



# Building Permit Application

## City of Portland, Oregon - Bureau of Development Services

1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds

### Type of work

- New construction                       Addition/alteration/replacement  
 Demolition                                       Other:

### Category of construction

- 1 & 2 family dwelling                       Commercial/industrial                       Accessory building  
 Multifamily                                       Master builder                                       Other:

### Job site information and location

Job no.: \_\_\_\_\_ Job address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Suite/bldg./apt. no.: \_\_\_\_\_ Project name: \_\_\_\_\_

Cross street/directions to job site: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot no. \_\_\_\_\_ Tax map/parcel no. \_\_\_\_\_

### Description of work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide RS Permit no. \_\_\_\_\_

### Property owner                      Tenant

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Owner installation:** This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Contractor

Business name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

CCB lic. no. \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant                                      Contact Person

Business name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Permit no: \_\_\_\_\_

Date received: \_\_\_\_\_

By: \_\_\_\_\_

### Required Data: One and Two Family Dwelling

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:	_____
Number of bedrooms:	_____
Number of bathrooms:	_____
Total number of floors:	_____
New dwelling area:	_____ square feet
Garage/carport area:	_____ square feet
Covered porch area:	_____ square feet
Deck area:	_____ square feet
Other structure area:	_____ square feet

### Required Data: Commercial Use

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:	_____
Existing building area:	_____ square feet
New building area:	_____ square feet
Number of stories:	_____
Type of construction:	_____
Occupancy groups	_____
Existing:	_____
New:	_____

### Notice

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.

**Statement of Fact:** I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.

I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations. \_\_\_\_\_ (initials)

### Building Permit Fees\*

#### Please refer to fee schedule

Fees due upon application	_____
Amount received	_____
Date received	_____

**This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.**