## City of West Linn Building Permit Application



Authorized signature:

Print name:

Contractors: Please go to https://aca.oregon.accela.com/oregon to complete permit application

22500 Salamo Rd. Box 900; West Linn OR 97068; Phone: 503-742-6055 Inspection Line: 1-888-299-2821 Forms available at http://westlinnoregon.gov



| BUILDING DIVISION                          | Toring available at heeps, wes | animor egonigo (   |  |
|--|--------------------------------|--|--|
| TYF  | PE OF WORK                     | REQUIRED DATA: 1- AND 2-FAMILY DWELLING  |  |
| ☐ New construction                         | ☐ Demolition                   | Permit fees* are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all  |  |
| Addition/alteration/replacement            | Other:                         |  |  |
| CATEGORY                                   | OF CONSTRUCTION                | equipment, materials, labor, overhead, and the profit for the work indicated on this application.                      |  |
| 1- and 2-family dwelling                   | ☐ Commercial/industrial        | Valuation  |  |
| ☐ Accessory building                       | ☐ Multi-family                 | Number. of bedrooms:   |  |
| ☐ Master builder                           | Other:                         | Number of bathrooms:   |  |
| JOB SITE INFORMATION AND LOCATION          |                                | Total number of floors:  |  |
| Job site address:                          |                                | New dwelling area: square feet   |  |
| City/State/ZIP:                            |                                | Garage/carport area: square feet   |  |
| Suite/bldg./apt. no.:                      | Project name:                  | Covered porch area: square feet  |  |
| Cross street/directions to job site:       |                                | 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.   |  |
| Subdivision:                               | Lot no.:                       | Indicate the value (rounded to the nearest dollar) of all  |  |
| Tax map/parcel no.:                        | 250 1160                       | equipment, materials, labor, overhead, and the profit for the work indicated on this application.                      |  |
| DESCRIPTION OF WORK                        |                                | Valuation  |  |
|  |                                | Existing building area: square feet  |  |
|  |                                | New building area: square feet   |  |
|  |                                | Number of stories:   |  |
|  |                                | Type of construction:  |  |
| ☐ PROPERTY OWNER                           | ☐ TENANT                       | Occupancy groups:  |  |
| Name:                                      |                                | Existing:  |  |
| Address:                                   |                                | New:   |  |
| City/State/ZIP:                            |                                | NOTICE   |  |
| Phone: ( )                                 | Cell: ( )                      | All contractors and subcontractors are required to be  |  |
| ☐ APPLICANT ☐ CONTACT PERSON               |                                | licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the        |  |
| Business name:                             |                                | jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: |  |
| Contact name:                              |                                |  |  |
| Address:                                   |                                | арру.  |  |
| City/State/ZIP:                            |                                |  |  |
| Phone: ( )                                 | Cell::( )                      | BUILDING PERMIT FEES*  |  |
| E-mail:                                    |                                | Please refer to fee schedule   |  |
| COI  | NTRACTOR                       | Fees due upon application (Plan Review)  |  |
| Business name:                             |                                | Amount received  |  |
| Address:                                   |                                | Date received:   |  |
| City/State/ZIP:                            |                                |  |  |
| Phone: ( )                                 | Cell: ( )                      | This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete     |  |
| CCB lic.: West Linn Lic #: or Metro Lic #: |                                | * Fee methodology set by Tri-County Building Industry Service Board  |  |
|  |                                |  |  |

Date: