Building Permit Application			OFFICE USE ONLY			
City of Durham 17160 SW Upper Boones Ferry Road, Durham, OR 97224 Phone: 503-639-6851 Email: assistant.cityofdurham@comcas			Date Received:	Permit	#:	
		cityofdurham@comcast.net				
durham-oregon.us Call for Inspections: 503-691-3040		Date Issued:	By: Rec	eipt #:		
TYPE OF WORK			REQUIRED DATA: 1- AND 2-FAMILY DWELLING			
New Construction Demolition		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.				
Addition/Alteration/Replacement Other:						
CATEGORY OF CONSTRUCTION			Valuation \$			
1- and 2-Family Dwelling Comme		cial/Industrial				
Accessory Building	🗌 Multi-Fa	mily	Number. of bedrooms	:		
Master Builder Other:			Number of bathrooms:			
JOB SITE INFORMATION AND LOCATION			Total number of floors:			
Job Site Address:			New dwelling area: square feet			
City/State/ZIP:			Garage/carport area:	Garage/carport area: square feet		
Suite/bldg./apt. no.: Project Name: Cross street/directions to job site:		le:	Covered porch area:	square feet		
			Deck area:	square feet		
	I		Other structure area:	square fe	eet	
Subdivision:	Lot no.:		REQUIRED DA	ATA: COMMERCIAL-L	JSE CHECKLI	ST
Tax map/parcel no.:			Permit fees* are based on the value of the work performed. Indicate the			
DESCRIPTION OF WORK			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			
PROPERTY OWNER			Number of stories:			
Name: Address:			Type of construction:			
City/State/ZIP:			Occupancy groups:			
Email: Phone:		Existing:				
APPLICANT						
Business Name:			New:			
Contact Name:						
Address:			BUILDING PERMIT FEES* Please refer to fee schedule			
City/State/ZIP:			Fee Ty		Amount	Date Paid
Email:	Phone:		Permit Fee	(minimum \$121.30)	. inount	
CONTRACTOR			Plan Review	(70% of permit fee)		1
Business Name:			Fire & Life Safety Review			†
Address:						
City/State/ZIP:			State Surcharge	(12% of permit fee)		<u> </u>
Email: Phone: CCB Lie : City or Metro Lie :		Technology Fee	(3% of permit fee)		<u> </u>	
CCB Lic.: City or Metro Lic.: Authorized			Other (Metro CET, Deferre	ed Submittals, SDCs)		
			Pre-Submittal Fee (\$100.0	0)		
Signature:			TOTAL FEES			
Print Name:			Notes:			<u> </u>
		Date:				