



1655 First Street
P.O. Box 650
Baker City, OR 97814

EMAIL: permits@bakercity.gov

INSPECTIONS/OFFICE: (541) 524 2054

STRUCTURAL APPLICATION

FOR DEPARTMENT USE ONLY

PERMIT NUMBER

JOB SITE INFORMATION

Name: _____
 Address: _____
 City, State, Zip: _____
 Directions: _____

OWNER INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Work: _____
 Cell: _____ Fax: _____
 Email: _____

DESCRIPTION OF WORK/COMMENTS (Be specific):

Residential **Commercial**

Description: _____

LOCAL GOVERNMENT APPROVALS

ZONING

Zone: _____ Township: _____ Range: _____ Sec: _____ TL: _____
 Flood Zone: Yes No Permit #: _____
 By: _____ Title: _____ Date: _____
 Comments: _____

Estimated value: _____

SANITATION

OTHER PERMITS REQUIRED: Demo. Plumb. Mech. Elec. Public City System Private System (DEQ approval must be attached)

ADDITIONAL INFORMATION

ARCHITECT/ENGINEER OF RECORD

SPRINKLER/ALARM

Company Name:	Automatic Sprinkler System?	Yes	No
Contact Name:	Hazardous Materials in Building?	Yes	No
Address:	Automatic Fire Alarm System?	Yes	No
City, State, Zip:	UPS or Storage Battery System?	Yes	No
Phone:	High Pile or Rack Storage?	Yes	No
Email:	Flammable/Combustible Material in Building?	Yes	No

FOR DEPARTMENT USE ONLY: VALUATION INFORMATION

OCCUPANCY:			
CONSTRUCTION TYPE:			
SQUARE/LINEAL FEET:			
COST PER SQ. FOOT:			
VALUATION:			
TOTAL ABOVE VALUATION:			

BUILDING FEES

(A) Permit Fee:	\$
(B) Enter 12% state surcharge fee (Permit Fee x 0.12):	\$
(C) Enter 65% Plan Review Fee (Permit Fee x 0.65)	\$
(D) Enter 40% Fire & Life Safety Plan Review Fee (Permit Fee x 0.40, if applicable):	\$
(E) Enter Investigation Fee (equal to Permit Fee above, if applicable):	\$
(F) Miscellaneous Fee:	\$
GRAND TOTAL:	\$

The person performing the work must hold a valid license from the Oregon CCB, or be exempt from this requirement. By signing below you agree that all work will be performed in accordance with all Oregon Building Code laws, and will call for all required inspections. This permit is issued for 180 days and will expire if an inspection is not requested within this time. It is the responsibility of the permit holder to request all inspections.

I AM THE PROPERTY OWNER DOING MY OWN WORK

Contractor: _____ Phone: _____
 Address: _____
 CCB#: _____ Exp. Date: _____ Email: _____
 Signature: _____ Date: _____

*By signing this document, you acknowledge that the plan review fee is due and payable once performed, EVEN if the project is canceled at a later date.