



**Building Permit Application**  
**City of Durham**  
 17160 SW Upper Boones Ferry Road, Durham, OR 97224  
 Phone: 503-639-6851 Email: assistant.cityofdurham@comcast.net  
 durham-oregon.us  
**Call for Inspections: 503-691-3040**

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_  
**Date Issued:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**TYPE OF WORK**

New Construction       Demolition  
 Addition/Alteration/Replacement       Other:

**CATEGORY OF CONSTRUCTION**

1- and 2-Family Dwelling       Commercial/Industrial  
 Accessory Building       Multi-Family  
 Master Builder       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**

Name:  
 Address:  
 City/State/ZIP:  
 Email:      Phone:

**APPLICANT**

Business Name:  
 Contact Name:  
 Address:  
 City/State/ZIP:  
 Email:      Phone:

**CONTRACTOR**

Business Name:  
 Address:  
 City/State/ZIP:  
 Email:      Phone:  
 CCB Lic.:      City or Metro Lic.:

**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
<b>Permit Fee</b> (minimum \$115.50)		
Plan Review (70% of permit fee)		
Fire & Life Safety Review (45% of permit fee)		
State Surcharge (12% of permit fee)		
Technology Fee (3% of permit fee)		
Other (Metro CET, Deferred Submittals, SDCs)		
Pre-Submittal Fee (\$100.00)		
<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.**