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|  | **City of Gearhart**698 Pacific WayPO Box 2510Gearhart, OR 97138503-738-9385www.cityofgearhart.combuilding@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.***

|  |  |
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| **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:       |