



Where Life is Sweet

CITY OF HERMISTON
 Building Department
 180 NE 2nd St.
 Hermiston, OR 97838
 PH: 541-667-5025 FAX: 541-567-6731
 Email: building@hermiston.or.us

**NEW 1 & 2 FAMILY DWELLING
 COMBINATION PERMIT APPLICATION**

DEPARTMENT USE ONLY	
PERMIT NO:	
DATE ISSUED:	BY:

JOB SITE INFORMATION & LOCATION		
Job site address:		
Project Name:		
Parcel Info:	Map No:	Tax Lot:
Setbacks:	Front:	Back:
Side:	&	Bldg Height:
Check all that apply: <input type="checkbox"/> Street paved? <input type="checkbox"/> Sidewalk installed? <input type="checkbox"/> Curb/Gutter installed?		
ELECTRICAL CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB No:	BCD Lic No:	
Signing Supervisor Name:		
License No:		
MECHANICAL CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB Lic no:		
PLUMBING CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB Lic No:		
BCD Lic No:		

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB Lic no:		
Signature:		
PROPERTY OWNER INFORMATION		
Name:		
Mailing address:		
City/State/Zip:		
Phone:		
Email:		
OWNER INSTALLATION		
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This installation is being made on residential or farm property owned by me or a member of my immediate family.		
Sign here:		
PRIMARY CONTACT		
Name:		
Phone:		
Email:		

The City Building Codes Department does not survey parcels. Approval granted for the placement of structures is subject to modification by actual surveyed location of easements, rights of way and lot lines. The owner/contractor is responsible for ensuring the accuracy of setbacks.

VALUATION INFORMATION

Job description:	Total square footage (dwelling & attached garage):		
	No. of bedrooms:	No. of bathrooms:	No. of kitchens:
	Decks: sq ft	Porches/patio cover: sq ft	
	Living area sq ft:	First Floor:	Second Floor:
	Bonus Rm sq ft:		Basement sq ft:
	Garage sq ft:		Carport sq ft:
Declared job value(required) \$	Temporary service 200 amp or less: <input type="checkbox"/>		

PLUMBING

Water service: total linear feet:	Sanitary sewer: total linear feet:
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HEATING/COOLING

Type of fuel:

Boiler: <input type="checkbox"/>	Electric: <input type="checkbox"/>	Geothermal <input type="checkbox"/>	LPG: <input type="checkbox"/>	Natural Gas: <input type="checkbox"/>	Oil: <input type="checkbox"/>	Other:
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	Qty		Qty
Air handler unit of up to 10,000 cfm-	9.50	Air Conditioner	11.00
Air handler unit greater than 10,000 cfm	12.50	Furnace- up to 100,000 BTU	11.00
Furnace- greater than 100,000 BTU	12.50	Floor Furnace, including vent	11.00
Heat pump	11.00	Evap cooler other than portable	9.50
Suspended heater, recessed wall heater, or floor mounted unit heater	11.00	Mini split	11.00

OTHER FUEL APPLIANCES

Wood/pellet stove	9.50	Water heater	9.50
Gas or wood fireplace/insert	9.50	Pool or spa heater, kiln	11.00
Chimney/liner/flue/vent	9.50	Oil tank/gas/diesel generators	12.50

EXHAUST AND VENTILATION

Range hood/other kitchen equipment	11.00	Attic/crawl space fans	8.00
Appliance vent installation not included in Appliance permit	8.00	Flue vent for water heater or gas fireplace	8.00
Other exhaust/ventilation	8.00	Clothes dryer exhaust	8.00

FUEL PIPING

Gas piping outlets, Four or less connections	7.00	Gas piping outlets, more than four (per outlet)	5.50
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