



Coos County Community Development

Mailing Address: 250 N. Baxter, Coquille, Oregon
 60 E. Second St., Coquille OR 97423
 Planning, Building, Onsite and Enforcement
 Phone: 541-396-7770
 Fax: 541-266-1146

Permit # _____
 Date: _____
 Staff: _____

www.co.coos.or.us

TDD (800) 735-2900

APPLICATION FOR RESIDENTIAL STRUCTURAL PERMIT

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

JOB SITE INFORMATION		OWNER INFORMATION	
Address:		<i>I am the property owner doing my own work (initial):</i> _____ Owner Name: _____ Mailing address: _____ City/State/ZIP: _____ Phone: _____ Cell: _____ Email: _____	
City:			
Map/Account#:			
Directions to work site:			
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER APPROVALS			
Zoning	Floodplain	Onsite	
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	Approval: <input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	
Approval: _____		Approval: _____	
Date: _____		Date: _____	
(1) Valuation Information			
(a) Job description: _____			
(b) Occupancy: _____			
(c) Construction type: _____			
(d) Square feet of living space: _____		Sq Ft of garage: _____	Sq Ft of porches/decks: _____
(e) Height: _____		Number of stories: _____	
(f) Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Repair			
(g) Is this a foundation ONLY permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(h) Is this a plan review ONLY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(i) Total valuation: _____			
(2) Building Fees		Contractor:	
(a) Permit fee will be calculated at submittal		Address:	
(b) 12% surcharge:		City/State/ZIP:	
(c) 5% Community Development Fee		Phone:	
(3) Plan Review		Email:	
(a) Plan review (permit fee x 0.65)		BCD license:	
		CCB license:	
Total Due:			
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.			
Applicant name:			
Mailing Address:			
City/State/ZIP:			
Phone:			
Email:			
Signature:		Date:	