



# Building Permit Application

**Washington County**

155 N. 1<sup>st</sup> Ave, Suite 350, MS 12, Hillsboro, OR 97124

Inspection Request: 503-846-3699 / www.WashCoORACA.com

Phone: 503-846-3470 / Email: [Lutbldgpdx@washingtoncountyor.gov](mailto:Lutbldgpdx@washingtoncountyor.gov)

Land Use Approval: \_\_\_\_\_ Project #: \_\_\_\_\_ Permit #: \_\_\_\_\_

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New construction                | <input type="checkbox"/> Demolition   |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:   |
| CATEGORY OF CONSTRUCTION                                 |   |
| <input type="checkbox"/> 1- and 2-family dwelling        | <input type="checkbox"/> Commercial/industrial                                  |
| <input type="checkbox"/> Accessory building              | <input type="checkbox"/> Multi-family   |
| JOB SITE INFORMATION AND LOCATION                        |   |
| Job site address:  |   |
| City/State/ZIP:  |   |
| Suite/bldg./apt. no.:                                    | Project name:   |
| Cross street/directions to job site:                     |   |
|  |   |
| Plan No.   | Reissue: No <input type="checkbox"/> Yes <input type="checkbox"/> Reissue Proj: |
| Subdivision:   | Lot no.:  |
| Tax map/parcel no.:                                      |   |
| DESCRIPTION OF WORK                                      |   |
|  |   |
|  |   |
| <input type="checkbox"/> PROPERTY OWNER                  | <input type="checkbox"/> TENANT   |
| Name:  |   |
| Address:   |   |
| City/State/ZIP:  |   |
| Phone:   | Email:  |
| APPLICANT  |   |
| Contact name:  |   |
| Business name:   |   |
| Address:   |   |
| City/State/ZIP:  |   |
| Phone:   | Email:  |
| CONTRACTOR   |   |
| Business name:   |   |
| Address:   |   |
| City/State/ZIP:  |   |
| Phone:   | CCB lic.:   |
| Email:   |   |
| ENGINEER   | ARCHITECT   |
| Engineer:  | Architect:  |
| Address:   | Address:  |
| City/State/Zip:  | City/State/Zip:   |
| Phone:   | Phone:  |
| Email:   | Email:  |
| Authorized signature: _____                              |   |
| Print name: _____  | Date: _____   |

| 1- AND 2-FAMILY DWELLING   |
|--|
| Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.   |
| Valuation:   |
| Number. of bedrooms:   |
| Number of bathrooms:   |
| Total number of floors:  |
| New dwelling area: _____ square feet   |
| Garage/carport area: _____ square feet   |
| Covered porch area: _____ square feet  |
| Deck area: _____ square feet   |
| Unfinished area: _____ square feet   |
| Other: _____ square feet   |
| COMMERCIAL-USE CHECKLIST   |
| Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.   |
| Valuation:   |
| Existing building area: _____ square feet  |
| New building area: _____ square feet   |
| Number of stories:   |
| Type of construction:  |
| Occupancy groups:  |
| Existing:  |
| New:   |
| NOTICE   |
| All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.   |
| STATEMENT OF FACT  |
| By signing this application, I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered. |
| I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and /or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead based paint, I will comply with all such regulations.   |

**Disclaimer:** By signing this application, the permit applicant acknowledges and agrees that they have obtained any required permission for the proposed work from the property owner.

**This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.**  
 \* Fee methodology set by Tri-County Building Industry Service Board.