



Commercial 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:
Commercial:	Issued by:
Received by:	

TYPE OF PERMIT

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Tenant improvement | <input type="checkbox"/> Fire sprinkler/alarm | <input type="checkbox"/> Other _____ |

JOB SITE INFORMATION

Job address:	
Map number:	Tax Lot:
Description of work:	

OWNER

Name:			
Mailing address:			
City:	State:	Zip:	
Ph:	Email:		

APPLICANT

Name:			
Mailing Address:			
City:	State:	Zip:	
Ph:	Email:		

CONTRACTOR

Business name:			
Address:			
City:	State:	Zip:	
Ph:	Email:		
CCB number:			

ARCHITECT / DESIGNER

Name:			
Address:			
City:	State:	Zip:	
Ph:	Fax:		
Email:			

ENGINEER

Name:			
Address:			
City:	State:	Zip:	
Ph:	Fax:		
Email:			

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: _____

FOR SPECIAL INFORMATION USE CHECKLIST

Commercial/Industrial/Multi-family:

Valuation of work	\$ _____
Existing bldg. area (sq ft)	_____
New bldg. area (sq ft)	_____
Stories & ht in ft	_____
Type of construction	_____
Occupancy group(s):	Existing: _____
	New: _____
Lot size (ac. / sq ft)	_____

Supplemental City of Independence Commercial Application Checklist to be completed, if required.

- Notice:** All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701.
1. Electrical permits through Polk County
 2. No work to be covered prior to inspection
 3. Final inspection required to occupy
 4. Post address on site

PLUMBING CONTRACTOR

Business name:			
Address:			
City:	State:	Zip:	
Ph:	Email:		
CCB number:	PB number:		

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.

