



**STRUCTURAL PERMIT APPLICATION**  
 BAKER CITY BUILDING DEPARTMENT  
 1655 FIRST STREET/PO BOX 650  
 BAKER CITY, OR 97814  
 OFFICE: (541) 524-2054 FAX: (541) 524-2049  
 INSPECTIONS: (541) 524-2054 EMAIL: permits@bakercity.com

FOR	DEPARTMENT	USE ONLY
Permit Number:		
Date Paid & Rec'd:		
Date Issued:		
Issued By:		

JOB SITE INFORMATION	OWNER INFORMATION
Name:	Name:
Address:	Address:
City, State, Zip:	City: State: Zip:
Directions:	Phone: Email:
	Cell #: Fax#:

DESCRIPTION OF WORK/COMMENTS: (Be specific) [ ] Commercial [ ] Residential	LOCAL	GOVERNMENT	APPROVALS
	ZONING		
	Use Zone:	Township: Range:	Map: TL:
	Flood Zone: [ ] Yes [ ] No		Permit #:
	By:	Title:	
	Date:	Comments:	
Estimated value:			

Plan review:	SANITATION:
OTHER PERMITS MAY BE REQUIRED: [ ] Demolition [ ] Plumbing [ ] Mechanical [ ] Electrical	Public City System: [ ] DEQ: Private Septic [ ] (Copy of approval must be attached)

ADDITIONAL INFORMATION	SPRINKLER/ALARM	(Y or N)
ARCHITECT/ENGINEER OF RECORD:		
COMPANY NAME:	AUTOMATIC SPRINKLER SYSTEM?	AUTOMATIC FIRE ALARM SYSTEM?
CONTACT NAME:		HIGH PILE OR RACK STORAGE?
ADDRESS:	HAZARDOUS MATERIALS IN BUILDING?	UPS OR STORAGE BATTERY SYSTEM?
CITY/STATE/ZIP:		UPS OR STORAGE BATTERY SYSTEM?
PHONE #:		FLAMMABLE/COMBUSTIBLE MATERIAL IN BUILDING?
FAX #:		

FOR DEPARTMENT USE ONLY: VALUATION INFORMATION					
OCCUPANCY:					
CONSTRUCTION TYPE:					
SQUARE/LINEAL FEET:					
COST PER SQ. FOOT:					
VALUATION:					

TOTAL ABOVE VALUATION:

BUILDING FEES	
Permit Fee:	
12% State Surcharge Fee (Permit Fee x .12):	
65% Plan Review Fee (Permit Fee x .65) PD: 60%	
40% Fire & Life Safety Plan Review Fee (Permit Fee x .40 if applicable):	
Investigation Fee (equal to Permit Fee above-if applicable):	
Miscellaneous Fee:	
<b>GRAND TOTAL:</b>	

Applicant must hold an Oregon registration to conduct a construction business or be exempt from this requirement. I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.  
 IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO REQUEST INSPECTIONS.

Contractor: \_\_\_\_\_ CCB#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

[ ] I AM THE PROPERTY OWNER DOING MY OWN WORK.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_