



# Building Permit Application

City of King City  
15300 S.W. 116<sup>th</sup> Avenue  
King City, OR 97224-2693  
Phone: 503-639-4082  
Fax: 503-639-3771

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
<input type="checkbox"/> Foundation permit ONLY	<input type="checkbox"/> Plan Review ONLY
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
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
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: ( )	Fax: ( )
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ( )	Fax: : ( )
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ( )	Fax: ( )
CCB lic.:	
<input type="checkbox"/> I am the property owner hiring a construction contractor	Reg No.      Exp date:
<input type="checkbox"/> I am registered with the Construction Contractors Board.	Reg No.      Exp date:
<input type="checkbox"/> I am the property owner doing my own work.	

Authorized signature:

Print name:

Date:

OFFICE USE ONLY	
Permit number:	
Date issued:	
REQUIRED DATA: 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
Other structure area:	square feet
REQUIRED DATA: 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. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Permit Fee	
Plan Review Fee	
State Surcharge (12%)	
Total Fee Amount	
<b>Date / Receipt No. &amp; Amount:</b>	

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

440-4613T (11/02/COM/WEB)

I hereby certify that, to my knowledge, the above information is true and correct. I have read, and do understand, the attached "Information Notice to Property Owners about construction Responsibilities" All work performed shall be in accordance with all governing laws and rules.