

Building Permit Application

City of Fairview

1300 NE Village St., Fairview, Or 97024

Community Development – Permits Desk 503-674-6206

Inspection requests may be made by: Phone: 503 674-6244

Application No.:	Permit No.: B
Date Received:	Expire date:
Date Issued:	Issued By:
Assoc. Permit No.:	Receipt No.:

Fax: 503 667-7866

E-mail: inspection@ci.fairview.or.us

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/Zip: Fairview, OR 97024	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/Zip:	
Phone:	Fax:
CCB License no.:	City or Metro License no.:
Authorized signature:	
Print name:	Date:
DEPARTMENT APPROVAL - INITIAL & DATE	
Planning Dept.:	
Public Works Dept.:	
Building Dept.:	
Fire Marshal:	
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. Permits are non-transferable and expire 180 days from issuance or last inspection.	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and profit for the work indicated on this application.	
Valuation \$	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	sq. ft.
Garage/carport area:	sq. ft.
Covered porch area:	sq. ft.
Deck area:	sq. ft.
Other structure area:	sq. ft.
REQUIRED DATA: COMMERCIAL – USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and profit for the work indicated on this application.	
Valuation \$	
Existing building area:	sq. ft.
New building area:	sq. ft.
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: _____	

Building Permit Fees *	
Refer to fee schedule	
Building Permit Fee	\$
Plan Review Fee (65% of permit fee)	\$
Fire & Life Review Fee(40% of permit fee)	\$
State Surcharge (12% of permit fee)	\$
Planning Review Fee	\$
Deposit	\$
TOTAL DUE	\$
* Fee methodology set by Tri-County Building Industry Service Board	

Additional forms and information: www.FairviewOregon.gov

Metro Construction Guide: www.oregonmetro.gov/tools-working/guide-construction-salvage-and-recycling