

Building Permit Application

YAMHILL COUNTY

525 NE 4th 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"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Deck	<input type="checkbox"/> Garage
<input type="checkbox"/> Agricultural building	<input type="checkbox"/> Other
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 my or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.	
Sign here:	
CONTRACTOR	
Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	
CCB lic:	Expiration date:
APPLICANT	
Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
SIGNATURE:	
FOR DEPARTMENT USE ONLY	
Zoning and setbacks:	
Front:	Side: Rear:
Planning approval:	
Conditions/remarks:	

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:	Square feet
New 2 nd story area:	Square feet
New basement area:	Square feet
New garage/carport :	Square feet
New covered porch area:	Square feet
New deck area:	Square feet
Other structure area:	Square feet
Other:	
REQUIRED DATA: COMMERCIAL	
Valuation:	
Existing building area:	
New building area:	
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
BUILDING PERMIT FEES	
<i>Please refer to fee schedule</i>	
Plan check fees due upon application	\$
Receipt #	
Paid Amount	\$
Permit fee	\$
12% surcharge	\$
SDC charges	\$
Agency review (zoning)	\$
Reinspection fee	\$
Investigation 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.