



CITY OF PHILOMATH
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 Philomath, OR 97370
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 www.ci.philomath.or.us

<p><i>For Office Use Only:</i></p> <p>Permit No.: _____</p> <p>Date Received: _____</p> <p>Received By: _____</p> <p>CC: Finance Director</p>

PLAN REVIEW/CONSTRUCTION PERMIT APPLICATION

Type B Permit

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: _____

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

Engineering Firm: _____

Engineer Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____ Primary Contact Phone: _____

Owner Name: _____

Engineer Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____ Primary Contact Phone: _____

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
-

Fee Calculation:

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

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]

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

All required paperwork received.