

<u>City of West Linn Building Permit Application</u>
22500 Salamo Rd. Box 900; West Linn OR 97068; Phone: 503-656-4211; Fax: 503-656-4106
Inspection Line: 1-888-299-2821 E-mail: bldg@westlinnoregon.gov Forms available at http://westlinnoregon.gov/building



TYPE OF WOI	RK	REQUIRED DATA: ONE & TWO	FAMILY DWELLING
[ ] New Construction [ ]	Demolition	Permit Fees* are based on the	value of the work per
[ ] Addition/Alternation/Replacement [ ]	Other	Indicate the value (rounded to	the
CATEGORY OF CONST	RUCTION	nearest dollar) of all equipmen	it, materials, labor,
[ ] One & Two Family Dwelling [ ]	Commercial/Industrial	overhead, and the profit for the work indicated on	
[ ] Accessory Building [ ]	Multi-Family	this application.	
[ ] Mater Builder [ ]	Other	Valuation	
JOB SITE INFORMATION AND LOCATION		Number of Bedrooms:	
Job Site Street Address:		Number of Bathrooms:	
City/State/Zip:		Total Number of Floors:	
Suite/Bldg/Apt. No.: Project Name:		New Dwelling Area (SQFT):	
Cross Street/Directions to Job Site:		Garage/Carport Area (SQFT):	
		Covered Porch Area (SQFT):	
		Deck Area (SQFT):	
		Other Structure Area (SQFT)	):
Subdivision: Lot	No.:	REQUIRED DATA: COMMERCIA	
Tax Map/Parcel No.:		Permit Fees* are based on the	
DESCRIPTION OF TH	Indicate the value (rounded to the		
DESCRIPTION OF THE	nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on		
		this application.	c work indicated on
	[ ] =======	Valuation:	-1
[ ] PROPERTY OWNER	[ ] TENANT	Existing Building Area (SQFT	<u>):</u>
Name:		New Building Area (SQFT):	
Address:		Number of Stories:	
City/State/Zip:		Type of Construction:	
Phone: ( ) Fax:	,	Occupancy Groups:	
[ ] APPLICANT	[ ] CONTACT PERSON	Existing:	
Business Name:		New:	
Contact Name:		NOTICE	
Address:		All contractors and subcontract	
City/State/Zip:		be licensed with the Oregon Construction Contractors Board under ORS 701 and may be	
Phone: ( ) Fax: ( )			
E-Mail:		required to be licensed in jurise	
CONTRACTOR		work is being performed. If the application is exempt from licensing, the following reasons	
Business Name:			
Address:		apply:	
City/State/Zip:			
Phone: ( ) Fax:	( )		
CCB Lic #: West Linn Lic #:	Metro Lic #:		
		BUILDING PERMIT F	EES*
		Please Refer to Fee Schedule	
		Feeds Due Upon Application:	\$
		Amount Received:	\$
		Date Received:	_1 '
Authorized Signature			
		This Permit application expires if a	permit is not obtained w
		days after it has been accepted as	•
Printed Name:	Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r
rinted Name:	Date:	*fee methodology set by Tri-County Bui	ilding Industry Service
		Board (Updated 4/12) 440-4613T (10/0	