



1510-B Third Street
 Tillamook Oregon 97141

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

CONSTRUCTION / PLACEMENT PERMIT APPLICATION

Application # _____

Legally Recorded Property Owner _____
 Mailing Address _____ Phone _____
 City _____ State _____ Zip Code _____

CONTRACTOR/INSTALLER

E-Mail Address _____

Building Contractor _____ Reg. No. _____ Expire Date _____ Ph# _____
 Sanitation Installer _____ Reg. No. _____ Expire Date _____ Ph# _____
 Mobile Home Installer _____ MDI. No. _____ Expire Date _____ Ph# _____

[] Mail permit to: _____

LOCATION INFORMATION

Situs Address _____
Township _____ **Range** _____ **Section** _____ **Tax Lot** _____ **Lot** _____ **Block** _____
 Zone _____ Lot Size _____ X _____ X _____ X _____ or _____ Acres **Subdivision** _____

(Please supply all the information requested on this form)

PROPOSED USE

[] Single Family [] Duplex [] Multi [] Triplex
 [] Manufactured Dwelling Placement
 [] RV Placement
 [] Addition _____
 [] Accessory Structure _____
 [] Replace / Alteration _____
 [] Fire Suppression _____
 [] Commercial _____
 [] Demolition/Move _____

SIZE OF STRUCTURE

_____ Dimensions
 _____ Height
 _____ Stories
 _____ No. of Dwelling Units
 _____ Bdrms _____ Bathrooms
 _____ Living Area sq. ft.
 _____ Deck sq. ft.
 _____ Garage/Utility/Storage

ROAD ACCESS

[] State Highway [] City Street
 [] County Road/Public Way
 [] Private Road

SETBACKS

_____ Front Yard
 _____ Rear Yard
 _____ Right Side
 _____ Left Side
 _____ River/Estuary/Creek
 _____ Adjac. Resource Zone

MOBILE HOME/RECREATION VEHICLE

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

WATER SUPPLY

[] Public District _____
 [] Private {Creek / Spring / Well } **(Circle one)**

**Conditional Use, Variance, Admin. Review,
 Geologic Hazard Rpt. or Exception**
File No. _____

WASTE DISPOSAL

[] Sewer District _____
 [] Septic Tank/Drainfield

FLOOD ZONE: _____

WIND EXPOSURE: B C D **(circle one)**

VALUATION (AS DETERMINED BY BUILDING OFFICIAL) Section 304 (b) \$ _____

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.

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 _____

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

SANITATION _____	Building Fee _____
PUBLIC WORKS _____	12% Surcharge _____
HOUSE NO. _____	Plan Check Fee _____
PLANNING _____	Planning Review Fee _____
PLAN CHECK _____	A-level Plan Review _____
BUILDING OFFICIAL _____	Fire & Life Safety _____
Received By: _____	House Number _____
Date: _____	MD/RV Fee (Plan) _____
CHECK No: _____	MD/RV Fee (Bldg) _____
	State M.D. Fee (\$30) _____
	B&D/GHZ/Flood Fee _____
	PW Review Fee _____
	Special Inspection _____
	Shipping/Handling _____
	TOTAL DUE: _____

CONDITIONS OF PERMIT APPROVAL:

