

# STRUCTURAL Permit Application

## Malheur County Building Department

14 South 3rd St. / P.O. Box 2783

Nyssa, OR. 97913

Phone: 541-372-5460 Fax 541-372-5465

Email: [BuildingDepartment@bldgmalheurco.org](mailto:BuildingDepartment@bldgmalheurco.org)



### DEPARTMENT USE ONLY

Date App Rec'd \_\_\_\_\_

This permit is issued under OAR 918-460-0030. Permits expires if work is not commenced with 180 days of issuance or if work is suspended for 180 days.

#### TYPE OF WORK (Check Box)

New Const    Addition     Alteration    Repair

Tenant Improvement    Solar    Other \_\_\_\_\_

#### CATEGORY OF CONSTRUCTION (Check Box)

1 & 2 Family Dwelling    Manufactured Dwelling

Accessory Bldg    Commercial    Industrial

Multi-Family

#### JOB SITE INFORMATION AND LOCATION

Jobsite Address:

Ste/Apt/SP#:    City:    OR. Zip:

Job site Business Name/ Tenant:

Cross St & Directions to Jobsite:

#### DETAILED DESCRIPTION OF WORK

#### PROPERTY OWNER INFORMATION

Print Name:

Mailing Address:

City:    ST:    Zip:

Phone:    Cell:

This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. OAR 701.010.

Owner Signature:

Print Name:    Date:

#### CONTRACTOR INFORMATION

Business Name:

Contact Person:

Address:

City:    ST:    Zip:

Phone:    Cell:

Fax:    Email:

CCB Lic#    MDI/LSI Lic #

Authorized

Signature required:

Print Name:    Date:

I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701), that I am the owner or authorized agent of the owner, that the registration No is correct and current, that the plans submitted are in compliance with state law. **Manufactured Dwelling Foundation installers must have an Oregon MDI/LSI/LI license**

#### LOCAL GOVERNMENT APPROVALS

##### PLANNING & ZONING

REF # \_\_\_\_\_

Use Zone:    T    S,R    S    TL

P/Z Permit#    Date Issued

Setbacks: Road ROW:    L.side    R.side    Rear

**\*\*Owner/Contractor responsible to meet above setback requirements**

Farm Dwelling:    New     Replacement

Non-Farm Dwelling:    New     Replacement

Other:  Description: \_\_\_\_\_

Flood Plain: Yes  No  Required Elevation: \_\_\_\_\_

Signature:    Title: Planning Director

Print Name: ERIC EVANS    Date:

##### SANITATION

Sanitation Required:    Yes     No

Information Verified:    Yes     No

Signature:    Title:

Print Name:    Date:

#### (1) FEE SCHEDULE - Valuation information (Dept Use Only)

(a) 1 & 2 FAMILY DEWLLING:		(b) COMMERCIAL:	
New Dwelling:	Sq Ft	New Bldg	Sq Ft
Att'd garage/carport	Sq Ft	Existing Bldg	Sq Ft
Covered Porches	Sq Ft	Addition to Bldg	Sq Ft
Deck	Sq Ft	Number of Stories	
Dwelling Addition	Sq Ft	Construction Type	
Other Structures	Sq Ft	Occupancy Group	
Construction Type		Occ. New	
Occupancy		Occ. Existing	
Valuation: \$		Valuation: \$	

#### PERMIT FEES

##### (2) BUILDING FEES

(a) Permit fee	\$
(b) Investigave fee	\$
(c) Re-inspect./Special inspect. (\$65.00 per Hr)	\$
<b>(3) PLAN REVIEW FEES</b>	
(d) Enter 12% surcharge (.12 x (a) and/or (b), (c) if applicable)	\$
(e) Plan review fee 65% above(a) if required	\$
(f) Fire & life Safety Fee 40% of (a)if required	\$

**Total Permit Fee Due (A) thru (F)**    \$