



**City of Phoenix**  
 112 W. 2nd Street  
 Phoenix, OR 97535  
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 planning@phoenixoregon.gov

<b>APPLICATION FOR STRUCTURAL PERMIT</b>	<b><u>DEPARTMENT USE ONLY</u></b>	
	Permit #:	
	By:	Date:

*This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

JOB SITE INFORMATION	OWNER INFORMATION
Address:	<i>I am the property owner doing my own work (initial):</i> _____
City:	
Parcel #:	Owner Name:
Directions to work site:	Mailing address:
	City/State/ZIP:
	Phone: <span style="float: right;">Cell:</span>
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:

OTHER APPROVALS		
Zoning	Floodplain	Onsite
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Approval:	Approval:	Approval:
Date: <span style="float: right;">Parcel #:</span>		Date: <span style="float: right;">Parcel #:</span>

**(1) Valuation Information**

(a) Job description: \_\_\_\_\_

(b) Occupancy: \_\_\_\_\_

(c) Construction type: \_\_\_\_\_

(d) Square feet: \_\_\_\_\_

(e) Cost per square foot (April ICC): \_\_\_\_\_

(f) Type of Work:  New  Alteration  Addition  Demolition  Repair

(g) Is this a foundation ONLY permit?  Yes  No

(h) Is this a plan review ONLY?  Yes  No

(i) Total valuation: \_\_\_\_\_

<b>(2) Building Fees</b>		Contractor:	
(a) Permit fee:		Address:	
(b) 12% surcharge:		City/State/ZIP:	
<b>(3) Plan Review</b>		Phone:	
(a) Plan review (permit fee x _____ )		Email:	
(b) Fire & Life Safety (permit fee x _____ )		BCD license:	
<b>Subtotal of fees above:</b>		CCB license:	
<b>(4) Miscellaneous Fees</b>			
(a) Seismic review – permit fee x 0.01			
<b>Total Due:</b>			

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Applicant name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Signature:	Date: