

BUILDING PERMIT APPLICATION



**HOOD RIVER COUNTY
COMMUNITY
DEVELOPMENT**
601 State Street
Hood River, OR 97031

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PLANNING	
L.U.P. No.:	
Ref. CUP/NSA/Etc. #	
Date received:	
Date issued:	
BUILDING	
Permit No.:	
Date received:	
Date issued:	
Ref. mech permit #	

Type of Permit				Water Supply:		Waste:	
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Multi-Family Dwelling	<input type="checkbox"/> Sprinkler System		Public <input type="checkbox"/>		Septic <input type="checkbox"/>	
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Sign		Well <input type="checkbox"/>		Sewer <input type="checkbox"/>	
<input type="checkbox"/> Addition/alteration/repair	<input type="checkbox"/> Reroof	<input type="checkbox"/> Other		Zone/Setbacks			
Note: Separate applications must be made for mechanical, electrical, & plumbing permits.				Zone:			
				Front:			
				Int. Side:			
				Ext. Side:			
				Rear:			
				Height:			
				Other:			
Job Site Information				Valuation of Work - for addn/alt/repair, sprinklers, signs, and "other" - incl. equip., mtrls, labor, & overhead and profit.			
Township:	Range:	Section:	Tax Lot:	\$			
Job Address: _____ City: _____				Sq. Footage - See back of form to enter s.f. for new bldgs.			
Description of work: _____				Fees (Fees are an estimate until plans appvd)		Pd / date	
Special Conditions on Site: _____				Land-Use Permit Fee \$			
Applicant: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other				Plan Check \$			
SIGNATURE REQUIRED _____				Structural \$			
Owner Name: _____				Fire/Life/Safety \$			
SIGNATURE REQUIRED _____				12% Surcharge \$			
Mailing Address: _____				New Address \$			
City:	State:	Zip:		Park & Rec SDC			
Phone:	Fax/email:			C.E.T. for Schools \$			
Contractor				Transportation SDC \$			
Company:	Contact Name:			C.E.T. (Afford House) \$			
Address: _____				TOTAL \$ _____			
City:	State:	Zip:		TOTAL PAID \$ (_____)			
Phone:	Fax/email:			Pd by _____			
CCB No: _____	Expires: _____			BALANCE DUE * \$ _____			
Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701.				* Refer also to mechanical permit application			
I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations. _____ (initials)							
This application expires if a permit is not obtained within 180 days after filing (accepted as complete), or if the work authorized by the permit is suspended or abandoned for a period of 180 days.							

Required Approvals	Signature	Date	Remarks
<input type="checkbox"/> City UGA			
<input type="checkbox"/> Fire Dept.			
<input type="checkbox"/> Public Works			
<input type="checkbox"/> Sanitation			
<input type="checkbox"/> Water District			
<input type="checkbox"/> Irrigation District			
<input type="checkbox"/> Planning Dept.			