



# New Single Family Dwelling Combination Permit Application

City of Philomath  
Building Permits Department  
980 Applegate / PO Box 400, Philomath, OR 97370  
541-929-6148 • Fax: 541-929-3044  
Web: www.ci.philomath.or.us

DEPARTMENT USE ONLY	
Permit No.:	
This project has final land-use approval: Signature:	DEQ approved: Signature:

**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.**

Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LOCAL GOVERNMENT APPROVAL		
Zoning approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
APPLICANT INFORMATION		
Name:		
Mailing Address:		
City/state/ZIP:		
Phone:	Cell Phone:	
Email:		
JOB SITE INFORMATION AND LOCATION		
Job site address:		
City/state/ZIP:		
Project name:		
Directions to job site:		
Parcel no.:		
ELECTRICAL CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone:	Cell Phone:	
Fax:	Email:	
CCB license no.:	BCD license no.:	
Signing Supervisor name & license no.:		
MECHANICAL CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone:	Cell Phone:	
Fax:	Email:	
CCB license no.:	LPG license no.:	
PLUMBING CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone:	Cell Phone:	
Fax:	Email:	
CCB license no.:	BCD license no.:	
Journeyman name & license no.:		

CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/state/ZIP:		
Phone:	Cell Phone:	
Fax:		
Email:		
CCB license no.:		
Signature:		
PROPERTY OWNER INFORMATION		
Name:		
Mailing address:		
City/state/ZIP:		
Phone:	Cell Phone:	
Email:		
OWNER INSTALLATION		
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Framing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This installation is being made on residential or farm property owned by me or a member of my immediate family.		
Sign here:		
PRIMARY CONTACT		
Name:		
Phone:		
Email:		

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VALUATION INFORMATION							
Job description:				Total square footage (dwelling and attached garage):			
				Building height _____ ft. _____ in.			
				Number of bathrooms: _____ Number of kitchens: _____			
				Decks / porches / covered patios _____ (total sq. ft.)			
				Living area sq. ft. _____ (total sq. ft.)			
				Garage sq. ft. _____ (total sq. ft.)			
				Carport sq. ft. _____ (total sq. ft.)			
				No. of stories: _____ Limited or restricted energy _____			
Declared value of job: \$				Temporary service 200 amps or less _____			
PLUMBING							
Water service – total linear feet:			Storm Sewer – total linear feet:			Sanitary sewer – total linear feet:	
HEATING / COOLING							
<b>Type of fuel:</b>							
Boiler	Electric	Geothermal	LPG	Natural Gas	Oil	Photovoltaic	Solid Fuel
<b>Secondary type of fuel</b>							
Boiler	Electric	Geothermal	LPG	Natural Gas	Oil	Photovoltaic	Solid Fuel
<b>Other</b>							
			<b>QTY</b>				<b>QTY</b>
Air handling unit up to 10,000 cfm					Air conditioner		
Air handling unit greater than 10,000 cfm					Furnace – up to 100,000 BTU		
Furnace – greater than 100,000 BTU					Floor furnace, including vent		
Heat pump					Evaporative cooler other than portable		
Suspended heater, recessed wall heater or floor mounted unit heater					Mini split		
Radiant in-floor heating system							
OTHER FUEL APPLIANCES							
Wood / pellet stove					Water heater		
Gas or wood fireplace / insert					Pool or spa heater, kiln		
Decorative gas fireplace					Oil tank / gas / diesel generators		
Chimney / liner / flue / vent					Installation domestic-type incinerator		
ENVIRONMENTAL EXHAUST AND VENTILATION							
Range hood / other kitchen equipment					Attic / crawl space fans		
Ventilation system not a portion of heating or air-cooling system authorized by permit					Flue vent for water heater or has fireplace		
Appliance vent installation not included in appliance permit					Clothes dryer exhaust		
Other environment exhaust / ventilation					Ventilation fan connected to single duct		
FUEL PIPING							
Gas fuel piping outlets							