



Residential Building Permit Application

City of Independence
P.O. Box 7 / Independence OR / 97351
Phone: 503-838-1212 / Fax: 503-606-3282
Inspection Line: 503-837-1199 (Mon-Thur)
Email: permits@ci.independence.or.us

| 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: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

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 _____

APPLICANT

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

Covered area _____

Type of Construction _____

CONTRACTOR

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

CCB number: _____

Other information may be required to complete this application.

Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701.

ARCHITECT / DESIGNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Fax: _____

Email: _____

PLUMBING CONTRACTOR

ENGINEER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Fax: _____

Email: _____

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

CCB number: _____ PB number: _____

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: _____

MECHANICAL CONTRACTOR

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

CCB number: _____

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



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Building Permit Application Checklist One or Two-Family Dwelling

THE FOLLOWING ITEMS ARE REQUIRED FOR PLAN REVIEW

1. **Zoning:** Flood plain elevations, historic preservation commission application, etc.
2. **Two Complete Sets of Legible Plans:** Must be drawn to scale, showing conformance to applicable local and state building codes. Lateral design details and connections must be incorporated into the plans or on a separate full size sheet attached to the plans with cross references between plan location and details. Plan review cannot be completed if copyright violations exist.
3. **Site/Plot Plan Drawn to Scale:** The plan must show lot and building setback dimensions; property corner elevations (if there is more than a 10-ft. elevation differential); location of easements and driveway; footprint of structure (including decks); location of wells or septic systems; directions indicator (true North); lot area; building coverage area; existing structures on site; and drainage ditches.
4. **Foundation Plan:** Show dimensions, anchor bolts, hold-downs, spread footings for point loads, connection details, vent size and locations.
5. **Floor Plans:** Show all dimensions, identify all rooms, show window sizes, locations of smoke detectors, water heater, furnace, ventilation fans, plumbing fixtures, balconies and decks, etc.
6. **Cross Section(s) and Details:** Show all framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, roof construction. More than one cross section may be required to clearly portray construction. Show details of all wall and roof sheathing, roofing, roof slope, ceiling height, siding material, footings and foundation, stairs, fireplace construction, thermal insulation, etc.
7. **Elevation Views:** Provide four elevations for new construction; minimum of two elevations for additions and remodels. Exterior elevations must reflect the actual grade if the change in grade is greater than 4 feet at building perimeter. Full- size sheet addendums showing foundation elevations with cross references are acceptable.
8. **Wall Bracing (Prescriptive Path) and/ Lateral Analysis Plans:** Must indicate details and locations; for non-prescriptive path analysis provide specifications and calculations to engineering standards.
9. **Floor/Roof Framing:** Provide two sets of calculations using current code design values for all beams and multiple joists over 10 feet long and/or any beam/joist carrying a non-uniform load.
10. **Basement and Retaining Walls:** Provide cross sections and details showing placement of rebar. For engineered systems, see item 15, "Engineer's calculations."
11. **Beam Calculations:** Provide two sets of calculations using current code design values for all beams and multiple joists over 10 feet long and/or any beam/joist carrying a non-uniform load.
12. **Manufactured floor/roof lay-out and truss design details.**
13. **Energy code Compliance:** The exterior building envelop shall comply with Table N1101.1(1) and the requirements specified in Table N1101.1(2).
14. **Gas Piping:** A gas- piping schematic is required for **four** or more appliances
15. **Engineer's Calculations:** When required or provided, (i.e, shear wall, roof truss) shall be stamped by an engineer or architect licensed in Oregon and shall be shown to be applicable to the project under review.

Checklist must be completed before plan review will start. Minor changes or notes on submitted plans may be in blue or black ink. Red ink is reserved for department use only.