

# STRUCTURAL Permit Application

## Malheur County Building Department

14 South 3rd St. / P.O. Box 2783

Nyssa, OR. 97913

Phone: 541-372-5460 Fax 541-372-5465

Email: [BuildingDepartment@bldgmalheurco.org](mailto:BuildingDepartment@bldgmalheurco.org)



### DEPARTMENT USE ONLY

Date App Rec'd \_\_\_\_\_

This permit is issued under OAR 918-460-0030. Permits expires if work is not commenced with 180 days of issuance or if work is suspended for 180 days.

#### TYPE OF WORK (Check Box)

New Const      Addition      ☐ Alteration      Repair

Tenant Improvement      Solar      Other \_\_\_\_\_

#### CATEGORY OF CONSTRUCTION (Check Box)

1 & 2 Family Dwelling      Manufactured Dwelling

Accessory Bldg      Commercial      Industrial

Multi-Family

#### JOB SITE INFORMATION AND LOCATION

Jobsite Address:

Ste/Apt/SP#:      City:      OR. Zip:

Job site Business Name/ Tenant:

Cross St & Directions to Jobsite:

#### DETAILED DESCRIPTION OF WORK

#### PROPERTY OWNER INFORMATION

Print Name:

Mailing Address:

City:      ST:      Zip:

Phone:      Cell:

This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. OAR 701.010.

Owner Signature:

Print Name:      Date:

#### CONTRACTOR INFORMATION

Business Name:

Contact Person:

Address:

City:      ST:      Zip:

Phone:      Cell:

Fax:      Email:

CCB Lic#      MDI/LSI Lic #

Authorized

Signature required:

Print Name:      Date:

I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701), that I am the owner or authorized agent of the owner, that the registration No is correct and current, that the plans submitted are in compliance with state law. **Manufactured Dwelling Foundation installers must have an Oregon MDI/LSI/LI license**

#### LOCAL GOVERNMENT APPROVALS

##### PLANNING & ZONING

REF # \_\_\_\_\_

Use Zone: \_\_\_\_\_ T \_\_\_\_\_ S, R \_\_\_\_\_ S \_\_\_\_\_ TL \_\_\_\_\_

P/Z Permit# \_\_\_\_\_ Date Issued \_\_\_\_\_

Setbacks: Road ROW: \_\_\_\_\_ L.side \_\_\_\_\_ R.side \_\_\_\_\_ Rear \_\_\_\_\_

**\*\*Owner/Contractor responsible to meet above setback requirements**

Farm Dwelling:      New ☐      Replacement ☐

Non-Farm Dwelling:      New ☐      Replacement ☐

Other: ☐ Description: \_\_\_\_\_

Flood Plain: Yes ☐ No ☐ Required Elevation: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: Planning

Print Name:      Date:

##### SANITATION

Sanitation Required:      Yes ☐      No ☐

Information Verified:      Yes ☐      No ☐

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name:      Date:

#### (1) FEE SCHEDULE - Valuation information (Dept Use Only)

(a) 1 & 2 FAMILY DEWLLING:      (b) COMMERCIAL:

New Dwelling:      Sq Ft      New Bldg      Sq Ft

Att'd garage/carport      Sq Ft      Existing Bldg      Sq Ft

Covered Porches      Sq Ft      Addition to Bldg      Sq Ft

Deck      Sq Ft      Number of Stories

Dwelling Addition      Sq Ft      Construction Type

Other Structures      Sq Ft      Occupancy Group

Construction Type      Occ. New

Occupancy      Occ. Existing

Valuation: \$      Valuation: \$

##### PERMIT FEES

#### (2) BUILDING FEES

(a) Permit fee      \$

(b) Investigave fee      \$

(c) Re-inspect./Special inspect. (\$65.00 per Hr)      \$

#### (3) PLAN REVIEW FEES

(d) Enter 12% surcharge (.12 x (a) and/or (b), (c) if applicable)      \$

(e) Plan review fee 65% above(a) if required      \$

(f) Fire & life Safety Fee 40% of (a)if required      \$

**Total Permit Fee Due (A) thru (F)**      \$