



CITY OF CLATSKANIE

City of Clatskanie

95 S. Nehalem Clatskanie, OR 97016

Phone 503-728-2622

Fax 503-728-3297

DEPARTMENT USE ONLY

Permit No:

Application Date:

Date Issued & Paid:

JOB ADDRESS:

Assessor's Map No.:

Tax Lot(s):

Lot: Block: Subdivision:

Class of work: Residential Commercial
 New Structure Addition Alteration Garage/Carport Accessory Bldg. Mfg.Home Other _____

Property Owner (PRINT):

Phone: Alt Phone: Email address:
Mailing Address: City: State: Zip:

Contractor (PRINT):

Mailing Address: City: State: Zip:
Contractor Number (CCB): Email address:
Engineer, Architect or Designer (PRINT): Phone:

DESCRIPTION OF WORK:

Square Footage of Building: Construction Type:

ESTIMATED FINISHED VALUE: \$

NOTICE

THIS PERMIT IS ISSUED UNDER OAR 918-460-0030, 918-440-0050, 918-780-0040 / 0065/ 0080. THIS PERMIT BECOMES NULL AND VOID IF WORK IS NOT COMMENCED WITHIN 180 DAYS, OR IF THE CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 180 DAYS.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state of local law regulating construction or the performance of construction.

PROPERTY OWNER Signature: Date:
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 OAR 701.010.

CONTRACTOR Signature: Date:

FOR PLANNING DEPARTMENT USE

Zone: Plan Review No: Requires Yard Setbacks: Front: Side: Front/Side: Rear:
Flood Hazard: YES NO Flood Zone: Number of Off-Street Parking Spaces Required:
Special Conditions: Approved By: Date:

PUBLIC WORKS USE

FIRE DEPARTMENT USE

Wtr Mtr: Size: Tap: B'Flow X-Conn: Access:
Sewer: Special Permit/Monitoring: Tap: Fire Protection Equip.:
Streets/Sidewalks/Curbs: Comments:
Storm Drainage:
Comments:
Plans Reviewed By: Date: Plans Approved By: Date:

BUILDING DEPARTMENT USE

Const. Type: Sq.Ft.: Occ Group: Max Occ. Load: # of Units: # of Stories: Height:
Other Information:
Plan Checked by: Date: Plans Approved By: Date:

BUILDING	PLUMBING	MECHANICAL	TOTAL
FEES	FEES	FEES	FEES
PLAN CK	PLAN CK	PLAN CK	PLAN CK
SURCHARGE	SURCHARGE	SURCHARGE	SURCHARGE
DEFER/PHASE:	DEFER/PHASE	DEFER/PHASE	DEFER/PHASE
TOTAL	TOTAL	TOTAL	TOTAL

Inspection line: 800.358.8034 Schedule by 5pm for next inspection day Inspection Days: Tues/Thurs rev 7/1/2022