

BUILDING PERMIT APPLICATION

CITY OF SCAPPOOSE 503.543.7184
 PHYSICAL ADDRESS: 52610 NE 1ST #120
 MAILING ADDRESS: 33568 E. COLUMBIA AVE.
 SCAPPOOSE, OR 97056

APPLICATION DATE

ATTACH DETAILED PLOT PLAN

INSPECTION REQUEST LINE ~~503-543-7185~~
 IVR Inspection #: 1-888-299-2821

ADDRESS OF STRUCTURE		MAP TAX LOT NUMBER (required-contact Columbia County Assessor)		PERMIT NUMBER	
PROPERTY OWNER		MAIL ADDRESS		CITY - STATE - ZIP	
CONTRACTOR (contractors to apply via Oregon e-permit) MAIL ADDRESS		CITY - STATE - ZIP		LIC. NO. (CCB/LCB) PHONE	
self					
TYPE OF CONST.	SIZE OF BLDG.	TOTAL SQ. FT.	1 ST	VALUATION OF WORK	OCCUPANCY
<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	_____ X _____		2 ND		GROUP
			BASEMENT		REQUIRED SETBACKS
			GARAGE		FRONT _____ SIDE _____
TYPE OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ADDITION <input type="checkbox"/> PLUMBING <input type="checkbox"/> REPAIR				LOT SIZE	ZONING

JOB DESCRIPTION: _____

CITY BUSINESS LICENSE NO.

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

This permit is granted on the express condition that the said construction will, in all respects, conform to the Ordinances of this jurisdiction, including the Zoning Ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provision of said Ordinances.

I further certify that, pursuant to ORS 701.055(8) I will present to the City at the time of application for building permit or plumbing permit a full and complete list of names and registration numbers of all subcontractors and suppliers covered under chapter 701 of the Oregon Revised Statutes.

Failure to submit the list of subcontractors and suppliers will result in the withholding of the permit.

Failure to immediately notify the City of any changes of subcontractors and /or suppliers will result in the withholding of the occupancy permit and penalties under state and local statutes.

ALL SUBCONTRACTORS AND SUPPLIERS MUST BE LICENSED WITH THE CITY OF SCAPPOOSE PRIOR TO THE COMMENCEMENT OF THE JOB.

The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this work will be complied with whether specified herein or not. By signing this I agree to expressly and unequivocally call for and consent to any and all inspections deemed necessary by the building officials.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____

SIGNATURE OF PROPERTY OWNER _____ DATE _____

STAFF USE ONLY: (SPECIAL CONDITIONS AND REMARKS):

PERMIT FEES		
	RECEIPT NO.	FEE
PLAN CHECKING		.
FIRE / LIFE / SAFETY		.
CONSTRUCTION		.
STATE BUILDING FEE		.
PLUMBING		.
STATE PLUMBING		.
MECHANICAL		.
STATE MECHANICAL		.
SDC WATER		.
SDC SEWER		.
SDC STREETS		.
SDC PARKS		.
SDC STORM		.
CET SCHOOL		.
CET ADMIN.		.
WATER / SEWER		.
CONSTRUCTION WATER		.
INVESTIGATION FEE		.
ENGINEER REVIEW		.
PLANNING DEPT. REVIEW		.
		.
ISSUE DATE: _____	TOTAL	

MUST BE APPROVED BY ALL THOSE INDICATED BELOW

BUILDING INSPECTOR: _____ DATE: _____ CITY ENGINEER: _____ DATE: _____

PLANNER: _____ DATE: _____ OFFICE ADMINISTRATOR: _____ DATE: _____