

APPLICATION FOR STRUCTURAL PERMIT

Mid-Columbia Building Codes Services

DEPARTMENT USE ONLY

Permit #:

Office:

By:

Issue Date:

The Dalles, OR 97058

312 Court St; Suite 415

p: (541) 298-4461 f: (541) 298-2667

Applicant must hold an Oregon registration to conduct a construction business or must be the property owner. Permits expire if: a) work is not started within 365 days of issuance; or b) suspended for 365 days; or c) the work exceeds three years from permit issuance.

Addesses	JOB SITE INFORMATION		OWNER INFORMATION		
Address:		I am the property owner doing my own work (INIT)			
City: County:		Name:			
Directions to inspection site:		Mailing Address:			
		City:	State: Zip:		
		Phone:	Cell:		
Is property inside city limits: Y	N	Email:	Och.		
	LOCAL GOVER	NMENT APPR	POVALS		
Zoning		lood Plain	Sanitation		
Information verified and approved? Y N		Y N	ľ	2.	
Signature:	Signature:	. 14	Information verified and approved? Y N	1	
Jurisdiction:	Jurisdiction:		Signature:		
Date: Tax Lot#:	ourisdiction.		Jurisdiction:		
	STRUCTURA	L PERMIT F	Date:		
(1) Valuation Information		LD I DICHILI F.	oes -		
(a) Job Description					
(b) Occupancy					
(c) Construction Type					
(d) Square Feet					
(e) Cost/Sq ft					
(f) New/Alteration/Addition New					
(g) Is this a foundation ONLY permit?		☐ Addition			
(h) Is this a plan review ONLY?	Y N				
(1) to that a plan review ONLY?	Y N				
(i) Total valuation	Y N				
(i) Total valuation	- N				
2) Building Fees	1 N	Contracto	:		
2) Building Fees (a) Permit Fee		Contracto	r:		
2) Building Fees					
(a) Permit Fee (b) 12% state surcharge		Address:			
(a) Permit Fee (b) 12% state surcharge		Address: City: Phone:			
2) Building Fees (a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees		Address: City: Phone:	State: Zip:		
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65)		Address: City: Phone: Email: BCD Licen	State: Zip:		
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all		Address: City: Phone: Email: BCD Licen CCB Licen	State: Zip:		
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all 4) Miscellaneous Fees		Address: City: Phone: Email: BCD Licen CCB Licen	State: Zip: se: se: Mastecard Phone:		
(a) Permit Fee (b) 12% state surcharge (a) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all (b) Miscellaneous Fees (a) Seismic Fee (permit fee X 0.01)		Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care	State: Zip: se: se: Mastecard Phone:		
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all 4) Miscellaneous Fees (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr)		Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount:	State: Zip: se: se: Mastecard Phone: 1 # : Expiration:		
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all 4) Miscellaneous Fees (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr) (b) Investigation Fee (equal to permit fee)	oove	Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount: Name show	State: Zip: se: se: Mastecard Phone: 1 # : Expiration:		
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all 4) Miscellaneous Fees (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr)	oove	Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount:	State: Zip: se: se: Mastecard Phone: 1 # : Expiration:		
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all 4) Miscellaneous Fees (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr) (b) Investigation Fee (equal to permit fee)	oove	Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount: Name show	State: Zip: se: se: Mastecard Phone: 1 # : Expiration:		
(a) Permit Fee (b) 12% state surcharge (3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr) (b) Investigation Fee (equal to permit fee) Total A	Due	Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount: Name show Signature:	State: Zip: se: se: Mastecard Phone: i #: Expiration:		
(a) Permit Fee (b) 12% state surcharge (3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr) (b) Investigation Fee (equal to permit fee) Total intereby certify that, to my knowledge, the above in	Due	Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount: Name show Signature:	State: Zip: se: se: Mastecard Phone: i #: Expiration:	governing	
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all 4) Miscellaneous Fees (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr) (b) Investigation Fee (equal to permit fee) Total And thereby certify that, to my knowledge, the above in the way and rules. I have read and do understand the second content of the second c	Due	Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount: Name show Signature:	State: Zip: se: se: Mastecard Phone: i #: Expiration:	governing	
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all 4) Miscellaneous Fees (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr) (b) Investigation Fee (equal to permit fee)	Due	Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount: Name show Signature: correct. All work to	State: Zip: Se: Se: Mastecard Phone: I #: Expiration: on on card: be performed shall be in accordance with all ty Owners About Construction Responsibility	governing	
(a) Permit Fee (b) 12% state surcharge 3) Plan Review Fees (a) Plan Review (permit fee X 0.65) (b) Fire & Life Safety (permit fee X 0.40) Subtotal of fees all 4) Miscellaneous Fees (a) Seismic Fee (permit fee X 0.01) (b) Re-inspection (\$65.00/hr) (b) Investigation Fee (equal to permit fee) Total And thereby certify that, to my knowledge, the above in the way and rules. I have read and do understand the applicant Name:	Dueformation is true and attached "Information	Address: City: Phone: Email: BCD Licen CCB Licen VISA Credit Care Amount: Name show Signature:	State: Zip: se: se: Mastecard Phone: i #: Expiration:	governing litles"	