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|  | **City of Gearhart**  698 Pacific Way PO Box 2510  Gearhart, OR 97138  503-738-9385  www.cityofgearhart.com building@cityofgearhart.com | | | |
| **APPLICATION FOR STRUCTURAL PERMIT** | | **CITY OF GEARHART DEPARTMENT USE ONLY** | |
| Permit #: | |
| By: | Date: |

***This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **JOB SITE INFORMATION** | | | | | | | **OWNER INFORMATION** | | | | |
| Address: | | | | | | | *I am the property owner doing my own work (initial):\_\_\_\_\_\_*  *(Will need owner Affidavit form submitted for owner doing work)* | | | | |
| City: | | | | | | | Owner Name: | | | | |
| Parcel #: | | | | | | | Mailing address: | | | | |
| Directions to work site: | | | | | | | City/State/ZIP: | | | | |
|  | | | | | | | Phone: | | | Cell: | |
| Is property inside city limits:  Yes  No | | | | | | | Email: | | | | |
| **OTHER APPROVALS** | | | | | | | | | | | |
| **Zoning** | | | **Floodplain** | | | | | | **Onsite** | | |
| Information verified/approved? Y N | | | Y N | | | | | | Information verified/approved? Y N | | |
| Approval: | | | Approval: | | | | | | Approval: | | |
| Date: | Parcel #: | |  | | | | | | Date: | | Parcel #: |
| 1. **Valuation Information** | | | | | | | | | | | |
| 1. Job description: | | | |  | | | | | | | |
| 1. Occupancy: | | | |  | | | | | | | |
| 1. Construction type: | | | |  | | | | | | | |
| 1. Square feet: | | | |  | | | | | | | |
| 1. Cost per square foot (April ICC): | | | |  | | | | | | | |
| 1. Type of Work: | | | | New  Alteration  Addition  Demolition  Repair | | | | | | | |
| 1. Is this a foundation ONLY permit? | | | | Yes  No | | | | | | | |
| 1. Is this a plan review ONLY? | | | | Yes  No | | | | | | | |
| 1. Total valuation: | | | |  | | | | | | | |
| 1. **Building Fees** | | | | | |  | Contractor: |  | | | |
| 1. Permit fee: | | | | |  |  | Address: |  | | | |
| 1. 12% surcharge: | | | | |  |  | City/State/ZIP: |  | | | |
| 1. **Plan Review** | | | | |  |  | Phone: |  | | | |
| 1. Plan review (permit fee x 65%) | | | | |  |  | Email: |  | | | |
| 1. Fire & Life Safety (permit fee x 65%) | | | | |  |  | BCD license: |  | | | |
| ***Subtotal of fees above:*** | | | | |  |  | CCB license: |  | | | |
| 1. **Miscellaneous Fees** | | | | |  |  |  |  | | | |
| 1. Seismic review (permit fee x 0.01) | | | | |  |  |  |  | | | |
| 1. Tech Fee (permit fee x 3%) | | | | |  |  |  |  | | | |
| **Total Due:** | | | | |  |  |  |  | | | |
|  | | | | |  |  |  |  | | | |
| I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules. | | | | | | | | | | | | |
| Applicant name: | |  | | | | | | | | | | |
| Mailing Address: | |  | | | | | | | | | | |
| City/State/ZIP: | |  | | | | | | | | | | |
| Phone: | |  | | | | | | | | | | |
| Email: | |  | | | | | | | | | | |
| Signature: | | | | | | | | Date: | | | | |