



DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING, PLANNING & ON-SITE SANITATION SECTIONS

1510-B Third Street
 Tillamook Oregon 97141
 503-842-3408

Land of Cheese, Trees and Ocean Breeze

Building (503) 842-3407
 Planning (503) 842-3408
 On-Site Sanitation (503) 842-3409
 FAX (503) 842-1819
 Toll Free 1 (800) 488-8280

CONSOLIDATED BUILDING/ZONING PERMIT APPLICATION	Permit #: 851-24-	
	Received By:	Date:

JOB INFORMATION	
Applicant/Contractor <input type="checkbox"/> (Check Box if Same as Property Owner)	Property Owner
Applicant/Contractor:	Owner:
Address:	Address:
Phone #:	Phone #:
Applicant/Contractor Email:	Owner Email:

CONTRACTOR / INSTALLER	E-Mail _____
Building Contractor _____	CCB No. _____ Phone _____
Mobile Home Installer _____	MDI. No. _____ Phone _____

Site Address: _____

Map Number: Township _____ Range _____ Section _____ Tax Lot(s) _____

(Please supply all the information requested – missing information will delay review/approval process)

CATEGORY OF CONSTRUCTION

Single Family Dwelling Multi-Family
 Accessory Structure Manufactured
 Commercial / Industrial Public

TYPE OF WORK (each type requires a separate permit)

New / Replacement Addition (adding sq. ft.)
 Accessory Structure (garage, carport, shed, etc.)
 Alteration (no change to sq. ft.)
 Demolition
 Other (deck, pool, retaining wall, solar, driveway, etc.)

DESCRIPTION OF THE STRUCTURE

_____ Dimensions
 _____ Height
 _____ Stories
 _____ # of Dwelling Units
 _____ Bdrms _____ Bathrooms
 _____ Living Area (sq. ft.)
 _____ Deck (sq. ft.)
 _____ Covered Patio (sq. ft.)
 _____ Garage / Utility / Storage

PROJECT DESCRIPTION:

PROPOSED ZONING

_____ Front Yard
 _____ Rear Yard
 _____ Right Side
 _____ Left Side
 _____ River / Estuary / Creek
 _____ Slope (%)

ROAD ACCESS

State Highway City Street
 County Road/Public Way
 Private Road

WATER SUPPLY

Public District _____
 Private {Creek / Spring / Well } (circle one)

MOBILE HOME/RECREATION VEHICLE

_____ License No. or ID No.
 _____ Make/Model
 _____ Year

WASTE DISPOSAL

Sewer District _____
 Septic Tank / Drain Field

WIND EXPOSURE: B C D (circle one)

VALUATION \$ _____

Separate State of Oregon permits are required for electrical, plumbing, and mechanical work. **The Property Owner is responsible** for seeing that these additional permits are obtained prior to work being done.

This application, if approved, includes only the work described above and/or plans and specifications bearing the same permit number. The applicant agrees to comply with all applicable codes and ordinances governing planning, sanitation and construction and agrees to meet any, and, all of the conditions listed below.

The granting of this permit does not presume to give authority to violate or cancel the provisions of any Federal, State or Local law regulating construction or the performance of construction.

THIS PERMIT APPLICATION DOES NOT ASSURE PERMIT APPROVAL. Such approval can be given only after staff review determines compliance with all applicable legal requirements.

This application, if approved, becomes null and void if placement of mobile home or recreation vehicle is not completed within six (6) months from the date of approval.

I further understand that it is my responsibility as permit applicant to request and receive all required inspections pertaining to this permit, if approved, as outlined in Oregon Administrative Rule (OAR) chapter 918. I further understand that permits issued by an inspection jurisdiction under provisions of these rules shall expire and become null & void if the work authorized by the permit is: (A) not started within 180 days from the date of the issuance; or (B) suspended for a period of 180 days after the work is started.

In order to avoid a permit expiration, or additional fees, one of following is required: **(A)** Request an inspection showing construction progress at intervals of not to exceed 180 days, or **(B)** Request in writing, an extension within 180 days of issuance of previous inspection. The written request must show justifiable cause and will be granted depending on circumstances. If the permit expires prior to completion and requires further inspections, I understand I will be required to purchase a new permit and begin process again.

Prior to construction or placement, it is advisable that you check your deed for other restrictions that may apply.

I, the applicant, verify that I have read and understand the above information. I further certify that the information that I have provided is complete and accurate and may be relied upon by the Department of Community Development in the processing of my application. I understand that fees are not refundable. I accept responsibility for any inaccuracies in the information that I have provided and for the consequences thereof.

LEGALLY AUTHORIZED REPRESENTATIVE'S SIGNATURE _____ DATE _____

******All or a portion of this property may be located within an identified wetland. If the site is a jurisdictional wetland you must obtain any necessary State or Federal permits before beginning your project.**

***** FOR OFFICE USE ONLY *****

SANITATION _____
PUBLIC WORKS _____
HOUSE NO. _____
ZONING _____
PLANS EXAM _____
BUILDING OFFICIAL _____

Building Fee _____
Structural Review _____
State Surcharge _____
Fire & Life Safety _____
House Number (\$75.00) _____
State M.D. Fee (\$30.00) _____
B&D/GHZ/Flood Fee _____
Water Letter Fee _____
Special Inspection(s) _____
Copies/Mailing _____
Zoning Review Fee _____
Tech Fee 5% _____

TOTAL DUE: _____