



# 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 (minimum \$110)		
PLAN CHECK FEE (70% of permit fee)		
FIRE LIFE SAFETY FEE (45% of permit fee – MF/C/I)		
STATE SURCHARGE (12% of permit fee)		
TECHNOLOGY FEE (3% of permit fee)		
OTHER (Metro CET, Deferred Submittals, SDCs)		
Pre-Submittal Fee (\$100)		
<b>TOTAL FEES</b>		

NOTES: \_\_\_\_\_

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