APPLICATION FOR STRUCTURAL PERMIT

Building Codes Services

2705 E 2nd Street The Dalles, OR 97058 Phone: 541-506-2650 • Fax: 541-506-2651 • Web: <u>www.oregon.gov/bcd</u> Email: building.department@oregon.gov

DEPARTMENT USE ONLY

Permit #:_____

County: _____

By: _____

Date:

This permit is issued under OAR 918-440-0050. Permits	s expire if work is not star	ted within 180 days of iss	uance or if work is suspended for 180 days.	
	n 🗆 Sherman 🗆	Wasco 🗆 Wheel		
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: \Box Yes \Box N	lo	Email:		
	LOCAL GOVERNM			
Zoning		Plain	Sanitation	
Information verified/approved? $\Box Y \Box N$	$\Box Y$	$\Box \mathbf{N}$	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:	\Box New \Box Alte	ration	1	
(g) Is this a foundation ONLY permit	? \Box Yes \Box No			
(h) Is this a plan review ONLY?	🗆 Yes 🗆 No			
(i) Total valuation:				
(2) Building Fees		Contractor:		
(a) Permit fee:		Address:		
(b) 12% surcharge:		City/State/ZIP:		
(3) Plan Review		Phone:		
(a) Plan review (permit fee x 0.65)		Email:		
(b) File & Life Safety (permit fee x (0.40)	BCD license:		
Subtotal of fees al	oove:	CCB license:		
(4) Miscellaneous Fees				
(a) Seismic review – permit fee x 0.0	1			
(b) Reinspection fee – \$78.00/each				
(c) Investigation fee – <i>actual cost</i>				

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules. I have read and do understand the attached "*Information Notice to Property Owners About Construction Responsibilities*".

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

Total Due:

Make check or money order payable to DCBS. If paying by credit card, complete all information below. DO NOT SEND CASH.				
🗆 Visa 🗆 Mastercar	d 🗆 Discover Phone:	·		
Amount: Name on card:	-			
Card number:				
Signature:				

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	\$60.00 for the first \$2,000.00 plus \$9.40 for each additional \$1,000.00 or fraction thereof, to				
\$ 2 ,001.00 to \$ 2 2,000.00	and including \$25,000.00.				
\$25,001.00 to \$50,000.00	\$276.20 for the first \$25,000.00 plus \$7.00 for each additional \$1,000.00 or fraction thereof,				
\$25,001.00 10 \$50,000.00	to and including $$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 thereof,				
\$50,001.00 to \$100,000.00	to and including $100,000.00$.				
\$100,001.00 and up	\$686.20 for the first \$100,000.00 plus \$3.90 for each additional \$1,000.00 or fraction				
\$100,001.00 und u p	thereof.				
Other inspections and fees					
		sed system) – fee includes plan review (13D multin	purpose/continuous loop rea's Plumbing)		
0 to 2000 sq ft, area cove	r 13R (standalone/closed system) – <i>fee includes plan review (13D multipurpose/continuous loop req's Plumbing)</i> ered \$98.00				
1		\$103.50			
3601 to 7200 sq ft, area covered		\$139.75			
7201 sq ft and greater		\$186.25			
Prescriptive solar photovoltaic system – <i>fee includes plan review</i>		\$160.00			
Non-Prescriptive solar photovoltaic system – req's plan review		Use Structural Permit fee			
			table above		
		lus 10% of the total project building permit fe	e not to exceed \$1500.00 for each		
phase – is in addition to sta					
		ermit fee calculated using the deferred portion	valuation with a \$156.00 minimum –		
is in addition to standard s	tructural plan revie		¢70.00		
Inspection outside of normal business hours (minimum charge – two hours)			\$78.00 per hour		
Reinspection fee			\$78.00 per each \$78.00 per hour		
Inspections for which no fee is specifically indicated Plan review fees		65% of structural permit fee			
Fine and life safety plan review fees			40% of structural permit fee		
Additional plan review required by changes, additions, or revisions to approve plans			\$65.00 per hour – Res		
			\$78.00 per hour – Com		
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For SI: 1 square foot = 0.0929 m^2