



# Building Permit Application

**Washington County** Phone: 503-846-3470, Fax: 503-846-3993, **Inspection Request: 503-846-3699**  
 155 N. 1<sup>st</sup> AV, Suite 350, MS 12, Hillsboro, OR 97124 [www.co.washington.or.us](http://www.co.washington.or.us)  
 Land Use Approval: \_\_\_\_\_ **Project #** \_\_\_\_\_ **Permit #** \_\_\_\_\_

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Plan No. _____ Reissue: Yes [ ] No [ ]	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> <b>PROPERTY OWNER</b>	<input type="checkbox"/> <b>TENANT</b>
Name:	
Address:	
City/State/ZIP:	
Phone: ( )	Fax: ( )
<input type="checkbox"/> <b>APPLICANT</b>	<input type="checkbox"/> <b>CONTACT PERSON</b>
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ( )	Fax: ( )
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ( )	Fax: ( )
CCB lic.:	
<b>Engineer:</b>	<b>Architect:</b>
Address:	Address:
Phone:( )	Phone:( )
Email:	Email:

Authorized signature:

Print name:	Date:
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REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
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	
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
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
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	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$
Amount received	\$
Date received:	

**This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.**

\* Fee methodology set by Tri-County Building Industry Service Board