



City of Creswell

13 South 1st Street
 P.O. Box 276
 Creswell, OR 97426
 Ph (541) 895-2531 Fax (541) 895-3647
 For Inspections Please Call: (541) 484-9043

BUILDING PERMIT APPLICATION

DEPARTMENT USE ONLY

Permit No.:	
Application Date:	
Date Issued & Paid:	Receipt No.

Job Address:

Assessor's Map No.	Tax Lot(s)
Lot	Block
Subdivision	Acres

CLASS OF WORK:
 New Structure Addition Alteration Garage/Carport Accessory Bldg. Mfg. Home Other _____

Property Owner (print):

Mailing Address: _____ City: _____ State: _____ Zip _____

Contractor (print):

Mailing Address: _____ City: _____ State: _____ Zip _____

Contractor Number: _____

Engineer, Architect or Designer (print): _____ Phone: _____

DESCRIPTION OF WORK:

ESTIMATED FINISHED VALUE:

NOTICE
This permit is issued under OAR 918-460-0030, 918-780-0060, 918-440-0050. This permit becomes null and void if work is not commenced within 180 days, or if 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 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.

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. _____ Required 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: _____

FOR PUBLIC WORKS DEPARTMENT USE

FOR FIRE DEPARTMENT USE

Easements/Row	Access:
Wtr. Mtr. Size Tap B'flowX-conn	Fire Protection Equip:
Sewer Special Permit/Monitoring Tap	Comments:
Streets/Sidewalks/Curbs:	
Storm Drainage:	
Comments:	
Plans Reviewed By: _____ Date: _____	Plans Approved By: _____ Date: _____

FOR 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 ✓	PLAN ✓	PLAN ✓	PLAN ✓
SURCHARGE	SURCHARGE	SURCHARGE	SURCHARGE
TOTAL	TOTAL	TOTAL	TOTAL

