



BUILDING PERMIT APPLICATION

DEPARTMENT USE ONLY	
Permit No.:	
Application Date:	
Date Issued & Paid:	

Job Address:

Assessor's Map No.		Tax Lot(s)	
Lot	Block	Subdivision	Acres

CLASS OF WORK:
 ___ New Structure ___ Addition ___ Alteration ___ Garage/Carport ___ Accessory Bldg. ___ Mfg. Home ___ Other

Property Owner (print): _____ **Phone:** _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Contractor (print): _____ **Phone:** _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Contractor Number: _____

Engineer, Architect or Designer (print): _____ Phone: _____

DESCRIPTION OF WORK:

ESTIMATED FINISHED VALUE:

NOTICE

This permit is issued under OAR 918-460-0030, 918-780-0060, 918-440-0050. This permit becomes null and void if work is not commenced within 180 days, or if construction or work is suspended for a period of 180 days.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of

Property Owner Signature: _____ **Date:** _____

This installation is being made on residential or farm property owned by me or a member of my immediate family and is exempt from licensing requirements under OAR 701.010.

Contractor Signature: _____ **Date:** _____

FOR PLANNING DEPARTMENT USE

Zone: _____ Plan Review No. _____ Required Yard Setbacks: Front _____ Side _____ Front/Side _____ Rear _____

Flood Hazard: ___ Yes ___ No Flood Zone _____ Number of Off-street Parking Spaces Required: _____

Special Conditions: _____ Approved By: _____ Date: _____

FOR PUBLIC WORKS DEPARTMENT USE

FOR FIRE DEPARTMENT USE

Easements/Row _____ Access: _____

Wtr. Mtr. _____ Size _____ Tap _____ B'flowX-conn _____ Fire Protection Equip: _____

Sewer _____ Special Permit/Monitoring _____ Comments: _____

Streets/Sidewalks/Curbs: _____

Storm Drainage: _____

Comments: _____

Plans Reviewed By: _____ Date: _____ Plans Approved By: _____ Date: _____

FOR BUILDING DEPARTMENT USE

Const. Type: _____ Sq. Ft.: _____ Occ. Group: _____ Max. Occ. Load: _____ # of Units: _____ # of Stories: _____ Height: _____

Other Information: _____

Plan Checked By: _____ Date: _____ Plans Approved By: _____ Date: _____

BUILDING	PLUMBING	MECHANICAL	TOTAL	
-	FEES -	FEES -	FEES	-
PLAN CHECK -	PLAN CHECK -	PLAN CHECK -	PLAN CHECK	-
SURCHARGE -	SURCHARGE -	SURCHARGE -	SURCHARGE	-
TOTAL -	TOTAL -	TOTAL -	TOTAL	-

North Marion	-
Grand Total	-

Place an X to the right of either commercial or residential. Commercial Residential --Place X in box to indicate Commercial or Residential

Structural Permit **Plumbing Permit** **Mechanical Permit**

Structure Type	\$ per sq. ft.	otal Sq. F	Fee Amt	Minimum fee \$80	Qty.	Each	Total	Residential	Qty.	Each	Total
House	110.29		-	1 Bathroom/1 Kitchen	0	\$350	-	Minimum fee \$75			
Garage	42.48	-	-	2 Bathroom/1 Kitchen	0	\$470	-				-
Carport/Deck	21.24	-	-	3 Bathroom/1 Kitchen	0	\$550	-	Gas furnace including ducts & vents	0	\$50	-
Other			-	Each additional bathroom over 3 (each fixture)	0	\$20	-	Elec. furn. or air handling unit w/ducts & vents	0	\$20	-
Application Valuation	\$		-	Each fixture, appurtenance and piping	0	\$20	-	Dryer ducting	0	\$20	-
Owner Valuation				Storm water retention/detention facility	0	\$80	-	Unit heater	0	\$20	-
Total Valuation	\$		-	Irrigation systems	0	\$80	-	Wood/pellet/gas/stove/flue	0	\$20	-
Building Fees				Sanitary Services first 100'	0	\$80	-	Repair/alter/add to heating/refrig/cooling & absorption system			
(a) Permit fee (use valuation table):	0	-	-	Each additional 100' or fraction thereof	0	\$45	-		0	\$20	-
(b) Investigation fee (\$88 per hour)	0	-	-	Storm Services first 100'	0	\$80	-	Evaporated cooler / Heat pump / AC Unit	0	\$20	-
(c) MH Setup Fee (\$400)	0	-	-	Each additional 100' or fraction thereof	0	\$45	-	Vent fan with one duct/appliance vent	0	\$20	-
(d) Inspect/Reinspect (\$88 per hour)	0	-	-	Water Services first 100'	0	\$80	-	Kitchen Hood with exhaust and duct	0	\$20	-
(e) Total of lines (a) through (d) above		-	-	Each additional 100' or fraction thereof	0	\$45	-	Gas Water Heater	0	\$50	-
(f) Enter 12% surcharge (2a thru 2d x .12)		-	-	Medical gas system	0	\$250	-	All others	0	\$20	-
Other Fees (if applicable)				Inspection/Reinspection (\$88 per hour)	0	\$88	-	Gas piping (any number of outlets)	0	\$20	-
Plan review (65% x line a above)	1	-	-	Other	0		-	Commercial			
Fire & life plan review (40% x line a above)	0	-	-	(a) Subtotal of above fees or \$80 whichever is greater			-	Total Valuation:			
State Mobile Home Fee (\$30)				(b) Investigation fee if applicable (\$88 per hour)	0	\$88	-	\$1 to \$5,000 = \$100			
Water Permit				(c) Total of lines (a) & (b) above			-	\$5,001 to \$25000 = \$100 plus \$10 for ea. Add'l \$1000			
Sewer Permit				(d) Surcharge (12% x lines (a) & (b) above)			-	\$25,001 to \$100,000 = \$300 plus \$9 for each add'l \$1,000			
System Development Charges (SDC)				(e) Plan review if applicable (% of line (a) above)	0	25%	-	Over \$100,000 = \$975 plus \$8 for ea. Add'l \$1,000			
Other				Total Fees & Surcharges lines (c) through (e) above			-	Inspection/Reinspection (\$88 per hour)	0	\$88	-
Total Fees & Surcharges				Less Pre-paid Plan Check Fee				(a) Subtotal of above fees or \$75 whichever is greater			
Less Pre-paid Plan Check Fee				Permit Fee Balance			-	(b) Investigation fee if applicable (\$88 per hou	0	\$88	-
Credit Given								(c) Total of lines (a) & (b) above			
Permit Fee Balance Due								(d) Surcharge (.12 x lines (a) & (b) above)			

BUILDING	PLUMBING	MECHANICAL	TOTAL
FEES -	FEES -	FEES -	FEES -
PLAN ✓ -	PLAN ✓ -	PLAN ✓ -	PLAN ✓ -
SURCHARGE -	SURCHARGE -	SURCHARGE -	SURCHARGE -
TOTAL -	TOTAL -	TOTAL -	TOTAL -

North Marion School District Excise Tax	-
Total Amount Due	-

(e) Plan review (if applicable 25% of line (a) at	0		-
(f) Deferred submittal (\$100 if applicable)	0	\$100	-
(g) Other			-
Total Fees & Surcharges lines (c) through (g) above			
Less Pre-paid Plan Check Fee			
Permit Fee Balance			