



Structural Permit Application

City of Philomath Building Department

980 Applegate St. / PO Box 400
Philomath, OR 97370
Phone: 541-929-6148 Fax: 541-929-3044

DEPARTMENT USE ONLY	
Permit no.:	
By:	Date:

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days so issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Detached accessory structure	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Manufactured dwelling	<input type="checkbox"/> Industrial
<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Mixed use
<input type="checkbox"/> Two-family dwelling	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Townhouses	<input type="checkbox"/> Other
<input type="checkbox"/> Other	

TYPE OF WORK		
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Tenant improvement
<input type="checkbox"/> Move	<input type="checkbox"/> New	<input type="checkbox"/> Other
<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement	

APPLICANT INFORMATION	
Name:	
Mailing address:	
City/State/ZIP:	
Phone:	Mobile phone:
Email:	

JOB SITE INFORMATION & LOCATION	
Job site address:	
City/State/ZIP:	
Project name:	
Directions to job site:	
Map & Tax Lot number:	

PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
Email:	
This installation is being made on property owned by me or a member of my immediate family.	
Sign here:	

CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Mobile phone:
Fax:	Email:
CCB license no.:	
Signature:	

VALUATION INFORMATION
Job Description:
Declared job value: \$ _____
Occupancy type:
Occupancy load:
Number of housing units:
Number of buildings:
Publically owned: <input type="checkbox"/> Yes <input type="checkbox"/> No
New building square footage:
Existing building square footage:
Number of stories:
Building height: _____ feet _____ inches
Existing fire sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire sprinklers included in this project: <input type="checkbox"/> Yes <input type="checkbox"/> No
Existing fire alarm system: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire alarms included in this project: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deferred submittals in this project: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Deferred Submittal Agreement)
Special inspections & testing: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Special Inspection and Testing Agreement)