

Permit Number: _____

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	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Email:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Email:
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	
City/Metro Bus Lic:	Email:
CCB lic.:	PB Lic. no.:

FEE* SCHEDULE			
<i>For special information use checklist.</i>			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		239.50	
SFR (2) bath		316.75	
SFR (3) bath		386.25	
Each additional bath/kitchen		41.72	
Fire sprinkler (____ sq. ft.)		By sq ft	
Site utilities			
Catch basin or area drain		13.90	
Drywell, leach line, or trench drain		13.90	
Footing drain (each 100 ft.: ____)		46.35	
Manufactured home utilities			
Manholes		13.90	
Rain drain connector		13.90	
Sanitary sewer (each 100 ft.: ____)		46.35	
Storm sewer (each 100 ft.: ____)		46.35	
Water service (each 100 ft.: ____)		46.35	
Fixture or item			
Absorption valve		13.90	
Backflow preventer		13.90	
Backwater valve		13.90	
Clothes washer		13.90	
Dishwasher		13.90	
Drinking fountain		13.90	
Ejectors/sump		13.90	
Expansion tank		13.90	
Fixture/sewer cap		13.90	
Floor drain/floor sink/hub		13.90	
Garbage disposal		13.90	
Hose bib		13.90	
Ice maker		13.90	
Interceptor/grease trap		13.90	
Medical gas (value: \$ ____)		By value	
Primer		13.90	
Roof drain (commercial)		13.90	
Sink/basin/lavatory		13.90	
Tub/shower/shower pan		13.90	
Urinal		13.90	
Water closet		13.90	
Water heater		13.90	
Other:		13.90	
Other:			
Subtotal			
Minimum permit fee			\$ 27.30
Plan review (____% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

Authorized signature: _____

Print name:	Date:
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

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

Phone: 503-992-3229 Fax: 503-992-3202
1924 Council Street/P.O. Box 326, Forest Grove OR 97116

IVR Inspection Request Line: 888-299-2821