



CITY OF ASTORIA
1095 DUANE STREET
ASTORIA OR 97103

★ INSPECTION REQUEST LINE 325-1004, CALL BEFORE 7:30 AM ★

BUILDING INSPECTION DIVISION
PHONE: 503-325-1004
FAX: 503-338-6538
E MAIL: buildingdivision@astoria.or.us

BUILDING PERMIT APPLICATION Residential Commercial Permit Number _____

Job Address _____

T	N-R	W	Section	Tax Lot	Lot	Block	Subdivision
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Applicant _____ Address _____ Phone _____

Owner _____ Address _____ Phone _____ License _____

Contractor _____ Address _____ Phone _____ License _____

Architect/Engineer _____ Address _____ Phone _____ License _____

Class of Work NEW ADDITION ALTERATION REPAIR MOVE DEMOLISH MECHANICAL PLUMBING OTHER

Describe Work _____

Email: _____

VALUATION OF WORK Total Valuation \$ _____ Building Sq. Footage _____ Approved To Issue By: _____

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Type of Construction	Occupancy Group	No. of Dwelling Units	Building Square Footage	No. of Stories	Maximum Occupancy Load
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Public Works Engineering

See Attached Comment Sheet

Date _____

Reviewed By _____

Contact Public Works/Engineering at 503-338-5173 for questions

COMMUNITY DEVELOPMENT/PLANNING DEPARTMENT

Use Zone	Height		
Minimum Required Setback from Property Lines			
Front	Rear	Street Side	Side
Off-Street Parking Spaces Required			
Design Review Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permit #	
Historic Review Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permit #	
Flood Zone	Elevation Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lot Coverage			
Other			
Reviewed By	Date		

PERMIT FEES

Structural Permit	\$
Structural Plan Review	\$
Fire & Life Plan Review	\$
Mechanical Permit	\$
Mechanical Plan Review	\$
Plumbing Permit	\$
Plumbing Plan Review	\$
Change in Occupancy	\$
Other	\$
School Excise Tax	\$
State Surcharge Fee	\$

FIRE DEPARTMENT

Fire Suppression System Reg. Yes No

Reviewed By _____ Date _____

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

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

PERMIT FEE TOTALS

PUBLIC WORKS TOTAL	\$
STATE SURCHARGE FEE TOTAL	\$
FEES TOTAL	\$
TOTAL	\$

Signature of Owner or Authorized Agent _____ Date _____

DATE PERMIT ISSUED: _____ ISSUED BY: _____