

# STRUCTURAL PERMIT APPLICATION

Structural form 10/11

Douglas County Building Department  
1036 SE Douglas, Room 106  
Roseburg OR 97470

541-440-4559 Fax 541-440-4297

[www.co.douglas.or.us/building](http://www.co.douglas.or.us/building)



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

## LOCAL GOVERNMENT APPROVAL

Land use approval? Yes  No

Date: \_\_\_\_\_

Zoning approval verified? Yes  No

Sanitation approval verified? Yes  No

Property in the flood plain? Yes  No

## CATEGORY OF CONSTRUCTION

Residential  Government  Commercial

## JOB SITE INFORMATION AND LOCATION

Job site Address: \_\_\_\_\_

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

Directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROPERTY OWNER INSTALLATION

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

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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.

Signature: \_\_\_\_\_

## CONTRACTOR INSTALLATION

Business Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

CCB #: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

## CREDIT CARD INFORMATION

Visa  MasterCard  (limit - \$500.00)

Phone: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Credit Card Number Expiration Date

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name of cardholder as shown on credit card

\_\_\_\_\_ \$ \_\_\_\_\_

Signature of Cardholder Amount

\_\_\_\_\_ \$ \_\_\_\_\_

## FEE SCHEDULE

### Valuation information

Job description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New  Alteration  Addition

Occupancy: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Square Feet: \_\_\_\_\_

Garage/Carport/Pole Building Square Feet: \_\_\_\_\_

Deck/Porch/Patio Square Feet: \_\_\_\_\_

Cost per square foot: \_\_\_\_\_

\_\_\_\_\_

Occupant load \_\_\_\_\_ No of bedrooms \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sprinklers? Yes  No

Fire/Life Safety? Yes  No

Air? Yes  No

Foundation only permit? Yes  No

Plan review only? Yes  No

**Total valuation:** \$ \_\_\_\_\_

### 2. Building Fees:

(A) Permit fees \$ \_\_\_\_\_

(B) Mechanical Fees \$ \_\_\_\_\_

(C) Investigative fee (equal to A) \$ \_\_\_\_\_

(D) Reinspection Fee \$85.00 \$ \_\_\_\_\_

(E) Enter 12% Surcharge [.12 x A+B+C+D] \$ \_\_\_\_\_

**(F) Subtotal of fees above** \$ \_\_\_\_\_

### 3. Plan review Fees:

(A) Plan review fee (65% x permit fee [2A]) \$ \_\_\_\_\_

(B) Fire/Life Safety (40% x permit fee [2A]) \$ \_\_\_\_\_

(C) Deferred Submittal Fee (\$250) \$ \_\_\_\_\_

**(D) Subtotal of fees above (3A+3B+3C)** \$ \_\_\_\_\_

**TOTAL fees and surcharges (2F+3D)** \$ \_\_\_\_\_

**BALANCE DUE:** \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DO NOT SEND CASH.

Make check or money order payable to:  
DOUGLAS COUNTY BUILDING DEPT.  
If paying by credit card, applicant must sign credit card information box.

	DATE	Permit #	Name
--	------	----------	------