



City of Lakeside
 915 North Lake Road
 P.O. Box L
 Lakeside, OR 97449

Ph: 541-759-3011

Fax: 541-759-3711

BUILDING PERMIT APPLICATION

DEPARTMENT USE ONLY	
Permit No.:	
Application Date:	
Date Issued & Paid:	

Job Address:			
Assessor's Map No.		Tax Lot(s)	
Lot	Block	Subdivision	Acres
CLASS OF WORK:			
<input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Accessory Bldg. <input type="checkbox"/> Mfg. Home <input type="checkbox"/> Other			
Property Owner (print):		Phone:	
Mailing Address:		City:	State: Zip:
Contractor (print):			
Mailing Address:		City:	State: Zip:
Contractor Number:		Phone:	
Engineer, Architect or Designer (print):		Phone:	
DESCRIPTION OF WORK:			

ESTIMATED FINISHED VALUE:

NOTICE

This permit is issued under OAR 918-460-0030, 918-780-0060, 918-440-0050. This permit becomes null and void if work is not commenced within 180 days, or if construction or work is suspended for a period of 180 days.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes 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 of construction.

Property Owner Signature: _____ Date: _____

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 OAR 701.010.

Contractor Signature: _____ Date: _____

FOR PLANNING DEPARTMENT USE

Zone:	Plan Review No.	Required Yard Setbacks: Front		Side	Front/Side	Rear
Flood Hazard:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Zone	Number of Off-street Parking Spaces Required:			
Special Conditions:	Approved By:		Date:			

FOR PUBLIC WORKS DEPARTMENT USE

FOR FIRE DEPARTMENT USE

Easements/Row			Access:			
Wtr. Mtr.	Size	Tap	B'flowX-conn	Fire Protection Equip:		
Sewer	Special Permit/Monitoring		Tap	Comments:		
Streets/Sidewalks/Curbs:						
Storm Drainage:						
Comments:						
Approved By:			Date:	Approved By:		Date:

FOR BUILDING DEPARTMENT USE

Const. Type:	Sq. Ft.:	Occ. Group:	Max. Occ. Load:	# of Units:	# of Stories:	Height:
Other Information:						
Plan Checked By:		Date:	Approved By:		Date:	

Total Fees \$
 Total Surcharges \$
 Total Amount Due \$

Job Address: _____

PERMIT NO. _____

COMMERCIAL

RESIDENTIAL

<input type="checkbox"/> Structural Permit		<input type="checkbox"/> Plumbing Permit			<input type="checkbox"/> Mechanical Permit				
Total Valuation	\$	Minimum fee \$65	Qty.	Each	Total	Residential	Qty.	Each	Total
Building Fees		1 Bathroom/1 Kitchen		\$300	\$				
(a) Permit fee (use valuation table):	\$	2 Bathroom/2 Kitchen		\$415	\$	Issuance	1	\$55.00	
(b) Investigation fee (equal to [2a]):	\$	3 Bathroom/3 Kitchen		\$470	\$	Electrical furnace/burner incl. ducts & vents		\$14	\$
(c) MH Setup Fee (\$160)	\$	Each additional bathroom over 3 (each fixt		\$17	\$	Gas furnace including ducts & vents		\$30	\$
(d) Inspection/Reinspection (\$75 per hour)	\$	Each fixture, appurtenance and piping		\$17	\$	Unit heater		\$14	\$
(e) Enter 12% surcharge (2a thru 2d x .12)	\$	Storm water retention/detention facility		\$65	\$*	Wood/pellet/gas/stove/flue		\$14	\$
Other Fees (if applicable)		Irrigation systems		\$65	\$	Repair/alter/add to heating/refrig/cooling & absorption system		\$14	\$
Plan review (65% x line a above)	\$	Sanitary Services first 100'		\$75	\$	Evaporated cooler		\$14	\$
Fire & life safety (40% x line a above)	\$	Each additional 100' or fraction thereof		\$44	\$	Vent fan with one duct/appliance vent		\$14	\$
State Mobile Home Fee (\$30)	\$	Storm Services first 100'		\$75	\$	Hood with exhaust and duct		\$14	\$
Sidewalk Inspection	\$	Each additional 100' or fraction thereof		\$44	\$	Floor furnace including vent		\$14	\$
Water Permit	\$	Water Services first 100'		\$75	\$	Air handling units, including ducts		\$14	\$
Sewer Permit	\$	Each additional 100' or fraction thereof		\$44	\$	All others		\$14	\$
System Development Charges (SDC)	\$	Medical gas system		\$250	\$	Gas piping (any number of outlets)		\$15	\$
Other	\$	Inspection/Reinspection (\$75 per hour)		\$75	\$	Commercial			
Total Fees & Surcharges	\$	Other		\$	\$	Total Valuation:			
Less Pre-paid Plan Check Fee	\$	(a) Subtotal of above fees or \$65 whichever is greater		\$	\$	\$1 to \$5,000 = \$70			
Permit Fee Balance Due	\$	(b) Investigation fee if applicable (equal to line 3a)		\$	\$	\$5,001 to \$10,000 = \$70 plus \$2 for ea. Add'l \$100			
		(c) Surcharge (12% x lines a & b above)		\$	\$	\$10,001 to \$100,000 = \$170 plus \$10 for each add'l \$1			
		(d) Plan review (_____ % x line a above if applicable)		\$	\$	Over \$100,000 = \$1070 plus \$7 for ea. Add'l \$1,000			
		Total Fees & Surcharges (lines a through d)		\$	\$	Inspection/Reinspection (\$75 per hour)		\$75	\$
		Less Pre-paid Plan Check Fee		\$	\$	(a) Enter subtotal of above fees		\$	\$
		Permit Fee Balance		\$	\$	(b) Investigation fee (equal to line a above, if applicable)		\$	\$

BUILDING	MECHANICAL	PLUMBING	TOTAL
FEES	FEES	FEES	FEES
PLAN ✓	PLAN ✓	PLAN ✓	PLAN ✓
SURCHARGE	SURCHARGE	SURCHARGE	SURCHARGE
TOTAL	TOTAL	TOTAL	TOTAL