Residential 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:

Man/Taxlot Number:

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

This permit is issued under OARs 918-050-0110 and 918-480-0020. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

REQUIRED: Please provide a minimum two sets of Site Plan, Plot Map, and Utility Plan for development clearance review.

REQUIRED: Please provide a minimum two sets of Construction Documents for Building Department review.

APPLICANT	INFORMATION	STRUCTURAL PERMIT FEES							
Name:		1a-Square Feet:	Bldg. Area	Garage	Porch	Deck			
Mailing address:		ra-square reet.							
City/state/ZIP:		1b-Cost per S.F.:	\$116.15	\$45.92	\$22.97	\$22.97			
Phone: Mobile phone:		1c-Job Value Based on Square Footage (1a x 1b):							
Email:	1d-Declared Construction Bid Value:								
PROPERTY OW	Total Valuation (enter the Greater of 1c or 1d):								
Same as Applicant Information	SIGNATURE								
Name:	I hereby certify that, to my knowledge, the above information is true and correct. All work to be preformed shall be done in accordance with all governing laws and rules, and shall comply								
Mailing address:	with applicable building code and all required conditions of approvals:								
City/state/ZIP:									
Phone:	Mobile phone:	Applicant's Signature:							
JOB SITE INFORMATION AND LOCATION									
Job site address:	DEPARTMENT USE ONLY								
City:		1 - Building Peri							
State/ZIP:	-	1a - Permit Fees:							
Occupancy Type: Single-Fami	1b - State Surcharge 12% (Line 1a X 0.12):								
	2 - Plan Review Fees								
INSTALLATIO	2a - Plan Review Permit Fee (Permit Fee x 0.65):								
I am licensed with Building	2b - Fire & Li	2b - Fire & Life Safety (Permit Fee x 0.40):							
I am registered with the Cor	3- TOTAL PERMIT FEES (Sum of 1a+1b+2a+2b):								
CCB license no.:	3a - Amount Paid on Building Permit Fees:								
I am the property owner hiri	Check No.:	Receipt No	.:	Date:					
License no.:	Expires:		-						
I am a property owner doing	4 - Miscellaneous Fees								
CONTRACTO		4a - Additional plan reviews or inspections for which no fee is specified (\$106.00 per Hour) :							
Business name:	4b - Re-Inspection Fee (\$125 per inspection):								
Address: City/state/ZIP:	4c - Research Fees (\$53.00 per Hour; min. charge \$26.50):								
Phone: Fax:		5-TOTAL MISCELLANEOUS FEES (Sum of 4a+4b+4c):							
Email:	5a - Amount Paid on Remainder of Fees:								
City of Warrenton Business Lic. N	Chaole Meri	DessintN		Data					
Contact Name:	Check No.:	Receipt No		Date:					
Contact Phone:	6-BALANCE I	DUE ON BUL		AIT FEES 3-3a+5-5a) :					