|  |  |  |
| --- | --- | --- |
|  | **Milwaukie Building**  10501 SE Main St  Milwaukie OR 97222  503.786.7623 | 503.786.7612  building@milwaukieoregon.gov  www.buildingpermits.oregon.gov | **STRUCTURAL PERMIT APPLICATION** |
| ***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.*** | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Category of Construction | | | | | | | | | |
| Single Family | | Commercial | | | | Multi-Family | | | |
| Accessory Bldg | | | Other: | | | | | | |
| type of work | | | | | | | | | |
| New Construction | | | Demolition | | | | | | |
| Addition/Alteration/Replacement | | | | | | | | | |
| Description of work: | | | | | | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | | | | | |
| Job site address: | | | | | | | | | |
| City: | | | | State: | | | | ZIP: | |
| Subdivision: | | | | | Lot no.: | | | | |
| Property owner | | | | | | | | | |
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | | | State: | | | | ZIP: | |
| Phone: | | | | Fax: | | | | | |
| Email: | | | | | | | | | |
| **This installation is being made on residential or farm property owned by a member of my immediate family or myself, and is exempt from licensing requirements under ORS 701.010.** | | | | | | | | | |
| **Homeowner Sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| Contractor | | | | | | | | | |
| Business name: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | | | State: | | | | ZIP: | |
| Phone: | | | | Fax: | | | | | |
| Email: | | | | | | | | | |
| CCB license no.: | | | | | | | | | |
| applicant if different from above | | | | | | | | | |
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | | | State: | | | | ZIP: | |
| Phone: | | | | Fax: | | | | | |
| Email: | | | | | | | | | |
| ReQUIRED aUTHORIZED SIGNATURE | | | | | | | | | |
| Authorized  Signature: |  | | | | | | | | |
| Printed name: | | | | | | | | | |
| Date: | | | | | | | | | |
| Department Use Only | | | | | | | | |
| Permit Number: | | | | | | | | |
| Date: | | | | | | | | |
| Valuation / construction information | | | | | | | | |
| **Required Data 1-2 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 footage: | | | | | | | | |
| Garage / Carport area square footage: | | | | | | | | |
| Covered Porch area square footage: | | | | | | | | |
| Deck area square footage: | | | | | | | | |
| Other structure area square footage: | | | | | | | | |
| **Required Data Commercial** | | | | | | | | |
| Valuation: | | | | | | | | |
| Existing Building area square footage: | | | | | | | | |
| New Building area square footage: | | | | | | | | |
| 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 70 and may be required to be licensed in the jurisdiction in which work is being performed. | | | | | | | | |
| Building Permit and related fees | | | | | | | | |
| Building Permit Fee | | | | | | | $ | |
| Plan Review Fee | | | | | | | $ | |
| Fire & Life Safety Fee | | | | | | | $ | |
| State Surcharge (12% of permit fee) | | | | | | | $ | |
| Technology Fee (5% of permit fee) | | | | | | | $ | |
| **TOTAL FEES** | | | | | | | **$** | |