

Building Permit Application

Washington County

155 N. 1st Ave, Suite 350, MS 12, Hillsboro, OR 97124

Inspection Request: 503-846-3699 / www.WashCoORACA.com

Phone: 503-846-3470 / Email: Lutbldg@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: No <input type="checkbox"/> Yes <input type="checkbox"/> Reissue Proj:
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Email:
APPLICANT	
Contact name:	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Email:
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	CCB lic.:
Email:	
ENGINEER	ARCHITECT
Engineer:	Architect:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:
Authorized signature: _____	
Print name: _____	Date: _____

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
Unfinished area:	square feet
Other:	square feet
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.	
STATEMENT OF FACT	
By signing this application, I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.	
I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and /or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead based paint, I will comply with all such regulations.	

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.

Disclaimer: By signing this application, the permit applicant acknowledges and agrees that they have obtained any required permission for the proposed work from the property owner.