



City of Creswell  
 285 E. Oregon Ave  
 PO BOX 276  
 Creswell, OR 97426  
 Ph (541) 895-2531 fax (541) 895-3647

For Inspections Please Call: (541) 484-9043

**BUILDING PERMIT APPLICATION**

DEPARTMENT USE ONLY

|                     |              |
|---------------------|--------------|
| Permit No.:         |              |
| Application Date:   |              |
| Date Issued & Paid: | Receipt No.: |

|   |       |               |            |
|---|-------|---------------|------------|
| <b>Job Address:</b>   |       |               |            |
| Assessor's Map No.  |       | Tax Lot(s)    |            |
| Lot   | Block | Subdivision   | Acres      |
| CLASS OF WORK:<br><input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Accessory Bldg. <input type="checkbox"/> Mfg. Home <input type="checkbox"/> Other _____ |       |               |            |
| <b>Property Owner (print):</b>  |       | <b>Phone:</b> |            |
| Mailing Address:  |       | City:         | State: Zip |
| <b>Contractor (print):</b>  |       | <b>Phone:</b> |            |
| Mailing Address:  |       | City:         | State: Zip |
| Contractor's CCB Number:  |       |               |            |
| Engineer, Architect or Designer (print):  |       | <b>Phone:</b> |            |
| DESCRIPTION OF WORK:  |       |               |            |
| ESTIMATED FINISHED VALUE:   |       |               |            |

**NOTICE**

*This permit is issued under OAR 918-460-0030, 918-780-0060, 918-440-0050. This permit becomes null and void if work is not commenced within 180 days, or if construction or work is suspended for a period of 180 days.*

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

|  |                    |
|--|--------------------|
| <b>Property Owner Signature:</b> _____   | <b>Date:</b> _____ |
| <small>This installation is being made on residential or farm property owned by me or a member of my immediate family and is exempt from licensing requirements under OAR 701.010.</small> |                    |
| <b>Contractor Signature:</b> _____   | <b>Date:</b> _____ |

**FOR PLANNING DEPARTMENT USE**

|  |                 |   |       |            |      |
|--|-----------------|---|-------|------------|------|
| Zone:  | Plan Review No. | Required Yard Setbacks: Front                 | Side  | Front/Side | Rear |
| Flood Hazard: <input type="checkbox"/> Yes <input type="checkbox"/> No | Flood Zone      | Number of Off-street Parking Spaces Required: |       |            |      |
| Special Conditions:  | Approved By:    |   | Date: |            |      |

**FOR PUBLIC WORKS DEPARTMENT USE**

**FOR FIRE DEPARTMENT USE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| Easements/Row                        | Access:                              |
| Wtr. Mtr. Size Tap B'flowX-conn      | Fire Protection Equip:               |
| Sewer Special Permit/Monitoring Tap  | Comments:                            |
| Streets/Sidewalks/Curbs:             |                                      |
| Storm Drainage:                      |                                      |
| Comments:                            |                                      |
| Plans Reviewed By: _____ Date: _____ | Plans Approved By: _____ Date: _____ |

**FOR BUILDING DEPARTMENT USE**

|                        |             |                          |                 |             |               |         |
|------------------------|-------------|--------------------------|-----------------|-------------|---------------|---------|
| Const. Type:           | Sq. Ft.:    | Occ. Group:              | Max. Occ. Load: | # of Units: | # of Stories: | Height: |
| Other Information:     |             |                          |                 |             |               |         |
| Plan Checked By: _____ | Date: _____ | Plans Approved By: _____ | Date: _____     |             |               |         |

| BUILDING    | PLUMBING    | MECHANICAL  | TOTAL       |
|-------------|-------------|-------------|-------------|
| FEES -      | FEES -      | FEES -      | FEES -      |
| PLAN ✓ -    | PLAN ✓ -    | PLAN ✓ -    | PLAN ✓ -    |
| SURCHARGE - | SURCHARGE - | SURCHARGE - | SURCHARGE - |
| TOTAL -     | TOTAL -     | TOTAL -     | TOTAL -     |

