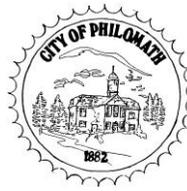


# Structural Permit Application



## DEPARTMENT USE ONLY

Jurisdiction name: **City of Philomath**  
 Address: **980 Applegate St, PO Box 400, Philomath OR 97370**  
 Phone: **541-929-6148** Fax: **541-929-3044**  
 Inspection #: **541-766-6898** Web: [www.ci.philomath.or.us](http://www.ci.philomath.or.us)

Permit no.:  
 Date:

**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.**

LOCAL GOVERNMENT APPROVAL	
This project has final land-use approval. Signature:	Date:
This project has DEQ approval. Signature:	Date:
Zoning approval verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property is within flood plain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government
<input type="checkbox"/> Commercial	
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City:	State: ZIP:
Subdivision:	Lot no.:
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City:	State: ZIP:
Phone: - -	Fax: - -
E-mail:	
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.	
<b>Sign here:</b>	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City:	State: ZIP:
Phone: - -	Fax: - -
E-mail:	
CCB license no.:	
Print name:	
Signature:	

FEE SCHEDULE	
1. Valuation information	
(a) Job description:	
Occupancy	
Construction type:	
Square feet:	
Cost per square foot:	
Other information:	
<input type="checkbox"/> new <input type="checkbox"/> alteration <input type="checkbox"/> addition	
(b) Foundation-only permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Plan review only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total valuation:</b>	\$
2. Building fees	
(a) Permit fee (use valuation table):	\$
(b) Investigative fee (equal to [2a]):	\$
(c) Reinspection (\$40.00 per hour): (number of hours x fee per hour)	\$
(d) Enter 12% surcharge (.12 x [2a+2b+2c]):	\$
<b>(e) Subtotal of fees above (2a through 2d):</b>	\$
3. Plan review fees	
(a) Plan review (100% x permit fee [2a]):	\$
(b) Fire and life safety (40% x permit fee [2a]):	\$
<b>(c) Subtotal of fees above (3a and 3b):</b>	\$
4. Miscellaneous fees	
(a) Seismic fee, 1% (.01 x permit fee [2a]):	\$
<b>TOTAL fees and surcharges (2e+3c+4a):</b>	\$