

## City of West Linn Building Permit Application

22500 Salamo Rd. Box 900; West Linn OR 97068; Phone: 503-656-4211; Fax: 503-656-4106

Inspection Line: 503-722-5509(Call by 7AM); E-mail: bldg@westlinnoregon.gov

Forms available at <http://westlinnoregon.gov>



| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New construction                | <input type="checkbox"/> Demolition            |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:                |
| CATEGORY OF CONSTRUCTION                                 |  |
| <input type="checkbox"/> 1- and 2-family dwelling        | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building              | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                  | <input type="checkbox"/> Other:                |
| JOB SITE INFORMATION AND LOCATION                        |  |
| Job site address:  |  |
| City/State/ZIP:  |  |
| Suite/bldg./apt. no.:                                    | Project name:                                  |
| Cross street/directions to job site:                     |  |
|  |  |
|  |  |
|  |  |
| Subdivision:   | Lot no.:                                       |
| Tax map/parcel no.:                                      |  |
| DESCRIPTION OF WORK                                      |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| <input type="checkbox"/> PROPERTY OWNER                  | <input type="checkbox"/> TENANT                |
| Name:  |  |
| Address:   |  |
| City/State/ZIP:  |  |
| Phone: (   )   | Fax: (   )                                     |
| <input type="checkbox"/> APPLICANT                       | <input type="checkbox"/> CONTACT PERSON        |
| Business name:   |  |
| Contact name:  |  |
| Address:   |  |
| City/State/ZIP:  |  |
| Phone: (   )   | Fax: : (   )                                   |
| E-mail:  |  |
| CONTRACTOR   |  |
| Business name:   |  |
| Address:   |  |
| City/State/ZIP:  |  |
| Phone: (   )   | Fax: (   )                                     |
| CCB lic.: _____  | West Linn Lic # : _____ or Metro Lic # : _____ |

Authorized signature: \_\_\_\_\_

|             |       |
|-------------|-------|
| Print name: | Date: |
|-------------|-------|

### REQUIRED DATA: 1- AND 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 feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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:

### BUILDING PERMIT FEES\*

*Please refer to fee schedule*

|   |  |
|---|--|
| Fees due upon application (Plan Review) |  |
| Amount received                         |  |
| Date received:                          |  |

**This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete**

\* Fee methodology set by Tri-County Building Industry Service Board (updated 4/12) 440-4613T (10/02/COM/WEB)