Permit Fee: \$			
Paid by Cash / Check No.:			
Issued By:			
Date Issued:			

## FOR INSPECTIONS call (541) 997-3338 at least 24 hours in advance

TYPE OF WORK		PLAN REVIEW	
➤ New construction ➤ Demolition	➤ Addition/alteration/replacement ➤ Other:	Driveway approval Source of water: Well / Lake Erosion control plan: Yes / NA	ic approval: No
CATEGORY OF CONSTRUCTION		REQUIRED DATA FOR 1 AND 2 FAMILY DWELLINGS	
<ul> <li>▶ 1 and 2 family dwelling</li> <li>▶ Accessory building</li> <li>▶ Commercial / Industrial</li> <li>▶ Master Builder</li> <li>▶ Multi-Family</li> <li>▶ Other:</li> </ul> JOB SITE INFORMATION AND LOCATION		Permit fees are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and profit for the work indicated on this application.	
Address:		VALUE OF WORK PERFORMED: \$	
City:	State: Zip:	New dwelling area square footage:	
Map No.:	Tax Lot No.:	Garage / Carport area square footage:	
DESCRIPTION OF WORK		Covered porch area square footage:	
		Deck area square footage:	
PROPERTY OWNER INFORMATION		Other structural area square footage:	
Name:		Number of floors: bedrooms:	bathrooms:
Mailing Address:		REQUIRED DATA FOR COMMERCIAL USE	
City: State: Zip:  Telephone: Cell:  CONTRACTOR INFORMATION  Business Name:		Permit fees are based on the value of the work performed.  Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and profit for the work indicated on this application.	
Contact Name:		Existing building area square footage:	
Address:		New building area square footage:	
City:	State: Zip:	Number of stories:	
Telephone:	Cell:	Sprinkler system:	
Email:	Fax:	Type of construction:	Code Edition:
CCB No:	DCBL No:	Occupancy groups: Existing:	New:
Supervising Contractor (please print):		PERMIT FEES	
NOTICE		1. Structural Permit	\$
This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.  By signing below, I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law regulating construction or the performance of construction.  All Contractors and subcontractors are required to be licensed in Dunes City and with the Oregon Construction Contractors Board under ORS 701. If applicant is exempt from licensing, the following reason applies:		2. 12% State Surcharge	\$
		3. Plan Review Fee (65% of line 1)	\$
		4. Siuslaw School District Excise Tax	\$
		5. Permit Review Fee (Per Res. 11-10-05A)	\$ 100.00
		6. Dunes City Surcharge (greater of 7% or \$25.0	0) \$
Authorized Person (please print):		7. Other:	\$
Authorized Person's Signatu	ire:	TOTAL AMOUNT DUE	\$