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## Commercial Building Permit Application

**City of Warrenton Planning and Building Department** 225 S Main Ave • P.O. Box 250 • Warrenton, OR 97146 Ph (503) 861-0920 • Fax (503) 861-2351 Email: buildingclerk@ci.warrenton.or.us

## **NOTICE:** Submission of this application begins the **Development Clearance Review process** (*when applicable*).

Applicant shall receive development clearance review approval from City of Warrenton Public Works, Planning, and Fire Departments prior to the initiation of Building Department construction plan review procedures. <u>Any and all conditions of</u> <u>approval shall be noted on construction documents.</u>

## DEPARTMENT USE ONLY

Permit no.:

Submittal Date:

Permit Issue Date:

Map/Taxlot Number:				
DEVELOPMENT CLEARANCE				
	Public Works Approved	Date:		
	Planning Approved	Date:		
	Fire Department Approved	Date:		
	Conditions of approval have been provided to applicant.			
	Development clearance not applicable for this permit.			

This permit is issued under OARs 918-460-0050 and 918-050-0110. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

## REQUIRED: Please review 'Commercial Plan Review Submittal Checklist' and provide plans and documents required for review.

APPLICANT INFORMATION		TYPE	TYPE OF CONSTRUCTION		
Name:		□ New	Tenant Improvement (Addition, Alteration)		
Mailing address:		Repair, Replacement	Other (specify)		
City/state/ZIP:			•		
Phone: Mobile phone:		VALU	VALUATION INFORMATION		
Email:			otage is not used to dertermine permit fees, fees are rk performed. Please indicate the value (rounded to		
PROPERTY OWNER INFORMATION			ipment, materials, labor, overhead, and profit for the		
Same as Applicant Information		Project Valuation:			
Name:			Square Footage (new building, remodels, or additions):		
Mailing address:		Description of Work:			
City/state/ZIP:					
Phone:	Mobile phone:				
	TION AND LOCATION				
Job site address:		Existing building square f	Existing building square footage:		
City: State/ZIP:		Construction Type:			
Zoning:		Occupancy Type (Existing			
		Number of Buildings:			
Floodplain: Yes No INSTALLATION INFORMATION		Number of Housing Units			
I am licensed with Building (		Number of Stories:			
		Building height:	feet inches		
License no.: Expires:					
I am registered with the Construction Contractors Board. CCB license no.: Expires:			Publicly owned: Yes No		
	Expires:		Existing fire sprinklers: Yes No		
I am the property owner hirin License no.:		î	Fire sprinklers included in project: Yes No		
1			Existing fire alarm system: Yes No		
I am a property owner doing my own work. CONTRACTOR INFORMATION		Fire alarms included in pr	Fire alarms included in project: Yes No		
	INFORMATION		SIGNATURE		
Business name:		I hereby certify that, to my know	I hereby certify that, to my knowledge, the above information is true and correct. All work to		
Address: City/state/ZIP:			be preformed shall be done in accordance with all governing laws and rules, and shall comply with applicable building code and all required conditions of approvals:		
Phone:	Fax:				
Email:	1	Applicant's Signature:			
City of Warrenton Business Lic. No	).:	Applicant's Name (Print)	: Date:		
Contact Name:					
Contact Phone:		-1			
		]			

DEPARTMENT USE ONLY	
1 - Building Permit Fees	-
1a - Permit Fees:	
1b - State Surcharge 12% (Line 1a X 0.12):	
2 - Plan Review Fees	
2a - Plan Review Permit Fee (Permit Fee x 0.65):	
2b - Fire & Life Safety (Permit Fee x 0.40):	
<b>3- TOTAL PERMIT FEES</b> (Sum of 1a+1b+2a+2b):	
3a - Amount Paid on Building Permit Fees	
Check No.: Receipt No.: Date:	
4 - Miscellaneous Fees	
4a - Additional plan reviews or inspections for which no fee is specified (\$106.00 per Hour) :	
4b - Re-Inspection Fee (\$125 per inspection):	
4c - Research Fees (\$53.00 per Half-Hour; min. charge \$53.00):	
<b>5-TOTAL MISCELLANEOUS FEES</b> (Sum of 4a+4b+4c):	
5a - Amount Paid on Remainder of Fees	
Check No.: Receipt No.: Date:	
6-BALANCE DUE ON BULDING PERMIT FEES (Sum of 3-3a+5-5a) :	