Structural Permit Application City of Dunes City 82877 Spruce Street P.O. Box 97, Westlake, OR 97493



Permit Number:	
Permit Fee: \$	
Paid by: CC / Cash / Check No:	
Issued by:	
Date Issued:	

FOR INSPECTIONS CALL

800-358-8034

AT LEAST 24 HOURS IN ADVANCE

	ype of Work	(please circle)
New Construction	Addition / Alte	ration / Replacement
Demolition	Other:	
C	ategory of Co	nstruction
1 and 2 family di	welling	Accessory Building
Commercial / Re	sidential	Master Builder
Multi-Family		Other:

JOB SITE INFORMATION AND LOCATION			
Address:			
City .	State	Zip	
Мар No:		Tax Lot No:	
De	escription	of Work	
Proj	erty Owne	er Information	
Name:			
Mailing Address			
City:	State:	Zip:	
Telephone:		Cell:	

CONTR	ACTOR IN	FORMATION
Business Name:		
Contact Name:		
Address:		
City	State	Zip
Telephone:		Cell:
Fax:		E-mail:
CCB No:		DCBL No:
Supervising Contract	or (please prin	t)
	NOTIC	Œ
The permit will become null ar	d vold if work or cons	truction authorized is not commerse
180 days or if construction or we	rk is suspended for a pe	riod of 180 days at any time after work
commensed.		
By signing below, I hereby writy	that I have read and ex	mined this application and know the
same to be true and correct, All	provisions of law and or	dinances governing this type of work
will be complied with and whath	er specified herin or no	t. The greating of a permit does not
presume to give authority to vio	ste or cancel the provis	ions of any other State or Local
Law regulation construction or t	he performance of cont	truction,
All construction and sub-contrac	tors are required to be	licensed in Dunes City and with the
Oregon Construction Spard und	er (ORS701). If applicant	is exempt from licensing, the
following applies.		
Authorized Person (pit	ase print)	

PLAN REVIEW		
Priveway approval	Septic Approval, No.	
iource of Water: Well / Lake	Flood Hazard: Zone:	
Froston Control Plan: Yes / No	Site Review Date:	

REQUIRED DATA FOR 1 AND 2 FAMILY DWELLINGS

Permit Fees are based on the value of work performed Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and profit for the work indicated on this application

VALUE OF WORK PER	FORMED: \$	
New dwelling area sq	uare footage:	
Garage / Carport area	square footage:	
Covered porch are sq	uare footage:	
Deck area square foo	tage:	
Other structural are	ea square foota	ige:
Number of Floors:	bedrooms	bathrooms:
REQUIRED D	ATA FOR COM	MERCIAL USE

Permit Fees are based on the value of work performed Indicate the value (rounded to the nearest dollar of all equipment, materials, labor, overhead and profit for the work indicated on this application

Existing building area squ	uare footage:	
New building area squar	e footage:	
Number of stories:		
Sprinkler system:		
Type of Construction:	Code Ed	lition:
Occupancy Groups:	Existing:	New:

PERMIT FEES				
1. Struc	tural Permit		\$	
2. 12% :	State Surcharge		\$	
3. Plan	Review (65% of	Line 1	\$	
4. Siusla	w School Dristr	ict Excise Tax	\$	
5. Perm	It Review Fee	(Per Res. 11-10-05A)	\$100.00	
6.	Admin Fee:	(greater of 7% or \$25.00)	\$	
7	Tech Fee: 5%		- \$	
Total A	mount Due:		\$	

Ref Ord. No. 183 07/13/2006 Revised 11/01/2020