



City of Oakridge
48318 East First Street Oakridge, OR 97463
Phone 541-782-2258 Fax 541-782-1081

DEPARTMENT USE ONLY**Permit No:**

Application Date:

Date Issued & Paid:

JOB ADDRESS:

Assessor's Map No.:

Tax Lot(s):

Lot:

Block:

Subdivision:

Class of work: ☐ Residential ☐ Commercial☐ New Structure ☐ Addition ☐ Alteration ☐ Garage/Carport ☐ Accessory Bldg. ☐ Mfg.Home ☐ Other _____**Property Owner (PRINT):**

Phone:

Alt Phone:

Email address:

Mailing Address:

City:

State:

Zip:

Contractor (PRINT):

Phone:

Mailing Address:

City:

State:

Zip:

Contractor Number (CCB):**Email address:**

Engineer, Architect or Designer (PRINT):

Phone:

DESCRIPTION OF WORK:**ESTIMATED FINISHED VALUE: \$****NOTICE**

THIS PERMIT IS ISSUED UNDER OAR 918-460-0030, 918-440-0050, 918-780-0040/ 0065/ 0080. THIS PERMIT BECOMES NULL AND VOID IF WORK IS NOT COMMENCED WITHIN 180 DAYS, OR IF THE 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 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 construction.

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: Requires 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:

PUBLIC WORKS USE**FIRE DEPARTMENT USE**

Wtr Mtr: Size: Tap: B'Flow X-Conn:

Access:

Sewer: Special Permit/Monitoring: Tap:

Fire Protection Equip.:

Streets/Sidewalks/Curbs:

Comments:

Storm Drainage:

Comments:

Plans Reviewed By:

Date:

Plans Approved By:

Date:

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	FEES
PLAN CK	PLAN CK	PLAN CK	PLAN CK
SURCHARGE	SURCHARGE	SURCHARGE	SURCHARGE
DEFER/PHASE	DEFER/PHASE	DEFER/PHASE	DEFER/PHASE
BLDG	PLBG	MECH	BLDG, PLBG,
TOTAL	TOTAL	TOTAL	& MECH TOTAL

Inspection line: 800.358.8034 Schedule by 5pm for next inspection day**Inspection Days: M & Th** rev 11/23

School CET

Site Plan Review

TOTAL