

Structural Permit Application

City of Lafayette PO Box 55, 486 3rd Street, Lafayette OR 97127 Phone (503) 864-2451; Fax (503) 864-4501

Internet address: www.ci.lafayette.or.us

DEPARTMENT USE ONLY			
Permit No:			
Date Rcvd:	Revd By:		
Date Issd:	Issd By		
Building:	Planning:		
PW:	Fire Dept.:		

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVAL						
This project has final land	d-use approva	l.				
Signature:			Date:			
This project has DEQ app	proval.					
Signature:				Date:		
Zoning approval verified						
Property is within flood plain: Yes No						
CATEG	ORY OF CO	ONSTRUC	TION			
Residential	Governm	nent		☐ Commercial		
☐ Accessory Building	☐ Multi-Fa	☐ Multi-Family		☐ Garage		
☐ Deck	☐ Other:					
JOB SITE I	NFORMATION	ON AND	LOCA	TION		
Job site address:						
City:		State:		ZIP:		
Subdivision:			Lot no.	:		
Tax map/parcel no:						
☐ PROPERTY OWNE	ER	TENAN	IT			
Name:						
Address:						
City/State/Zip:						
Phone:		Fax: -	-			
PROPER	TY OWNER	INSTALL	OITA	N		
Name:						
Address:						
City:		State:		ZIP:		
Phone:	Fax:					
E-mail:						
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010. Sign here:						
CONTRACTOR INSTALLATION						
Business name:						
Address:						
City:	State:		ZIP:			
Phone:	Fax: -		1			
E-mail:						
CCB license no.:						
Print name:						
Signature:						
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FEE SCI	HEDULE			
1. Valuation information				
(a) Job description:				
Occupancy:				
Construction type:				
Dwelling area:		Square feet		
Number of bedrooms:				
Number of bathrooms:				
Number of floors:				
Garage/Carport area:		Square feet		
Covered porch area:		Square feet		
Deck area:		Square feet		
Other structure area:		Square feet		
Cost per square foot:				
new alteration addition demo				
(b) Plan review only? Yes No				
Total valuation:		\$		
2. Building fees				
(a) Permit fee (use ICC valuation tal	ble):	\$		
(b) Investigative fee (equal to [2a]):		\$		
(c) Reinspection (\$19.50 per hour): (number of hours x fee per hour))	\$		
(d) Enter 12% surcharge (.12 x [2a+2b+2c]):		\$		
(e) Subtotal of fees above (2a thro	\$			
3. Plan review fees				
(a) Plan review (65 % x permit fee [2	·	\$		
(b) Fire and life safety (40 % x permit fee [2a]):		\$		
(c) Type A permit		\$		
(d) Residential Site Review Fee:		\$		
(e) Subtotal of fees above (3a through 3c): \$ 4. Miscellaneous fees				
(a) System Development Charges:		\$12,609.00		
		\$ 12,000.00		
(b) School C.E.T.: (residential.\$1.20 per sq. ft. minus 600 sq ft.) (non-residential .60 per sq. ft.)		\$		
(c) Subtotal of fees above (4a through 4b):		\$		
TOTAL fees and surcharges (2e+3d+4c):		\$		
Payment				
Pmt Amt:	Туре:			
Date:	Receipt #:			
Pmt Amt: Type:				
Date: Receipt #:				