



Structural Permit Application

Community Development

Building Codes Division

800 Exchange St, Ste. 100

Astoria, OR 97103

Ph: (503) 338-3697 Fax: (503) 338-3666

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DEPARTMENT USE ONLY

Permit #

Date Received:

SEPTIC APPROVAL YES NO

FLOOD PLAIN YES NO

GHO YES NO

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

TYPE OF WORK

- New Construction Demolition
 Addition/Remodel Alteration Other

CATEGORY OF CONSTRUCTION

- 1 & 2 Family Dwelling Commercial/Industrial
 Accessory Building Multi-family

JOB SITE INFORMATION AND LOCATION

Property Owner:

Job site address:

City:

Legal Description:

PROPERTY OWNER'S INSTALLATION

Name:

Address:

Email:

Ph:

This installation is being made on residential or farm property owned by me or a member of my immediate family.

Owner's
Signature:

CONTRACTOR'S INSTALLATION

Business Name:

Address:

City/State:

Ph:

Email:

CCB#

Signature:

RESIDENTIAL USE

REQUIRED DATA

Permit fees* are based on the value / Square Footage 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 of Project:

\$

Description of Work:

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

COMMERCIAL USE

REQUIRED DATA

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 of Project: \$

DESCRIPTION OF WORK:

Existing building area:
square feet

New building area:
square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing: New: