



NSFR Application

695 Warner Parrott Road
Oregon City, OR 97045
Phone: 503-722-3789 - Fax: 503-722-3880

Permit #	
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Date:	Recv'd:
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TYPE OF WORK	
<input type="checkbox"/> New construction	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Cross street/directions to job site:	
Subdivision:	Lot No.
Tax map/parcel No.	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/ZIP:	
Phone #	Email:
Owner Installation: This installation is being made on the property that I own, which is not intended for sale, lease, rent, or exchange. ORS 701.010	
Owner Signature:	
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone #	Fax #
E-mail:	
GENERAL CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone #	Fax #
E-mail:	
CCB Lic. No.	OC/Metro Lic. No. <i>REQUIRED</i>
Authorized signature:	
Print name:	Date:

FEE SCHEDULE	
Permit fees are based on the value of the total work performed. Indicate the total value to the nearest dollar.	
REQUIRED RESIDENTIAL INFORMATION	
Valuation:	
Number of Bedrooms:	
Number of Bathrooms:	
Number of Floors:	
New Dwelling Area:	Square Feet
Garage/Carport Area:	Square Feet
Covered Porch Area:	Square Feet
Deck Area:	Square Feet
Other Structure Area:	Square Feet
DESIGN PROFESSIONAL	
Firm:	
Address:	
City:	
State:	Zip Code:
Contact Name:	
Phone #	
E-Mail:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction (city) they are working in.	
BUILDING PERMIT FEES	
Fee Due Upon Application	
TOTAL PERMIT FEE	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

PLEASE COMPLETE OTHER SIDE

PLUMBING CONTRACTOR	
Business name:	BCD Lic. No.
Contact Name:	
Address:	
City/State/ZIP:	
Phone #	Fax #
E-mail:	
CCB Lic. No.	OC/Metro Lic. No. <i>REQUIRED</i>
ELECTRICAL CONTRACTOR	
Business name:	BCD Lic. No.
Contact Name:	
Address:	
City/State/ZIP:	
Phone #	Fax #
E-mail:	
CCB Lic. No.	OC/Metro Lic. No. <i>REQUIRED</i>
MECHANICAL CONTRACTOR	
Business name:	
Contact Name:	
Address:	
City/State/ZIP:	
Phone #	Fax #
E-mail:	
CCB Lic. No.	OC/Metro Lic. No. <i>REQUIRED</i>

FEE SCHEDULE	
Number of Bathrooms:	
Additional Water Line:	
Additional Sewer Line:	
Additional Storm Line:	
FEE SCHEDULE	
Dwelling Area:	Square Feet
Garage/Carport Area:	Square Feet
Covered Porch Area:	Square Feet
Limited Energy:	
FEE SCHEDULE	
A/C:	Exhaust Fans:
Furnace:	Gas:
Vents:	Fireplace:
Dryer:	Woodstove:
Hood:	Other: