

Structural Permit Application

Jurisdiction name: **Benton County**
 Address: **360 SW Avery Ave, Corvallis OR 97333**
 Phone: **541-766-6819** Fax: **541-766-6891**
 Inspection #: **541-766-6898** Web: www.co.benton.or.us



DEPARTMENT USE ONLY	
Permit no.:	
Date:	

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVAL	
This project has final land-use approval. Signature: _____	Date: _____
This project has DEQ approval. Signature: _____	Date: _____
Zoning approval verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property is within flood plain: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial

JOB SITE INFORMATION AND LOCATION		
Job site address: _____		
City: _____	State: _____	ZIP: _____
Subdivision: _____	Lot no.: _____	

PROPERTY OWNER INSTALLATION		
Name: _____		
Address: _____		
City: _____	State: _____	ZIP: _____
Phone: - - -	Fax: - - -	
E-mail: _____		
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.		
Sign here:		

CONTRACTOR INSTALLATION		
Business name: _____		
Address: _____		
City: _____	State: _____	ZIP: _____
Phone: - - -	Fax: - - -	
E-mail: _____		
CCB license no.: _____		
Print name: _____		
Signature: _____		

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - - -
Credit card number _____	Expiration _____ / _____
Name of cardholder as shown on credit card _____	\$ _____
Cardholder signature _____	Amount

(Do not fill in credit card information unless you are faxing or mailing application.)

FEE SCHEDULE	
1. Valuation information	
(a) Job description:	
Occupancy	
Construction type:	
Square feet:	
Cost per square foot:	
Other information:	
<input type="checkbox"/> new <input type="checkbox"/> alteration <input type="checkbox"/> addition	
(b) Foundation-only permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Plan review only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total valuation:	\$ _____
2. Building fees	
(a) Permit fee (use valuation table):	\$ _____
(b) Investigative fee (equal to [2a]):	\$ _____
(c) Reinspection (\$40.00 per hour): (number of hours x fee per hour)	\$ _____
(d) Enter 12% surcharge (.12 x [2a+2b+2c]):	\$ _____
(e) Subtotal of fees above (2a through 2d):	\$ _____
3. Plan review fees	
(a) Plan review (100% x permit fee [2a]):	\$ _____
(b) Fire and life safety (40% x permit fee [2a]):	\$ _____
(c) Subtotal of fees above (3a and 3b):	\$ _____
4. Miscellaneous fees	
(a) Seismic fee, 1% (.01 x permit fee [2a]):	\$ _____
TOTAL fees and surcharges (2e+3c+4a):	\$ _____