

# New Single Family Dwelling Combination Permit Application

Jurisdiction name: **Benton County**

Address: **360 SW Avery Ave, Corvallis OR 97333**

Phone: **541-766-6819** fax: **541-766-6891**

Inspection #: **1-888-299-2821** Web: [www.co.benton.or.us](http://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.

Property is within flood plain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
LOCAL GOVERNMENT APPROVAL		
Zoning approval verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
JOB SITE INFORMATION AND LOCATION		
Job site address:		
City/State/Zip		
Project Name:		
Parcel No.		
Directions to job site:		
APPLICANT INFORMATION		
Name:		
Address:		
City:	State:	ZIP:
Phone:	Cell:	
E-mail:		
PROPERTY OWNER INFORMATION		
Name:		
Address:		
City:	State:	ZIP:
Phone:	Cell:	
E-mail:		
PRIMARY CONTACT INFORMATION		
Name:		
Phone:		
Email:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone:	Cell:	
E-mail:		
CCB license no.:		
Print name:		
Signature:		

MECHANICAL CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone:	Cell:	
E-mail:		
CCB license:		LPG license:

ELECTRICAL CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone:	Cell:	
E-mail:		
CCB license:		BCD license:
Print name:		
Signing Supervisor name & license #:		

PLUMBING CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone:	Cell:	
E-mail:		
CCB license:		BCD license:
E-mail:		
Journeyman name & license #:		

OWNER INSTALLATION		
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The installation is being made on residential or farm property owned by me or a member of my immediate family.

Sign here:

VALUATION INFORMATION			
Job description:		Total square footage (dwelling & attached garage):	
		Building height: _____ ft _____ in	
		Number of bathrooms: _____ Number of kitchen: _____	
		Decks/porches/covered patios: _____ (total sq. ft)	
		Living area sq. ft.: _____ (total sq. ft)	
		Garage sq. ft.: _____ (total sq. ft)	
		Carport sq. ft _____ (total sq. ft)	
		No. of stories: _____ Limited or restricted energy _____	
Declared value of job: \$		Temporary service 200 amps or less: _____	
PLUMBING			
Water service – total linear feet: _____		Storm Sewer – total linear feet: _____	Sanitary sewer – total linear feet: _____
HEATING/COOLING			
Type of fuel:			
Boiler: <input type="checkbox"/>	Electric: <input type="checkbox"/>	Geothermal: <input type="checkbox"/>	LPG: <input type="checkbox"/>
Natural Gas: <input type="checkbox"/>	Oil: <input type="checkbox"/>	Photovoltaic: <input type="checkbox"/>	Solid Fuel: <input type="checkbox"/>
Secondary type of fuel:			
Boiler: <input type="checkbox"/>	Electric: <input type="checkbox"/>	Geothermal: <input type="checkbox"/>	LPG: <input type="checkbox"/>
Natural Gas: <input type="checkbox"/>	Oil: <input type="checkbox"/>	Photovoltaic: <input type="checkbox"/>	Solid Fuel: <input type="checkbox"/>
Other:			
	QTY		QTY
Air handling unit up to 10,000 cfm		Air conditioner	
Air handling unit greater than 10,000 cfm		Furnace – up to 100,000 BTU	
Furnace – greater than 100,000 BTU		Floor furnace, including vent	
Heat pump		Evaporative cooler other than portable	
Suspended heater, recessed wall heater or floor mounted unit heater		Mini split	
Radiant in-floor heating system			
OTHER FUEL APPLIANCES			
Wood/pellet stove		Water heater	
Gas or wood fireplace/insert		Pool or spa heater, kiln	
Decorative gas fireplace		Oil tank/gas/diesel generators	
Chimney/liner/flue/vent		Installation domestic-type incinerator	
ENVIRONMENTAL EXHAUST AND VENTILATION			
Range hood/other kitchen equipment		Attic/crawl space fans	
Ventilation system not a portion of heating or air-cooling system authorized by permit		Flue vent for water heater or has fireplace	
Appliance vent installation not included in appliance permit		Clothes dryer exhaust	
Other environment exhaust/ventilation		Ventilation fan connected to single duct	
FUEL PIPING			
Gas fuel piping outlets			