# Structural Permit Application

Department of Consumer and Business Services
Building Codes Division

**Department of Consumer and Business Services**
**Building Codes Division • Pendleton Field Office**
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| DEPARTMENT USE ONLY | |
|---|---|
| Permit no.: | |
| This project has final land-use approval:<br>Signature: | DEQ approved:<br>Signature: |

**This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

Flood plain? ☐ Yes ☐ No

## CATEGORY OF CONSTRUCTION

| | |
|---|---|
| ☐ **Residential** | ☐ **Commercial** |
| ☐ Detached accessory structure building | ☐ Accessory |
| ☐ Manufactured dwelling | ☐ Industrial |
| ☐ Single-family dwelling | ☐ Mixed use |
| ☐ Two-family dwelling | ☐ Multifamily |
| ☐ Townhouses | ☐ Other |
| ☐ Other | |

## TYPE OF CONSTRUCTION

| | | |
|---|---|---|
| ☐ Addition | ☐ Alteration | ☐ Other |
| ☐ Move | ☐ New | ☐ Tenant improvement |
| ☐ Repair | ☐ Replacement | |

## APPLICANT INFORMATION

| | |
|---|---|
| Name: | |
| Mailing address: | |
| City/state/ZIP: | |
| Phone: | Mobile phone: |
| Email: | |

## JOBSITE INFORMATION AND LOCATION

| |
|---|
| Jobsite address: |
| City/state/ZIP: |
| Project name: |
| Directions to jobsite: |
| |
| Parcel no.: |

## PROPERTY OWNER INSTALLATION

| | |
|---|---|
| Name: | |
| Mailing address: | |
| City/state/ZIP: | |
| Phone: | Mobile phone: |
| Email: | |

This installation is being made on residential or farm property owned by me or a member of my immediate family.

**Sign here:** _____

## CONTRACTOR INSTALLATION

| | |
|---|---|
| Business name: | |
| Address: | |
| City/state/ZIP: | |
| Phone: | Mobile phone: |
| Fax: | Email: |
| CCB license no.: | |
| Signature: _____ | |

## LOCAL GOVERNMENT APPROVAL

Zoning approval verified? ☐ Yes ☐ No

## VALUATION INFORMATION

| |
|---|
| Job description: |
| Declared job value: $ _____ |
| Occupancy type: |
| Occupancy load: |
| Number of housing units: |
| Number of buildings: |
| Publicly owned: ☐ Yes ☐ No |
| New building square footage: |
| Existing building square footage: |
| Number of stories: |
| Building height: _____ feet _____ inches |
| Existing fire sprinklers: ☐ Yes ☐ No |
| Fire sprinklers included in project: ☐ Yes ☐ No |
| Existing fire alarm system: ☐ Yes ☐ No |
| Fire alarms included in project: ☐ Yes ☐ No |