

# Tillamook County



## 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

<b>CONSOLIDATED BUILDING/ZONING PERMIT APPLICATION</b>		<b>Permit #: 851-20-</b>	
		<b>Received By:</b>	<b>Date:</b>
<b>JOB INFORMATION</b>			
<b>Applicant/Contractor</b> <input type="checkbox"/> (Check Box if Same as Property Owner)		<b>Property Owner</b>	
Applicant/Contractor:		Owner:	
Address:		Address:	
Phone #:		Phone #:	
Applicant/Contractor Email:		Owner Email:	

<b>CONTRACTOR / INSTALLER</b>		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.)

### PROJECT DESCRIPTION:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ROAD ACCESS

- ☐ State Highway ☐ City Street  
☐ County Road/Public Way  
☐ Private Road

### MOBILE HOME/RECREATION VEHICLE

\_\_\_\_\_  
 \_\_\_\_\_ License No. or ID No.  
 \_\_\_\_\_ Make/Model  
 \_\_\_\_\_ Year

### 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

### ZONE DEVELOPMENT STANDARDS

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

### WATER SUPPLY

- ☐ Public District \_\_\_\_\_  
☐ Private {Creek / Spring / Well } (circle one)

### 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 \_\_\_\_\_

Plan Check Fee \_\_\_\_\_

12% Surcharge \_\_\_\_\_

Planning Review Fee \_\_\_\_\_

A-level Plan Review \_\_\_\_\_

Fire & Life Safety \_\_\_\_\_

House Number (\$33.00) \_\_\_\_\_

State M.D. Fee (\$30.00) \_\_\_\_\_

B&D/GHZ/Flood Fee \_\_\_\_\_

Water Letter Fee \_\_\_\_\_

Special Inspection(s) \_\_\_\_\_

Copies \_\_\_\_\_

Zoning Review Fee: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_