Building Permit Application

City of Happy Valley
16000 SE Misty Drive, Happy Valley, OR 97086 Phone (503) 783-3800

IVR 24 Hour Inspection Request Line (888) 299-2821 Schedule Online: www.buildingpermits.oregon.gov (Inspections/cancellations must be made by 6:00am)

Email: permits@happyvalleyor.gov



TYPE OF WORK			REQUIRED DATA: 1 & 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	
CA	TEGORY OF CONSTRUCTI	ON		
1 & 2 Family Dwelling Multi-Family	Commercial/Industrial Tenant Improvement	Accessory Building Other:	# of Bedrooms:	# of Baths: # of Floors:
IOR SI	TE INFORMATION AND LO	CATION	New dwelling area	sf x167.37=
Job Site Address:	TE IN ONMATION AND LO	OATION	Garage/Carport area	: sf x 66.48=
City/State/ZIP:	9	uite/Bldg./Apt. No.:	Deck area:	sf x 33.24=
Subdivision or Project Name:	5	unter Blug. Apr. 110	Unfin. Bsmt./Storage	e: sf x 31.50=
Lot # or Tax Map/Parcel #:			Other Structure:	$\operatorname{sf} x =$
Eot " of Tax Map/Tarcer".	DESCRIPTION OF WORK		Total Valuation (Fe	b. 2023 ICC \$/sf values)=
	DECORM HOLL OF WORK		REQUIF	RED DATA: COMMERCIAL
				ed on the value of the work performed.
	PROPERTY OWNER			(rounded to the nearest dollar) of all als, labor, overhead, and the profit for the this application. \$
Name:			Valuation (Feb. 2023	
Address:			Exist. bldg area:	sf New building area: st
City/State/ZIP:			Number of stories:	Type of construction:
Phone: () E-mail: Home Owner Installation: This installation is being made on property that I own, which is			Occupancy: Existing	
not intended for sale, lease, rent	s, or exchange. (ORS 447, 455, 4	property that I own, which is 479, 670, 701)	Secupancy: Existing	NOTICE
Owner Signature: Date:			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	
APPLICANT / CONTACT PERSON				
Name:		•	which work is being	performed. If the applicant is exempt ollowing reasons apply:
Address:			BUILDING PERMIT FEES	
City/State/ZIP:				by fee schedule for other fees & permits
Phone:				Permit Fee
E-mail:			\$1 - \$4,000 \$ \$4,001 - \$25,000 \$ \$25,001 - \$50,000 \$ \$50,001 - \$100,000 \$	\$95.00 Minimum \$95.00 plus \$12.21 per \$1000 over \$4,000 \$351.41 plus \$9.08 per \$1000 over \$25,000 \$578.41 plus \$6.11 per \$1000 over \$50,000 \$883.91 plus \$5.12 per \$1000 over \$100,000
CONTRACTOR			Permit Fee	(\$95.00 minimum)
Business Name:			Plan Review	(65% of Permit Fee)
Address:				(40% of Permit Fee)
City/State/ZIP:			State Surcharge	ommercial Permits Only)(12% of Permit Fee)
Phone: ()			Metro Excise Tax	(.0012 x valuation)
CCB License:	City or Metro	License:	School Tax(\$1.56 x sf	residential, \$.78 x sf com)
E-mail:	<u> </u>		TOTAL BUILDING	· · · · · · · · · · · · · · · · · · ·
Authorized Signature:		Date:	Plan Review Deposi	
Print Name:			This permit appl	ication expires if a permit is not obtained
1 1111t 1 tuille.				ys after it has been accepted as complete

Rev. 7.1.2023