

# Building Permit Application

## YAMHILL COUNTY

525 NE 4<sup>th</sup> St., McMinnville, OR 97128

planning@co.yamhill.or.us

Phone: (503) 434-7516

Fax: (503) 434-7544

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

Project Number \_\_\_\_\_

TYPE OF WORK	
<input type="checkbox"/> New construction	Replacement Dwelling?
<input type="checkbox"/> Addition/alteration	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Deck
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Porch
<input type="checkbox"/> Agricultural building	<input type="checkbox"/> Garage
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/Zip:	
Cross street/directions to job site:	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
Phone: (    )	Fax: (    )
This installation is being made on residential or farm property owned by myself or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.	
<b>Sign here:</b>	
CONTRACTOR	
Name:	
Address:	
City/State/Zip:	
Phone: (    )	Fax: (    )
E-mail:	
CCB lic:	Expiration date:
APPLICANT	
Name:	
Address:	
City/State/Zip:	
Phone: (    )	Fax: (    )
<b>SIGNATURE:</b>	
FOR DEPARTMENT USE ONLY	
Zoning and setbacks:	
Front:	Side:      Rear:
Planning approval:	
Conditions/remarks:	
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Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
REQUIRED DATA: 1- AND 2- FAMILY DWELLING	
Valuation:	
# of bathrooms:	
# of bedrooms:	
New main floor area:	Sq ft
New 2 <sup>nd</sup> story area:	Sq ft
New finished basement area:	Sq ft
New unfinished basement area:	Sq ft
New finished bonus room area:	Sq ft
New unfinished bonus room area:	Sq ft
New garage/carport :	Sq ft
New shop area:	Sq ft
New covered porch area:	Sq ft
New deck area:	Sq ft
Other structure area:	Sq ft
Construction Type:	
Occupancy:	
Other:	
BUILDING PERMIT FEES	
<i>Please refer to fee schedule</i>	
Plan check fees due upon application	\$
Paid Amount	\$
Receipt#	Check#      Date
Plan Review Balance	\$
Permit fee	\$
12% surcharge	\$
SDC charges	\$
Agency review (zoning)	\$
Reinspection fee	\$
Other	\$
TOTAL DUE	
Paid amount	\$
Receipt #	
FOR DEPARTMENT USE ONLY	
Building plans approval:	
Public Works approval:	
Fire Department approval:	
Septic approval:	

**This permit is issued under OAR918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**