

## **BUILDING PERMIT APPLICATION**

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

180 NE 2<sup>nd</sup> St., Hermiston, OR 97838 –PH: 541-667-5025 FAX: 541-567-6731 building@hermiston.gov www.hermiston.or.us/building/home

TYPE OF WORK						REQUIRED INFO: 1 & 2 FAMILY DWELLING &					
New construction			Addition/alteration/replacement			ACCESSORY STRUCTURES Please provide valuation for project. This includes all					
Other						equipment, materials, and labor.				s includes	all
CATEGORY OF CONSTRUCTION						Valuation (required):					
1 & 2 family dwelling				Accessory building		Total sq footage (dwelling & attached garage):					
Multifamily Other				·		Building He	y Height:		Total No. of floors		
J	No. of bedro	oms:		No. of b	athrooms:						
Job Address:						Living area	sq ft:	1st Floor:		2 <sup>nd</sup> Floor:	
Owner:						Bonus Rm	sq ft:		Basement s		
Address:						Garage	sq ft:		sq ft:		
Ph:						Decks/porches/carport sq ft					
Parcel Info:	Map No:			Tax Lot:		New sq ft (addition, accessory, etc.)					
Setbacks:	Front:	Back	(:	Side(s):	&		Oth	ner sq ft	er sq ft		
Check all that apply:								ED INFO: C			
[Street Paved? □ Yes □ No] [Sidewalks installed? □ Yes □ No] [Curb? □ Yes □ No]						Please provide valuation for project. This includes all equipment, materials, and labor.					
DESCRIPTION OF WORK						Valuatio					
						Bui	Building Height:		ft.		in.
						Existing	Existing building area:				Sq. ft
PROPERTY OWNER INSTALLATION TENANT						New building area					Sq. ft
Name:						Num	Number of stories:				
Address:						Type of	Type of Construction:				
City/State/Zip: Phone: Email:						Occupancy:	Existin	a.	New:		
Phone: Email: Owner installation: This installation is being made on residential property							SOLAR INSTALLATION				
owned by myself or a member of my immediate family.						Prescriptive Path: \$150.00(includes app fee & one inspection)					
Owner signature:								,		166 & OUG	nspection)
						Non-Prescriptive Path: Job Valuation: \$					
Business Name:						NOTICE The City Building codes department does not survey parcels.					
Address:						Approval granted for the placement of structures is subject to modification of actual surveyed location of easements, rights of way and lot lines. The owner/contractor is responsible for					
City/State/Zip:											
Ph: Email:						ensuring the accuracy of setbacks.					
CCB Lic No:											
Signature											
Print Name:											
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. <u>THIS APPLICATION COVERS BUILDING ONLY. ADDITIONAL</u> <u>PERMITS FOR ELECTRICAL, MECHANICAL &amp; PLUMBING WILL</u> NEED TO BE APPLIED FOR SEPERATELY.											