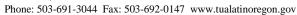
Building Permit Application City of Tualatin10699 SW Herman Rd.

Tualatin, OR 97062





	OFFICE USE (DNLY		
Date receive	Permit #			
Date Issued	:By:	_ Receipt:		
	REQUIRED DATA: 1- AN	ID 2-FAMILY DWELLING		
	Permit fees are based on the v. Indicate the value (rounded to materials and labor for the wo application.	the nearest dollar) of all		
	Valuation			
	Number. of bedrooms:			
	Number of bathrooms:			
	Total number of floors:			
	New dwelling area:	square fee		
	Garage/carport area:	square feet		
	Covered porch area:	square fee		
	Deck area:	square feet		
	Other structure area:	square feet		
•	REQUIRED DATA: COMM	ERCIAL-USE CHECKLIST		
	Valuation Existing building area: New building area: Number of stories: Type of construction: Occupancy groups: Existing: New: BUILDING P	square fee square fee		
		BUILDING PERMIT FEES Please refer to current fee schedule		
	Fee Type	Amount		
	Permit Fee	Amount		
	Plan Review			
	Fire and Life Safety Plan			
	Review State Surcharge (12% of permit fee)			
	Technology Fee (3% of permit fee)			
	Metro CET (0.12% of valuation)			
	Deferred Submittals			
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This permit application will expire if a permit is not obtained within 180 days after it has been accepted as complete.

TYPE	OF WORK			
☐ New construction	☐ Demolition			
☐ Addition/alteration/replacement	Other:			
CATEGORY (OF CONSTRUCTION	N		
☐ 1- and 2-family dwelling	☐ Multi-family			
☐ Accessory building	☐ Industrial			
☐ Commercial	Other:			
JOB SITE INFORM	MATION AND LOC	ATION		
Job site address:				
City/State/ZIP:				
Suite/bldg./apt. no.:	Project name:			
Subdivision:	Lot no.:			
Tax map/parcel no.:				
DESCRIPT	TION OF WORK			
PROPE	RTY OWNER			
Name:				
Address:				
City/State/ZIP:				
Phone: ()				
Email:				
AP	PLICANT			
Business name:				
Contact name:	OV			
Address:				
City/State/ZIP:				
Phone: ()				
E-mail:				
CONTRACTOR				
Business name:				
Address:				
City/State/ZIP:				
Phone: ()				
CCB lic.: METRO 1	ic:	City Bus. lic.:		
E-mail:	ic	City Bus. iic		
	'ED SIGNATURE			
AUTHORIZED SIGNATURE				
Drint name	T	Datas		
Print name:		Date:		