

## Building Permit Application

**City of Cornelius**  
 By City of Forest Grove  
 1924 Council Street/P.O. Box 326  
 Forest Grove, OR 97116  
 Phone 503-992-3229 Fax 503-992-3202  
**Inspection Request Line 503-992-3206**

Date Received:	Permit No.:
Issue Date:	Receipt No.:
Land Use Approval:	Permit Expiration:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
<input type="checkbox"/> <b>APPLICANT</b>	<input type="checkbox"/> <b>ENGINEER</b>
<input type="checkbox"/> <b>ARCHITECT/DESIGNER</b>	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic No.:	City/Metro Business Lic No.:
Authorized Signature:	
Print name:	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
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 the profit for the work indicated on this application.	
Valuation	\$
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
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 the profit for the work indicated on this application.	
Valuation	\$
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please Refer To Fee Schedule	
Fees Due Upon Application	
Amount Received	
Date Received	

**This permit is issued under OAR 918-460-0030. This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.**

**Permits expire if work is not started within 180 days or if work is suspended for 180 days.**

\*Fee methodology set by Tri-County Building Industry Service Board