

STRUCTURAL Permit Application

Malheur County Building Department

316 NE Goodfellow St. Suite 1

Ontario, OR 97914

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

Email: 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: _____

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: _____

Print Name: _____ 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)	\$
(3) PLAN REVIEW FEES	
(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) \$