



# 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. Any and all conditions of approval shall be noted on construction documents.*

## 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

Name:

Mailing address:

City/state/ZIP:

Phone:

Mobile phone:

Email:

## PROPERTY OWNER INFORMATION

☐ Same as Applicant Information

Name:

Mailing address:

City/state/ZIP:

Phone:

Mobile phone:

## JOB SITE INFORMATION AND LOCATION

Job site address:

City:

State/ZIP:

Zoning:

Floodplain: ☐ Yes ☐ No

## INSTALLATION INFORMATION

☐ I am licensed with Building Code Division.

License no.:

Expires:

☐ I am registered with the Construction Contractors Board.

CCB license no.:

Expires:

☐ I am the property owner hiring a construction contractor.

License no.:

Expires:

☐ I am a property owner doing my own work.

## CONTRACTOR INFORMATION

Business name:

Address:

City/state/ZIP:

Phone:

Fax:

Email:

City of Warrenton Business Lic. No.:

Contact Name:

Contact Phone:

## TYPE OF CONSTRUCTION

☐ New

☐ Tenant Improvement (*Addition, Alteration*)

☐ Repair, Replacement

☐ Other (*specify*)

☐ Change of Use or Occupancy (*without structural alteration or increase in existing hazard, life and fire risk.*)

## VALUATION INFORMATION

*Projects for which square footage is not used to determine permit fees, fees are based on the value of the work performed. Please indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and profit for the work indicated on this application.*

### Project Valuation:

**Square Footage** (*new building, remodels, or additions*):

### Description of Work:

Existing building square footage:

Construction Type:

Occupancy Type (*Existing*):

Occupancy Type (*New*):

Number of Buildings:

Number of Housing Units:

Number of Stories:

Building height:                      feet                      inches

Publicly owned: ☐ Yes ☐ No

Existing fire sprinklers: ☐ Yes ☐ No

Fire sprinklers included in project: ☐ Yes ☐ No

Existing fire alarm system: ☐ Yes ☐ No

Fire alarms included in project: ☐ Yes ☐ No

## SIGNATURE

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be done in accordance with all governing laws and rules, and shall comply with applicable building code and all required conditions of approvals:

Applicant's Signature:

Applicant's Name (*Print*):

Date:

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