

## **<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



	Т	YPE OF	WOR	(			
[ ] New Construction			[ ] Demolition				
[ ] Addition/Alternation/Replacement			[] Other				
·	CATEGO	RY OF C	ONSTR	<b>SUC</b>	TION		
[ ] One & Two Family D						cial/Industrial	
[ ] Accessory Building			[ ] Multi-Family				
[ ] Mater Builder			[] Other				
	JOB SITE INFO	ORMATI	ON AN	ID L	OCA	TION	
Job Site Street Address:							
City/State/Zip:							
Suite/Bldg/Apt. No.:		Proje	ct Nam	ie:			
Cross Street/Directions to	o Job Site:						
Subdivision:			Lot N	o.:			
Tax Map/Parcel No.:							
	DESCRI	PTION (	OF THE	W	ORK		
[ ] PRO	PERTY OWNER					[ ] TENANT	
Name:							
Address:							
City/State/Zip:							
Phone: ( )			Fax: (		)		
[]	APPLICANT				[	CONTACT PERSON	
Business Name:							
Contact Name:							
Address:							
City/State/Zip:							
Phone: ( )			Fax: (		)		
E-Mail:							
	(	CONTR/	ACTOR				
Business Name:							
Address:							
City/State/Zip:							
Phone: ( )	1		Fax: (		)		
CCB Lic #:	West Linn Lic	<b>#</b> :			Met	ro Lic #:	
	۸+ا	horized	Signat	uro			
	Aut		JIGIIdl	are			
Printed Name:							
Printe	ed Name:					Date:	

DEQUIDED DATA: ONE & TAK						
REQUIRED DATA: ONE & TWO						
Permit Fees* are based on the value of the work per						
Indicate the value (rounded to the						
nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on						
this application.	le work indicated on					
Valuation						
Number of Bedrooms:						
Number of Bathrooms:						
Total Number of Floors:						
New Dwelling Area (SQFT):						
Garage/Carport Area (SQFT):						
Covered Porch Area (SQFT):						
Deck Area (SQFT):						
Other Structure Area (SQFT	•					
<b>REQUIRED DATA: COMMERCI</b>						
Permit Fees* are based on the						
Indicate the value (rounded to the						
nearest dollar) of all equipment, materials, labor,						
overhead, and the profit for the	he work indicated on					
this application.						
Valuation:						
Existing Building Area (SQFT):						
New Building Area (SQFT):						
Number of Stories:						
Type of Construction:						
Occupancy Groups:						
Existing:						
New:						
All contractors and subcontract	tors are required to					
All contractors and subcontrac	•					
be licensed with the Oregon Construction Contractors Board under ORS 701 and may be						
required to be licensed in juris	,					
work is being performed. If th						
exempt from licensing, the fol						
apply:	iowing reasons					
BUILDING PERMIT F	EES*					
Please Refer to Fee S	Schedule					
Feeds Due Upon Application:	\$					
Amount Received:	\$					
Date Received:						
This Permit application expires if a	•					
days after it has been accepted as	complete.					
*fee methodology set by Tri-County Bu						
Board (Updated 4/12) 440-4613T (10/0	JZ/CUIVI/WEB)					