

# Building 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.:

TYPE OF WORK	
<input type="checkbox"/>	New Construction
<input type="checkbox"/>	Addition/Alteration/Replacement
<input type="checkbox"/>	Garage/Carport
<input type="checkbox"/>	Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/>	1 & 2-Family Dwelling/Accessory
<input type="checkbox"/>	Commercial/Industrial
<input type="checkbox"/>	Multi-Family (Apts or Condos)
<input type="checkbox"/>	Other:
JOB SITE INFORMATION AND LOCATION	
Job Site Address:	
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:	
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Name:	
Address:	
City/State/Zip:	
Email Address:	
Phone:	Email:
CONTRACTOR OR OWNER	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Email:
*CCB Lic. #:	Cell:
Metro/City License #:	
Authorized Signature:	
Print Name:	Date:
<b>NOTICE:</b> All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed. If the applicant is exempt from licensing, the following reason applies:	

REQUIRED DATA: 1 & 2 FAMILY DWELLING		
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:	\$	
No. of Bedrooms:	No. of Baths:	
Total Number of Floors:		
New Dwelling Area (sq. ft.):		
Garage/Carport Area (sq. ft.):		
Covered Porch Area (sq. ft.):		
Main Floor Area (sq. ft.):		
Deck Area (sq. ft.):		
Other Structure Area (sq. ft.):		
REQUIRED DATA: COMMERCIAL USE CHECKLIST		
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 fit the work indicated on this application.		
Valuation:	\$	
Existing Building Area (sq. ft.):		
New Building Area (sq. ft.):		
Number of Stories:		
Type of Construction:		
Occupancy Group(s):	Existing	
	New	
Occupancy Load:		
Note: Work related to this Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint.		
BUILDING PERMIT FEES (OFFICE USE ONLY)		
	Subtotal	\$
Plan Review Fee (65% of Permit Fee)		\$
Fire/Life/Safety (40% of Permit Fee, if applicable)		\$
State Surcharge (12% of Permit Fee)		\$
City Planning Review Fee		\$
Engineering Review Fee		\$
Deposit		\$
	<b>Total Fee</b>	<b>\$</b>
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.		