



**CITY OF PHILOMATH**  
980 Applegate Street  
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Philomath, OR 97370  
541-9293579; 541-929-3586 FAX  
  
www.ci.philomath.or.us

<i>For Office Use Only:</i> <b>Permit No.:</b> _____ <b>Date Received:</b> _____ <b>Received By:</b> _____ <b>CC: Finance Director</b>
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## PLAN REVIEW/CONSTRUCTION PERMIT APPLICATION

### Type B Permit

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Project Name: \_\_\_\_\_

Project Site Address: \_\_\_\_\_ Project Site Tax Map Lot No.: \_\_\_\_\_

Land Use Approval No.: \_\_\_\_\_ Tax Lot Area (acres): \_\_\_\_\_ Disturbance Area (acres): \_\_\_\_\_

Impervious Surface created by private development, in acres: \_\_\_\_\_

Impervious Surface created by public street(s), in acres, if applicable: \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

Primary Contact will be:  Applicant  Engineer  Owner

Preferred Contact Method:  Phone  Email  Postal Mail

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Engineering Firm: \_\_\_\_\_

Engineer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

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Owner Name: \_\_\_\_\_

Engineer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

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**Submittal Requirements Checklist:**

- 4 sets of complete construction drawings
  - Two sets of Storm/Sanitary/Water Quality/Water Flow Calculations
  - Copy of Land Use approval from City of Philomath Planning Department
  - Engineer's Estimate of Probable Construction Costs
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**Fee Calculation:**

Engineer's Estimate	\$ _____
Includes all construction work related to the project.	
	X 4%
	\$ _____
Less Pre-Design Meeting Fee	
Date Paid: _____ Receipt #: _____	<b>-\$1,000.00</b>

**Deposit Fee Required** \$ \_\_\_\_\_

- Monthly billing of any fees exceeding the plan review fee deposit, payable within 30 days.
- Final reconciliation of project review costs, including Westech fees and Public Works staff expenses, to be completed at project completion, with any final balance due to be paid before City acceptance of the project. If a refund is due, the City shall issue refund within 30 days of City acceptance. [Resolution 15-04]

*For Office Use Only*

Fee Received \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

All required paperwork received.