

Residential Building Permit Application

City of Independence
 P.O. Box 7 / Independence OR / 97351
 Phone 503-838-1212 / Fax 503-606-3282

OFFICE USE ONLY	
Date received:	Permit #:
Date issued:	Expires:
Historic Approval:	Residential:
Received by:	Issued by:

TYPE OF PERMIT

- Single Family Dwelling
 Duplex
 Accessory Building
 New construction
 Addition/alteration/replacement
 Fire Sprinkler System
 Fence
 Moved Building
 Other _____

JOB SITE INFORMATION

Job address: _____

Map number: _____ Tax Lot: _____ Subdivision: _____

Description of work: _____

OWNER	FOR SPECIAL INFORMATION USE CHECKLIST
-------	---------------------------------------

Name:	1 & 2 Family dwelling or accessory: Valuation of work \$ _____ Existing bldg. area _____ New dwelling area (sq ft) _____ Garage/carport area (sq ft) _____ No. of bedrooms/baths _____ Stories & ht in ft _____ Deck area (sq ft) _____ Other structure area _____
Mailing address:	
City: _____ State: _____ Zip: _____	
Ph: _____ Fax: _____ Cell: _____	

APPLICANT

Name:	Covered area _____ Type of Construction _____ Other information may be required to complete this application.
Mailing Address:	
City: _____ State: _____ Zip: _____	
Ph: _____ Fax: _____ Cell: _____	

CONTRACTOR

Business name:	Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701.
Address:	
City: _____ State: _____ Zip: _____	
Ph: _____ Fax: _____ Cell: _____	

ARCHITECT / DESIGNER

Name:	PLUMBING CONTRACTOR
Address:	
City: _____ State: _____ Zip: _____	
Ph: _____ Fax: _____	

ENGINEER

Name:	Business name: _____ Address: _____ City: _____ State: _____ Zip: _____ Ph: _____ Fax: _____ Cell: _____ CCB number: _____ PB number: _____
Address:	
City: _____ State: _____ Zip: _____	
Ph: _____ Fax: _____	

MECHANICAL CONTRACTOR

Name:	MECHANICAL CONTRACTOR Business name: _____ Address: _____ City: _____ State: _____ Zip: _____ Ph: _____ Fax: _____ Cell: _____ CCB number: _____
Address:	
City: _____ State: _____ Zip: _____	
Ph: _____ Fax: _____ Cell: _____	

I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.

Authorized signature: _____

Print name _____ Date: _____

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