

MILWAUKIE BUILDING
6101 SE Johnson Creek Blvd
Milwaukie OR 97206
503.786.7623 | 503.786.7612
building@milwaukieoregon.gov
www.buildingpermits.oregon.gov

GRADING 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				
☐ 1 & 2 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	e:	ZIP:	
Subdivision:		Lot no.:		
PROPERTY OWNER				
Name:				
Address:				
City:	State	9:	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				
Sian hara:				
Sign here:	Γ ∩Ρ			
CONTRACT	FOR .			
CONTRACT Business name:	FOR			
Business name: Address:	TOR State) :	ZIP:	
CONTRACT Business name:		2:	ZIP:	
Business name: Address: City: Phone:	State	9:	ZIP:	
Business name: Address: City:	State) ;	ZIP:	
Business name: Address: City: Phone: Email:	State Fax:			
Business name: Address: City: Phone: Email: CCB license no.:	State Fax:			
Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE	State Fax:			
Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name:	State Fax:	OM ABOY		
Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address:	State Fax:	OM ABOY	VE	
Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address: City:	State Fax: State	OM ABOY	VE	
Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address: City: Phone:	State Fax: NT FRC State Fax:	OM ABO	VE ZIP:	
Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address: City: Phone: Email:	State Fax: NT FRC State Fax:	OM ABO	VE ZIP:	
Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address: City: Phone: Email: Address: City: Phone: Email: REQUIRED AUTHORIZ	State Fax: NT FRC State Fax:	OM ABO	VE ZIP:	
Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address: City: Phone: Email: REQUIRED AUTHORIZ	State Fax: NT FRC State Fax:	OM ABO	VE ZIP:	

,	, , , , , , , , , , , , , , , , , , ,		
DEPARTMENT USE ONLY			
Permit Number:			
Date: EXCAVATION			
Total Volume: cubic yards			
Maximum Depth: feet			
Area: square feet FILL			
Total Volume: cubic yards			
Maximum Depth: feet			
Area: square feet			
NOTICE			
All contractors and subcontractors are to be licensed with the Oregon Construction C under ORS 70 and may be required to be I jurisdiction in which work is being performed. exempt from licensing, the following rea	Contractors Board icensed in the lf the applicant is		
BUILDING PERMIT AND RELATED FEES			
Grading Permit Fee	\$		
Plan Review Fee	\$		
Engineering Fee	\$		
Planning Inspection Fee	\$		
Technology Fee (5% of permit fee)	\$		
TOTAL FEES	\$		