



BUILDING PERMIT APPLICATION

OFFICE USE ONLY

Permit Number:

Date Received:

By:

Date Issued:

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:

Height: feet inches

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, as well as licensed with the City of Sandy.

Fees are calculated by office staff based on project valuation

BUILDING PERMIT FEES (OFFICE USE ONLY)

Permit Fee (minimum \$95.00) \$

State Surcharge (12%) \$

Structural Plan Review (70%) \$

Fire & Life Safety Review (55%) \$

Technology Fee (3%) \$

TOTAL PERMIT FEE \$

TYPE OF WORK

☐ New Construction

☐ Demolition

☐ Addition/Alteration/Replacement

☐ Other

CATEGORY OF CONSTRUCTION

☐ 1 and 2 Family Dwelling

☐ Commercial/Industrial

☐ Accessory Building

☐ Multi-Family

JOB SITE INFORMATION AND LOCATION

Job site address:

City, State, Zip:

Suite/Bldg/Space/Apt #:

Subdivision:

Lot #:

Project Name:

DESCRIPTION OF WORK

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City, State, Zip:

Email Address:

Phone Number:

☐ APPLICANT

☐ CONTACT PERSON

Name:

Address:

City, State, Zip:

Email Address:

Phone Number:

CONTRACTOR

Business Name:

Contact Name:

Address:

City, State, Zip:

Email Address:

Phone Number:

CCB#:

Signature: _____ Date: _____

This permit application expires if not obtained within 180 days after it is deemed ready to issue.