

# Fire Protection Permit Application

## City of Fairview

1300 NE Village St., Fairview, OR 97024

Permits Desk 503-674-6206

Inspection requests may be made by: Phone: 503 674-6244 Email: [inspection@ci.fairview.or.us](mailto:inspection@ci.fairview.or.us)

Date Received:	Permit No.:
Date Issued:	Expire Date:
Issued By:	Receipt No.:

JOB SITE INFORMATION AND LOCATION	
Job Site Address:	
City/State/Zip:	
Suite #:	Bldg./Apt.#:
Project Name:	
Subdivision:	Lot #:
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
CONTRACTOR	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Email:
*CCB Lic. #:	
Authorized Signature (required):	
Print Name:	Date:
DEPARTMENT APPROVAL – INITIAL & DATE	
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.	
I further certify that any and all work performed shall be in accordance with the ordinances of the City of Fairview and the laws of the State of Oregon pertaining to the work described herein, and if not in compliance, a Stop Work Order will be issued.	
I further certify that occupancy of the structure <u>will not occur</u> until either a <u>written</u> certificate of occupancy or a <u>written</u> temporary occupancy approval has been issued by the Building Official. I understand that if the structure is occupied prior to either of these <u>written</u> approvals, the property owner shall be subject to the penalties authorized by law.	

TYPE OF WORK	
<input type="checkbox"/> Automatic Fire Sprinkler	
<input type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Hood & Duct Fire Suppression System	
<input type="checkbox"/> Paint Booth Fire Suppression System	
<input type="checkbox"/> Other – Please Describe:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2 Family Dwelling/Accessory	
<input type="checkbox"/> Multi-Family (Apts. and Condos)	
<input type="checkbox"/> Commercial/Industrial	
<input type="checkbox"/> Other:	
REQUIRED DATA: DWELLING	
Square Feet:	
REQUIRED DATA: COMMERCIAL	
Note: Permit fees are based on the total 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: \$	
PERMIT FEES (OFFICE USE ONLY)	
Permit Fee	\$
65% Plan Review Fee	\$
State Surcharge (12% of Permit Fee)	\$
<b>Total Fee</b>	<b>\$</b>