



City of Clatskanie

75 S. Nehalem Clatskanie, OR 97016

Phone 503-728-2622

Fax 503-728-3297

DEPARTMENT USE ONLY	
Permit No:	
Application Date:	
Date Issued & Paid:	

JOB ADDRESS:

Assessor's Map No.: _____ Tax Lot(s): _____

Lot: _____ Block: _____ Subdivision: _____

Class of work: Residential Commercial

New Structure Addition Alteration Garage/Carport Accessory Bldg. Mfg.Home Other _____

Property Owner (PRINT):

Phone: _____ Alt Phone: _____ Email address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contractor (PRINT): Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contractor Number (CCB): _____ Email address: _____

Engineer, Architect or Designer (PRINT): _____ Phone: _____

DESCRIPTION OF WORK:

Square Footage of Building: _____ Construction Type: _____

ESTIMATED FINISHED VALUE: \$ _____

NOTICE

THIS PERMIT IS ISSUED UNDER OAR 918-460-0030, 918-440-0050, 918-780-0040 / 0065/ 0080. THIS PERMIT BECOMES NULL AND VOID IF WORK IS NOT COMMENCED WITHIN 180 DAYS, OR IF THE CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 180 DAYS.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

PROPERTY OWNER Signature: _____ **Date:** _____

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 OAR 701.010.

CONTRACTOR Signature: _____ **Date:** _____

FOR PLANNING DEPARTMENT USE

Zone: _____ Plan Review No: _____ Requires Yard Setbacks: Front: _____ Side: _____ Front/Side: _____ Rear: _____

Flood Hazard: YES NO Flood Zone: _____ Number of Off-Street Parking Spaces Required: _____

Special Conditions: _____ Approved By: _____ Date: _____

PUBLIC WORKS USE				FIRE DEPARTMENT USE	
Wtr Mtr:	Size:	Tap:	B'Flow X-Conn:	Access:	
Sewer:	Special Permit/Monitoring:		Tap:	Fire Protection Equip.:	
Streets/Sidewalks/Curbs:				Comments:	
Storm Drainage:					
Comments:					
Plans Reviewed By:		Date:		Plans Approved By: _____ Date: _____	

BUILDING DEPARTMENT USE

Const. Type: _____ **Sq.Ft.:** _____ **Occ Group:** _____ **Max Occ. Load:** _____ **# of Units:** _____ **# of Stories:** _____ **Height:** _____

Other Information: _____

Plan Checked by: _____ Date: _____ Plans Approved By: _____ Date: _____

BUILDING	PLUMBING	MECHANICAL	TOTAL
FEES	FEES	FEES	FEES
PLAN CK	PLAN CK	PLAN CK	PLAN CK
SURCHARGE	SURCHARGE	SURCHARGE	SURCHARGE
DEFER/PHASE:	DEFER/PHASE	DEFER/PHASE	DEFER/PHASE
TOTAL	TOTAL	TOTAL	TOTAL

Inspection line: 800.358.8034 Schedule by 5pm for next inspection day Inspection Days: M W F rev3/2017