

## Building Permit

Application Lake County Building Department

Eake County Building Department 513 Center Street, Lakeview, OR 97630 Phone: 541-947-6033 Fax: 541-947-2144 Email: <u>building@co.lake.or.us</u> Web: <u>www.lakecountyor.org</u>

TYPE OF WORK				
New Construction	Demolition			
□ Addition/Alteration/Replacement	□ Other:			
CATEGORY OF CONSTRUCTION				
1 & 2 Family Dwelling	Commercial/Industrial			
□ Multi-Family	Accessory Building			
JOB SITE	LOCATION			
Job Site Address*:				
DESCRIPTION OF WORK				
	ICANT			
Company Name:				
Contact Name:				
Address:				
City, State, Zip:				
Phone:	Fax:			
E-Mail:				
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I agree to build to the approved plans. I understand that permits may be required. It is the responsibility of the applicant/owner to comply with all private conditions, covenants and restrictions (CC&R's) associated with this property.				
Applicant's signature:				
Print Name:	Date:			
PROPERTY OWNER				
Name:				
Address:				
City, State, Zip:				
Phone:	Fax:			
E-mail:				
CONTRACTOR				
Business Name:				
Address:				
City, State, Zip:				
Phone:	Fax:			
E-mail:				
CCB License #:	Expiration Date:			

DEPARTMENT USE ONLY			
Date:			
Building Approved:		Date:	
Planning Approved:		Date	
Zone:	Flood Plain:		□ NO
T/R/S:			
1 & 2 Family Dwg	llings & Accos	Sory S	tructuro
1 & 2 Family Dwe Permit fees are based on Indicate the value of lab plumb equipment & pern on this permit. Valuation\$ Number of Bedroom Number of Bathroor New Dwelling Area Garage/Carport Area Covered porch area Deck Area (sq ft): Other structure area COMMEF Permit fees are based on Indicate the value of lab plumb equipment & pern on this permit. Valuation\$ Existing Building Area Number of Stories: Type of Constructio Occupancy Group:	the value of the w or & materials suc manent systems fo ns: (sq ft): (sq ft): a (sq ft): <b>RCIAL &amp; MULTI-F</b> the value of the w or & materials suc manent systems fo ea (sq ft): (sq ft): (sq ft):	AMILY rork perfection	ormed. t, gas, mech, k indicated ormed. t, gas, mech,
Existing Occupancy:			
New/Proposed Occupancy:			
NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractor's Board under ORS 701. BUILDING PERMIT FEES			
Permit Fee**		\$	
Bldg Plan Review Fee	65%	\$	
Fire Life Safety Review		\$	
State Surcharge 12%		\$	
Planning Review Fee		\$ 25.0	0
TOTAL		\$	
* Prior to a building pe be obtained. **For all projects with permit fee is \$65.65			
BUILDING PERMIT NUMBER			