



BUILDING PERMIT APPLICATION
CITY OF AMITY
 109 MADDOX AVE • P.O. BOX 159, AMITY, OR 97101
 PHONE: (503) 835-3711 FAX: (503) 835-3780

For Office Use Only: Date Received: _____
 Deposit Amount: _____ Received By: _____
 Receipt No: _____ Payment Type: _____
 Flood Hazard: Yes ___ No ___ UGB: Yes ___ No ___
 Zoning: _____ Residential or Commercial _____
 No. of Off-Street Parking Spaces Required _____
 Min. Setbacks from Property Line:
 _____ Front _____ Front/Side _____ Side _____ Rear
 Special Conditions: _____
 Approved By: _____

The **permit holder** shall be deemed the person or firm that is authorized to make all decisions regarding the permit, including permit information, notices, cancellation, transfer, extensions or refunds.

PROPERTY OWNER: _____ PERMIT HOLDER? Y N (See above)
 PROPERTY ADDRESS: _____
 MAILING ADDRESS: _____
 PHONE: _____ FAX: _____ PERMIT # _____

CONTRACTOR: _____ PERMIT HOLDER? Y N (See above)
 MAILING ADDRESS: _____
 PHONE: _____ FAX: _____ CCB # _____

ARCHITECT/ENGINEER: _____ CLASS OF WORK:
 NEW
 ADDITION
 ALTERATION
 REPAIR
 MOVE
 DEMOLISH
 GARAGE
 OTHER

Describe Work: _____

TYPE OF CONSTRUCTION: _____ OCCUPANCY GROUP: _____ # STORIES: _____
 NO. OF DWELLINGS: _____ BLDG SIZE (total): _____ Sq. Ft. MAX OCCUPANY LOAD: _____
 Plans Checked By: _____ Date: _____
 Approved for Issuance By: _____ Date: _____

VALUATION OF WORK

New Const: _____ sq. ft. X _____ = _____
 Garage: _____ sq. ft. X _____ = _____
 Remodel: _____ sq. ft. X _____ = _____
 Other: _____ sq. ft. X _____ = _____
 Total Valuation \$ _____

PERMIT FEES

Structural Permit:
 12% State Surcharge \$ _____
 City Surcharge \$ _____
Subtotal \$ _____
 F & LS Plan Check Fee: \$ _____
 Plan Check Fee: \$ _____
TOTAL \$ _____

DRIVEWAY/SIDEWALK/SEWER DATA

TYPE OF SERVICE **FEE**
 Water Meter \$ _____
 Sewer Connection \$ _____
 Sidewalk \$ _____
 Curb Cut/Street Cut \$ _____
 Syst. Develop. Charges \$ _____

Water \$ _____
 Sewer \$ _____
 Streets \$ _____
 Park \$ _____
 Storm \$ _____

TOTAL FEES TO PW \$ _____

Approved By: _____ Date _____

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 120 days at any time after work is commenced. If an extension is needed, a written extension request must be sent to the City of Amity showing that circumstances beyond the control of the permittee have prevented work from progressing, an extension, not to exceed 180 days, may be granted. Please note that an extension request must be received prior to the permit expiration to be granted approval.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance

Signature of Owner or Authorized Agent: _____ Date _____

