



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.