## **FILL & GRADING APPLICATION** BUILDING

700D	RILEP
	ECREATION STRY NT

Type of Permit

Job Site Information

Description of work:

Water Supply Source:

SIGNATURE REQUIRED

Cut

Owner

Township:

Job Address:

## COMMUNITY DEVELOPMENT

BUILDING DEPT 601 STATE STREET HOOD RIVER, OR 97931 PHONE 541-386-1306 FAX 541-387-6878

🗌 Fill

Range:

Date received: Date received: Date issued: Date issued: Permit No. L.U.P. No. **Required Approvals** Signature Date Remarks City UGA Fire Department Public Works Email: building@hoodrivercounty.gov Sanitation Water District Irrigation District Inspection Line: (541) 308-0646 Planning Department Zone: Setbacks: **Total Cubic Yards** Front: Int. Side: Section: Tax Lot: Ext. Side: Rear: Height: Site Condition: (Hill Side, Wet Area, Expansive Soil, Other) Other: Method of Sewage Disposal: A fill and grading permit is valid for 180 days. An approved inspection extends the permit 180 days from the date of that inspection. If the project is not commenced, abandoned, or if a required, approved inspection has not been performed within

**OFFICE USE ONLY** 

PLANNING

Name:				ection has not been performed within	
Address:			expired for six months or	mit expires. To revalidate a permit less, half the original permit fee shall	
City:	State:	Zip:		be paid. Prior to expiration, a one-time free extension may be granted. After six months since expiration, a new application shall be filed.	
Phone:	Email:				
Contractor			Fees		
Name:			Fill (yds) (depth)	\$	
Address:			Cut (yds) (depth)	\$	
City:	State:	Zip:	Plan Check	\$	
Phone:	Email:				
CCB No:	Expires:		Planning	\$	
			Other	\$	
Engineer					
Name:			TOTAL	\$\$	
Address:			Amount Paid	\$	
City:	State:	Zip:	Balance Due	\$	
Phone:	Email:				
Authorized Signature:		Date:			
Print Name:					