



**BUILDING PERMIT APPLICATION**  
**Cover Page 1 of 2**

Building Codes Division  
 503-325-1004 [buildingdivision@astoria.gov](mailto:buildingdivision@astoria.gov)  
 1095 Duane St. Astoria, OR 97103

***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED***  
***ALL INFORMATION REQUIRED***

**EMERGENCY? YES  NO**

**Description of Emergency:** \_\_\_\_\_

**JOB SITE LOCATION**

Job Site Address ( <i>including unit #</i> )		Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>
Tax Lot Number			

PROPERTY TRAITS	TYPE OF WORK	CONSTRUCTION CATEGORY	PERMIT TYPE(S) <i>(attach additional trade pages for each)</i>
Historic <input type="checkbox"/>	New Construction <input type="checkbox"/>	1 & 2 Family Dwelling <input type="checkbox"/>	Structural <input type="checkbox"/>
Geohazard Zone <input type="checkbox"/>	Addition/Remodel/Alteration <input type="checkbox"/>	Accessory Building <input type="checkbox"/>	Mechanical <input type="checkbox"/>
Floodplain <input type="checkbox"/>	Demolition <input type="checkbox"/>	Commercial/Industrial <input type="checkbox"/>	Plumbing <input type="checkbox"/>
Other: _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	Multi-family (3 units or more) <input type="checkbox"/>	Fire <input type="checkbox"/>

**REQUIRED PROPERTY INFORMATION**

	<i>Existing</i>	<i>Proposed</i>		<i>Existing</i>	<i>Proposed</i>
Property Use & Occupancy			Heated/Conditioned Square Footage		
Bedrooms			Impervious Area		
Bathrooms			Number of Floors		
Water Service Fixture Unit (WSFU)			Height		
Water Meter Size			Accessory Buildings		
Living Units			Parking Spaces		

<b>PROJECT NAME</b>	<b>JOB VALUE</b>
<b>DESCRIPTION OF WORK</b>	

**PROPERTY OWNER INFORMATION & AUTHORIZATION**

- I own this property and will be performing this work (Authorized Professionals page not required)
- I own this property and authorize the work proposed in this application. The Authorized Professionals on the next page may apply on my behalf.

Owner's Signature		Date
Owner's Name	Email	
Address	Phone Number	

By signing this application, I recognize and understand that it is my responsibility as the property owner to ensure that all work proposed by this application meets city and state approvals and is inspected according to State Building Code.



**AUTHORIZED PROFESSIONALS**

**CONTACT INFORMATION**

**SCOPE OF RESPONSIBILITY**

Architect	
ORBAE # & Company	
City of Astoria OT#	

Engineer	
OSBEELS # & Company	
City of Astoria OT#	

Contractor	
Company	
City of Astoria OT #	
CCB/License #	

Contractor	
Company	
City of Astoria OT #	
CCB/License #	

Contractor	
Company	
City of Astoria OT #	
CCB/License #	

Contractor	
Company	
City of Astoria OT #	
CCB/License #	

**IMPORTANT NOTES**

**RESPONSIBILITY:** Permits shall only be issued to property owners or licensed contractors.

**EPERMITTING:** The City of Astoria uses ePermitting to manage permits. Users can access permits at [www.aca-oregon.accela.com](http://www.aca-oregon.accela.com)

**EXPIRATION DATES:** Applications and Permits will expire after 180 days of inactivity. An extension may be requested in writing within 30 days of the expiration date. A reinstatement may be requested in writing within one calendar year of the expiration date. Fees will apply. It is the applicant's responsibility to monitor expiration dates.

**INSPECTIONS:** Applicants are responsible for scheduling all inspections. No inspections are performed on Fridays. Plumbing inspections occur on Tuesdays and Thursdays. Inspections must be requested prior to 7 am to be scheduled same day.

**SYSTEM DEVELOPMENT CHARGES (SDC):** May be required based on proposed scope of the project. Please email [engpermits@astoria.gov](mailto:engpermits@astoria.gov) for inquiries and estimates.

**PLANNING & PUBLIC WORKS PERMITS:** No Building permits shall be issued prior to any necessary Planning or Public Works approvals or permits. This includes Certificate of Appropriateness for Historic properties, Right-of-Way permits, Utility Service Applications, etc.



**BUILDING PERMIT APPLICATION**  
**Structural Page 1 of 1**

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<b>Structural Job Value</b>
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<b>Description of Work</b>
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**SUBMITTAL CHECKLIST**

**Site / Plot Plan**

- Property lines with dimensions - Location and size of all existing and proposed structures - Setbacks from lot lines - North arrow - Labeled streets - Adjacent right-of-way - Notable site features – ADA accessibility details when required

**Floor Plans**

- Room layout and dimensions - Door and window sizes/locations - Smoke and carbon monoxide alarm locations - Plumbing fixtures, water heater, and furnace locations - Ventilation fans - Decks or balconies over 30" above grade - Remodels/Additions: Provide existing and proposed layouts

**Foundation Plan**

- Footing and foundation dimensions - Post and pier locations - Anchor bolts and hold-downs - Reinforcement details -Foundation vent locations

