## **Building Permit Application**

P: 503-682-4960 • Secure Fax Line 503-682-1013

Online Inspection Request www.ci.wilsonville.or.us • 24 Hr Inspection IVR Line: 503-682-4159



Type of work				29799 SW Tow	n Center Loor	East	
New construction	Addition/alteration		Wilsonville, OR 97070				
Demolition Other:			Office Use	e Only			
Category of construction	on		Permit no:				
1 & 2 family dwelling	Commercial/industrial	Accessory building	Required	Required Data: One and Two Family Dwelling			
Multifamily	Master builder	Other:		Permit fees* are based on the value of the work per- formed. Indicate the value (rounded to the nearest dollar)			
Job site information and location				nent, materials, la	abor, overhead		
Job address:				indicated on this	application.		
City/State/ZIP:				/aluation:			
Suite/bldg./apt. no.:	Project name:		Number of be				
Lot No.:			Total number				
Description of Work			New dwell			square fee	
			Garage/carp			square fee	
			Covered po			square fee	
List all known deferred	submittals associated to th	is project	· · ·	eck area:		square fee	
			Other struct	ure area:		square fee	
			Required	Required Data: Commercial Use			
				Permit fees* are based on the value of the work per- formed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit			
				indicated on this		i, and the profit	
Owner			N N	aluation:			
Name:	Phone:		Existing build	ing area:		square fee	
Address:			New build	ing area:		square fee	
			Number of	f stories:			
City/State/ZIP:			Type of cor	struction:			
E-mail:			Occupancy g	roups			
Contractor			Existing:				
Business name:			New: New Impervious:				
Address:			Fire Sprinkle		Yes	No	
City/State/ZIP:	Phone:		New Water M	,		ation:	
E-mail:			Notice		<u>.</u>		
CCB lic. no.	CB lic. no. Exp. Date:			All contractors and subcontractors are required to be			
City Business/Metro License	e No. Exp. Date:			licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the			
Applicant			· · · · · · · · · · · · · · · · · · ·	n which work is b			
Business name:				Statement of Fact: I certify that the facts and information set forth in this application are true and complete to the			
Contact name:				best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or			
Address:			not) in this a as any misle	not) in this application or any other required document, as well as any misleading statement or omission, may be cause for			
City/State/ZIP:				f permit and/or cer ien discovered.	tificate of occup	pancy, regardles	
hone: Application may be subject to regu							
E-mail:			handling, rer	handling, removal and/or disposal of asbestos and/or lead- based paint (initials)			
Owner / Applicant Sign	ature		-	Permit Fees*			
Authorized signature:				r to fee schedu	le		
Print name: Date:			Fees	due upon application	n:		
				Amount received	:t		
This permit application will expire if a permit is not obtained within 180 days after it has been accepted as complete.			n	Date received:			