

## **STRUCTURAL PERMIT APPLICATION**

## **City of Hermiston- Building Department**

180 NE 2nd St., Hermiston, OR 97838 –PH: 541-667-5025 FAX: 541-567-6731 <a href="mailto:building@hermiston.or.us">building@hermiston.or.us</a> www.hermiston.or.us

TYPE OF WORK					REQUIRED INFO: 1 & 2 FAMILY DWELLING &						
☐ New constr	Add	lition/alteration	n/replacement	ACCESSORY STRUCTURES							
Other				Please provide valuation for project. This includes all equipment, materials and labor.							
CATEGORY OF CONSTRUCTION					Valuation (required):						
					Total sq footage (dwelling & attached garage):						
	aweiling	Commercial	building	25501 y	Building Height:	ft.		Total No. of floo	ors		
Multifamily		Other	building		No. of bedrooms:			No. of bathroo	ms:		
JOB SITE INFORMATION AND LOCATION					Living area sq ft:	1st Floo	or:	2 <sup>nd</sup> Floor:			
Job Address:					Bonus Rm sq ft:	Basement sq ft:					
					Garage sq ft: Carport sq ft:						
Owner:					Decks/porches/carport sq ft						
Address:					New sq ft(addition, accessory, etc)						
Ph:					Other sq ft						
Parcel Info:	Map No:		Tax Lot:		REQUIRED INFO: COMMERCIAL USE					-11	
Setbacks:	Front:	Back:	Side(s):	&	Please provide valuation for project. This includes all equipment, materials and labor.					<b>111</b>	
Check all that apply:					Valuation(req		aboi.				
Спеск ан тпат арргу:					Existing buildin					Sq. ft	
[Street Paved? ☐ Yes ☐ No] [Sidewalks installed? ☐ Yes ☐ No]					New buildir	_		Sq. ft			
					Number of s	•					
[Curb? Yes No]					Type of Constr	ruction:					
DESCRIPTION OF WORK					Occupancy: Existi	ng:		New:			
					SOLAR INSTALLATION						
					Prescriptive Path: \$150.00(includes app fee & one inspection)						
PROPERTY OWNER INSTALLATION TENANT					Non-Prescriptive Path: Job Valuation: \$						
Name:					NOTICE						
Address:					The City Building codes department does not survey parcels.						
City/State/Zip:					Approval granted for the placement of structures is subject to modification of actual surveyed location of easements, rights of						
Phone: Email:					way and lot lines. The owner/contractor is responsible for						
Owner installation: This installation is being made on residential property					ensuring the accuracy of setbacks.						
owned by myself or a member of my immediate family.					PERMIT AND RELATED FEES						
Owner signature:						Permit	fee:				
CONTRACTOR INSTALLATION					Pla	n review	fee:				
Business Name:					Fire, Life, Safe	ty Review	fee:				
Address:					12% Stat	te surcha	rge:				
City/State/Zip:						Other	fee:				
Ph: Email:					] <del></del>						
CCB Lic No:					TOTAL FEES: CREDIT CARD INFORMATION						
Signature						TERCAR		Amount: \$			
Print Name:					Credit Card No.			· · · · · · · · · · · · · · · · · · ·			
This permit application expires if a permit is not obtained within 180					Exp: CCV:						
days after it has been accepted as complete.  THIS APPLICATION COVERS BUILDING ONLY. ADDITIONAL					Name of cardholder	:					
PERMITS FOR ELECTRICAL, MECHANICAL & PLUMBING WILL											
NEED TO BE APPLIED FOR SEPERATELY.											