

Structural Permit Application

Jurisdiction name: **Benton County**
 Address: **Kalapuya Building - 4500 SW Research Way, Corvallis OR 97333**
 Phone: **(541) 766-6819** Fax: **(541) 766-6891**
 Inspection #: **1-888-299-2821** Web: www.co.benton.or.us/cd



DEPARTMENT USE ONLY	
Permit no.:	
Date:	

This permit is issued under OAR 918-309-0000. Permits are nontransferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVAL	
This project has final land-use approval. Signature: _____	Date: _____
This project has DEQ approval. Signature: _____	Date: _____
Zoning approval verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property is within flood plain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government
<input type="checkbox"/> Commercial	
JOB SITE INFORMATION AND LOCATION	
Job site address: _____	
City: _____	State: _____ ZIP: _____
Subdivision: _____	Lot no.: _____
APPLICANT INFORMATION	
Name: _____	
Phone: _____	Fax: _____
E-mail: _____	
PROPERTY OWNER INFORMATION	
Name: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	Fax: _____
E-mail: _____	
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.	
Signature: _____	
CONTRACTOR INFORMATION	
Business name: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	Fax: _____
E-mail: _____	
CCB license no.: _____	
Print name: _____	
Signature: _____	

FEE SCHEDULE	
1. Valuation information	
(a) Job description: _____	
Occupancy: _____	
Construction type: _____	
Square feet: _____	
Cost per square foot: _____	
Other information: _____	

<input type="checkbox"/> new <input type="checkbox"/> alteration <input type="checkbox"/> addition	
(b) Foundation-only permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Plan review only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total valuation:	\$ _____
2. Building fees	
(a) Permit fee (use valuation table):	\$ _____
(b) Investigative fee: (\$50 per ½ hr., 1 hr. min.)	\$ _____
(c) Re-inspection \$100 ea.	\$ _____
(d) Enter 12% surcharge (.12 x [2a+2b+2c]):	\$ _____
(e) Subtotal of fees above (2a through 2d):	\$ _____
3. Plan review fees	
(a) Plan review (100% x permit fee [2a]):	\$ _____
(b) Fire and life safety (40% x permit fee [2a]):	\$ _____
(c) Subtotal of fees above (3a and 3b):	\$ _____
4. Miscellaneous fees	
(a) Seismic fee, 1% (.01 x permit fee [2a]):	\$ _____
TOTAL fees and surcharges (2e+3c+4a):	\$ _____