



PERMIT NUMBER

Type of Work:	Office Use Only					
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Demolition <input type="checkbox"/> Other:	Date Received:					
	Received By:					
Category of Submittal:						
<input type="checkbox"/> Fire Life Safety <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> Other:						
Job Site Information & Location						
Address:					Lot #	
OREGON CITY, OREGON 97045					Suite #	
Project Name:						
Directions to Job Site:						
Subdivision:					Tax Map:	
Description of Items Submitted (note: please describe changes in clear, plain language to expedite the review)						
Are any of these changes visible from the exterior? Yes No						
Contact Person	Fees (If Applicable) – Office Use Only Please refer to fee schedule.					
Business Name:						
Contact Name:	Building					
Address:	Planning					
City/State/Zip:	Tech					
Phone #:	Admin					
Email:	Total Due:					
Authorized Signature:						
Staff Approvals and Conditions (Office Use ONLY)						
	Intake	Building	Planning	SDC Sent	SDC Rcvd	Issued
Initials:						
Date:						
Special Conditions:						