, and Performance tested duct systems^b, and A minimum 75 percent of permanently installed fixtures as high efficacy lamps</p>
<input type="checkbox"/>	F	<p>Solar photovoltaic: Minimum 1 watt/sq. ft. conditioned floor space^g</p>
<input type="checkbox"/>	G	<p>Solar water heating: Minimum of 40 ft² of gross collector area^h</p>

For SI: 1 square foot = 0.093 m², 1 watt per square foot = 10.8 W/m².

- a. Furnaces located within the building envelope must have sealed combustion air installed. Combustion air must be ducted directly from the outdoors.
- b. Documentation of Performance Tested Ductwork must be submitted to the building official upon completion of work. This work shall be performed by a technician certified by the Performance Tested Comfort Systems (PTCS) program administered by the Bonneville Power Administration (BPA). Documentation must be provided that work demonstrates conformance to PTCS duct performance standards.
- c. Section N1107.2 requires 50 percent of permanently installed lighting fixtures to contain high efficacy lamps. Each of these additional measures adds an additional percent to the Section N1107.2 requirement.
- d. A = advanced frame construction, which must provide full required ceiling insulation value to the outside of exterior walls.
- e. The maximum vaulted ceiling surface area must not be greater than 50 percent of the total heated space floor area unless vaulted area has a U-factor no greater than U-0.026.
- f. Building tightness test must be conducted with a blower door depressurizing the dwelling 50 Pascal's from ambient conditions. Documentation of blower door test must be submitted to the Building Official upon completion of work.
- g. Solar electric system size must include documentation indicating that Total Solar Resource Fraction is not less than 75 percent.
- h. Solar water heating panels must be Solar Rating and Certification Corporation (SRCC) Standard OG-300 certified and labeled, with documentation indicating that Total Solar Resource Fraction is not less than 75 percent.
- i. A total of 5 percent of an HVAC systems ductwork must be permitted to be located outside of the conditioned space. Ducts located outside the conditioned space must have insulation installed as required in this code.