### Structural Permit Application

**BAKER CITY BUILDING DEPARTMENT**

1655 FIRST STREET/PO BOX 650

BAKER CITY, OR 97814

OFFICE: (541) 524-2054    FAX: (541) 524-2049

INSPECTIONS: (541) 524-2054    EMAIL: permits@bakercity.com

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**JOB SITE INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Directions:**

**Phone:**

**Email:**

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**DESCRIPTION OF WORK/COMMENTS:** (Be specific)

- [ ] Commercial
- [ ] Residential

**LOCAL GOVERNMENT APPROVALS**

**ZONING**

- Use Zone:
- Townships:
- Range:
- Map:
- TL:
- Flood Zone: [ ] Yes  [ ] No
- Permit #:

**By:**

**Date:**

**Comments:**

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**Estimated Value:**

**Plan review:**

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**OTHER PERMITS MAY BE REQUIRED:**

- Public City System: [ ]
- DEQ: Private Septic: [ ]

**SANITATION:**

- Automatic Sprinkler System?
- Automatic Fire Alarm System?
- UPS or Storage Battery System?
- High Pile or Rack Storage?
- Flammable/Combustible Material in Building?

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**ADDITIONAL INFORMATION**

**COMPANY NAME:**

**CONTACT NAME:**

**ADDRESS:**

**CITY/STATE/ZIP:**

**PHONE #:**

**FAX #:**

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**FOR DEPARTMENT USE ONLY: VALUATION INFORMATION**

**OCCUPANCY:**

**CONSTRUCTION TYPE:**

**SQUARE/LINEAL FEET:**

**COST PER SQ. FOOT:**

**VALUATION:**

**TOTAL ABOVE VALUATION:**

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**BUILDING FEES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Permit Fee</td>
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<tr>
<td>12% State Surcharge Fee</td>
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<tr>
<td>65% Plan Review Fee</td>
<td></td>
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<tr>
<td>40% Fire &amp; Life Safety Plan Review Fee</td>
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<tr>
<td>Investigation Fee</td>
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<tr>
<td>Miscellaneous Fee</td>
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**GRAND TOTAL:**

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Applicant must hold an Oregon registration to conduct a construction business or be exempt from this requirement. 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.

**PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.**

**IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO REQUEST INSPECTIONS.**

**Contractor:**

**CCB#:**

**Exp. Date:**

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**Address:**

**Phone:**

[ ] I AM THE PROPERTY OWNER DOING MY OWN WORK.

**Signature:**

**Date:**

**Email:**

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