



Building Permit Application

City of Troutdale (Revised October 2017)

2200 SW 18th Way Troutdale Or 97060

Permit Specialist 503 674-7229

| | |
|-----------------|-------------|
| Application No. | Permit No. |
| Date Received | Date Issued |
| Received By | Issued By |
| Receipt No. | Receipt No. |

Please Email Inspection Requests To: inspection@troutdaleoregon.gov

| Type of Work | Required Data 1- & 2- Family Dwelling | |
|--|--|---------------------------------|
| <input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration/Replacement <input type="checkbox"/> Other | Permit fees* are based on the value of the work performed. Indicate the value of all equipment, materials, labor, overhead, and profit for the work indicated on this application. Valuation \$ | |
| Category of Construction | | |
| <input type="checkbox"/> 1- & 2-Family Dwelling <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Master Builder | | |
| <input type="checkbox"/> Accessory Building <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other | No. of Bedrooms: | No. of Bathrooms: |
| Job Site Information and Location | No. of floors: | |
| Project address: | code edition: | |
| Project name: | Suite/bldg./apt. no.: | New dwelling area (sq.ft.) |
| Subdivision: | Lot no.: | Garage/carport area (sq.ft.) |
| Tax map/parcel no.: | Covered porch area (sq.ft.) | Deck Area (sq.ft.) |
| Description of Work | Required Data Commercial Use Checklist | |
| | Permit fees* are based on the value of the work performed. Indicate the value of all equipment, materials, labor overhead, and profit for the work indicated on this application. Valuation \$ | |
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| | | |
| Property Owner | Existing building area (sq.ft.) | New area (sq.ft.) |
| Name: | No. of stories: | |
| Address: | Type of construction: | |
| City/State/Zip: | Occupancy groups: | |
| Phone: | Existing: | New: |
| Email: | Occupant load: | |
| Applicant | Sprinkler system: | |
| Name: | Code edition: | |
| Address: | Department Approval Initial & Date | |
| City/State/Zip: | Fire Marshal: | |
| Phone: | Building Dept.: | |
| Email: | Planning Dept.: | |
| Contractor | Public Works Chief Engineer: | |
| Business name: | Other: | |
| Address: | Building Permit Fees* | |
| City/State/Zip: | Building Permit Fee | \$ |
| Phone: | 12% State Surcharge Fee | \$ |
| Email: | 65% Plan Review Fee | \$ |
| CCB license no.: | Metro or City license no. | 40% Fire & Life Plan Review Fee |
| Authorized Signature: | Deposit | \$ |
| Print Name: | Date: | Total Due |
| | | \$ |

This permit application expires if a permit is not obtained within 180-days after it has been accepted as complete. Permits are non-transferable and expire 180-days from issuance or last inspection.