**Floor and Roof Framing Plans**

- Structural member sizes, spacing, species, and grade - Truss layout and placement plan - Bearing points and connections/hardware - Roof pitch and attic ventilation

**Elevation Views**

- Exterior views showing overall building height - Roof ridge and eave heights - Finish grade profile - Exterior materials - Opening locations (doors/windows)

**Building Sections and Construction Details**

- Material types, quality standards, and construction methods - Wall, floor, and roof assembly details - Framing components (beams, joists, headers, etc.) - Sheathing, roofing, insulation - Stair/fireplace details (if applicable) – Design Professional credentials (when specifically required by Building Official or if building over 4,000 sq ft or over 20 ft high unless exempted by Building Official)

**Wall Bracing / Lateral Design**

- Braced wall lines and panel locations/lengths - Bracing method and connection details - Engineering or prescriptive calculations (if required)

**Energy Code Compliance**

- Energy compliance path identified - Required Envelope Enhancement and Conservation Measures (when applicable supporting calculations are required)

**Structural Design Calculations (If Applicable)**

- Required for structural elements not covered by prescriptive code tables

**By signing this application, I certify that I am performing the scope of work described and I have attached all required information regarding that scope of work. I understand that more information may be required to complete reviews.**

<b>Applicant Signature</b>	
Name	Date
Organization	Phone
Email	Address

*If the applicant signing this application is not the listed property owner or included in the 'Authorized Professionals' section of the Cover Page, this application will not be accepted.*



**BUILDING PERMIT APPLICATION**  
**Plumbing Page 1 of 1**

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<b>Plumbing Job Value</b>
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<b>Description of Work</b>
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**SUBMITTAL CHECKLIST**

- Site Plan**
  - Demonstrate location of work on the lot
- Floor Plan**
  - Demonstrate location of work in the building
- Fixtures**
  - Line footage – Number of fixtures – Specifications for existing and proposed fixtures – Plumbing plans for work requiring plan review per OAR 918-780-0040

**LINE FOOTAGE**

LINE BEING INSTALLED	LENGTH IN FEET BEING INSTALLED OR ALTERED OR REPLACED
Water	
Storm	
Sewer	

**FIXTURES (Number of Each)**

Bathroom	Kitchen	Absorption Valve	Backflow Preventer	Backwater Valve	Catchbasin/ Area Drain
Clothes Washer	Dishwasher	Drinking Fountain	Drywell/Leach Line/Trench Drain	Ejector/Sump Pump	Expansion Tank
Fixture Cap	Floor Drain/Floor Sink/Hub Drain	Garbage Disposal	Hose Bib	Ice Maker	Primer
Fire Sprinklers	Septic Abandonment	Sink/ Basin/ Lavatory	Stormwater Retention/ Detention Tank	Swimming Pool Piping	Tub/Shower/ Shower Pan
Urinal	Water Closet	Water Heater (Gas)	Alternate Potable Water Heating System	Other:	

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<b>Applicant Signature</b>	
Print Name	Date
Organization	Phone
Email	Address

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**BUILDING PERMIT APPLICATION**  
**Mechanical Page 1 of 1**

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<b>Mechanical Job Value</b>
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<b>Description of Work</b>
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**FUEL SOURCE:**

- Gas
- Electric
- Other: \_\_\_\_\_

**SUBMITTAL CHECKLIST**

- Site Plan**
  - Demonstrate location of work on the lot (may be subject to Planning approval based on property’s Historic designation status)
- Floor Plan**
  - Demonstrate location of work within the building

**COMMERCIAL PROJECTS – ADDITIONAL REQUIREMENTS**

- Existing Specifications of equipment
- Proposed Specifications of equipment

**By signing this field, I certify that I am performing the scope of work described and I have attached all required information regarding that scope of work. I understand that more information may be required to complete reviews.**

<b>Applicant Signature</b>	
Print Name	Date
Organization	Phone
Email	Address

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# BUILDING PERMIT APPLICATION

## Fire Page 1 of 1

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<b>Fire Job Value</b>
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<b>Description of Work</b>
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SPRINKLER	ALARM
<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Antifreeze system
<input type="checkbox"/> Heat Detectors	<input type="checkbox"/> Deluge system
<input type="checkbox"/> Photovoltaic	<input type="checkbox"/> Preaction system
<input type="checkbox"/> Ionization	<input type="checkbox"/> Chemical
<input type="checkbox"/> Radiant Energy	<input type="checkbox"/> Foam
<input type="checkbox"/> Manual Pull Stations	<input type="checkbox"/> Type 1 hood system
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

### SUBMITTAL CHECKLIST

- Site Plan**
  - Demonstrate location of Work on the Lot
- Floor Plan**
  - Demonstrate location of work in the building
- Specifications and Calculations**
  - Of all equipment – Include NFPA version used for specifications
- Plans**
  - Demonstrating the installation details

By signing this field, I certify that I am performing the scope of work described and I have attached all required information regarding that scope of work. I understand that more information may be required to complete reviews.

<b>Applicant Signature</b>	
Print Name	Date
Organization	Phone
Email	Address

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