## APPLICATION FOR STRUCTURAL PERMIT

**Building Codes Services** 800 S.E. Emigrant Ave., #360

Pendleton, OR 97801

Phone: 541-276-7814 • Fax: 541-276-9244 • Web: www.oregon.gov/bcd

Permit #:	
County: -	
By:	Date:

Select the appropriate county:   Gillian	n □ Sherman	□ Wheeler			
JOB SITE INFORMATION	I		OWNER INFORMATION		
Address:		I am the property owner doing my own work			
		(INT):			
City:		Name:			
Directions to inspection site:		Mailing address:			
		City/State/ZIP:			
		Phone: Cell:			
Is property inside city limits:   Yes	No	Email:	Email:		
	LOCAL GOVERN	MENT APPROVA	ALS		
Zoning	Flood	Plain	Sanitation		
Information verified/approved? $\Box Y \Box N$	□Y	$\square N$	Information verified/approved? $\Box Y \Box N$		
Signature:	Signature:		Signature:		
Jurisdiction:	Jurisdiction:		Jurisdiction:		
Date: Tax lot#:			Date: Tax lot#:		
(1) Valuation Information					
(a) Job description:					
(b) Occupancy:					
(c) Construction type:					
(d) Square feet:					
(e) Cost per square foot:					
(f) New/Alteration/Addition:	□ New □ A	lteration □ Ado	dition		
(g) Is this a foundation ONLY permi	t? □ Yes □ N	O			
(h) Is this a plan review ONLY?	□ Yes □ N	O			
(i) Total valuation:					
(2) Building Fees		Contractor:			
(a) Permit fee:		Address:			
(b) 12% surcharge:		City/State/ZI	City/State/ZIP:		
(3) Plan Review		Phone:			
(a) Plan review (permit fee x 0.65)		Email:			
(b) Fire & Life Safety (permit fee x	0.40)	BCD license:			
Subtotal of fees above:		CCB license:			
(4) Miscellaneous Fees					
(a) Seismic review – permit fee x 0.01					
(b) Reinspection fee – \$78.00/each					
(c) Investigation fee – actual cost					
Total Due:					
		correct. All work to	be performed shall be in accordance with all governing		
aws and rules. I have read and do understand the at					

Applicant name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Signature:	Date:

Make check or money order payable to DCBS. If paying by credit card,						
complete all information below. DO NOT SEND CASH.						
□ Visa □ Mastercard □ Discover Phone:						
Amount: Expires:						
<u> </u>						
Name on card:						
Card number:						
Signature:						
Digitature.						

## STATE PERMIT FEES ADOPTED FOR STATE OF OREGON JURISDICTIONS

-Does not include 12% surcharge in any of the below fees-

## STRUCTURAL PERMIT FEES (informational only)

TOTAL VALUATION	FEE				
\$1.00 to \$2,000.00	\$60.00				
\$2,001.00 to \$25,000.00	· ·				
	to and including				
\$25,001.00 to \$50,000.00					
		ncluding \$50,000.00.			
\$50,001.00 to \$100,000.00	\$451.20 for the first \$50,000.00 plus \$4.70 for each additional \$1,000.00 or fraction				
, , , , , , , , , , , , , , , , , , , ,		ncluding \$100,000.00.	* ,		
\$100,001.00 and up					
, , , , , , , , , , , , , , , , , , ,					
Other inspections and fees	1				
		sed system) – fee includes plan review (13D multip	purpose/continuous loop reg's		
Plumbing)			1 1		
0 to 2000 sq ft, area covered		\$ 98.00			
2001 to 3600 sq ft, area covered		\$103.50			
3601 to 7200 sq ft, area covered		\$139.75			
7201 sq ft and greater		\$186.25	T .		
Prescriptive solar photovoltaic system – <i>fee i</i>			\$160.00		
Non-Prescriptive solar pho	otovoltaic system –	req's plan review	Use Structural Permit fee		
			table above		
		blus 10% of the total project building permit for	ee not to exceed \$1500.00 for each		
phase – is in addition to st			1		
		ermit fee calculated using the deferred portion	i valuation with a \$156.00		
minimum – is in addition	\$78.00 per hour				
Inspection outside of normal business hours (minimum charge – two hours)  Reinspection fee			\$78.00 per hour \$78.00 per each		
Inspections for which no fee is specifically indicated			\$78.00 per caen		
Plan review fees			65% of structural permit fee		
Fire and life safety plan re	40% of structural permit fee				
Additional plan review required by changes, additions, or revisions to approve plans			\$65.00 per hour – Res		
1	\$78.00 per hour – Com				

For SI: 1 square foot =  $0.0929 \text{ m}^2$