

Building Permit Application

City of Durham

17160 SW Upper Boones Ferry Road, Durham, OR 97224

Phone 503-639-6851 Fax 503-598-8595

Assistant.cityofdurham@comcast.net www.durham-oregon.us

Call for Inspections 503-691-3040



OFFICE USE ONLY

Date received: _____ Permit # _____

Date Issued: _____ By: _____ Receipt: _____

TYPE OF WORK

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address:

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

PROPERTY OWNER

TENANT

Name:

Address:

City/State/ZIP:

Phone: ()

Fax: ()

APPLICANT

CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone: ()

Fax: : ()

E-mail:

CONTRACTOR

Business name:

Address:

City/State/ZIP:

Phone: ()

Fax: ()

CCB lic.:

METRO lic.:

City Bus. lic.:

E-mail:

Authorized signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

BUILDING PERMIT FEES*

Please refer to fee schedule

FEE TYPE	AMOUNT	DATE PAID
PERMIT FEE		
PLAN CHECK FEE (Due upon application)		
FIRE LIFE SAFETY FEE (Due upon application)		
STATE SURCHARGE (12% of permit fee)		
OTHER		
TOTAL FEES		

NOTES:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

* Fee methodology set by Tri-County Building Industry Service Board

FOR OFFICE USE ONLY

Back Page Information
For All
Permit Applications

Permit Number: _____
Receipt Number: _____
Date Issued: _____

Permit Fee Type	Fee Amount	Date Paid
Building Permit		
Plan Review (65%)		
Fire, Life, Safety (45%)		
State Surcharge (12%)		
Plumbing Permit		
Plumbing Plan Review (25%)		
State Surcharge (12%)		
Mechanical Permit		
Mechanical Plan Review (65%)		
State Surcharge (12%)		
Erosion Control		
Eros. Cont. Plan Review (65%)		
Metro CET (.0012 or .12%)		
School CET		
TOTAL AMOUNT DUE		
System Development Fees	Fee Amount	Date Paid
Sewer Connection		
Sewer Inspection		
Water Connection		
Water Installation		
Storm Water Quality		
Storm Water Quantity		
Traffic Impact Fee		
Park Fee		
Other:		
TOTAL AMOUNT DUE		

Special Information and Conditions