City of Ashland
Building Safety Department

STRUCTURAL PERMIT APPLICATION

Address: 51 Winburn Way, Ashland OR 97520

Phone: 541-488-5305   Fax: 541-488-6006

Web: www.ashlandoregon.gov

Permit #:

Date:

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVAL		
This project has final land-use approval.		
Signature:	Date:	
This project has DEQ approval.		
Signature:	Date:	
Zoning approval verified: ☐ Yes ☐ No		
Property is within flood plain: ☐ Yes ☐ No		

CATEGORY OF CONSTRUCTION		
☐ Residential	☐ Government	☐ Commercial

JOB SITE INFORMATION AND LOCATION		
Job site address:		
City: Ashland	State: Oregon	ZIP: 97520
Subdivision:	Lot no.:	

PROPERTY OWNER		
Name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		

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 ORS 701.010.

Sign here:

CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
CCB license no.:		
Print name:		
Signature:		

FEE SCHEDULE	
1. Valuation information	
(a) Job description:	
Occupancy	
Construction type:	
Square feet:	
Cost per square foot:	
Other information:	
☐ new ☐ alteration ☐ addition	
(b) Foundation-only permit? ☐ Yes ☐ No	
(c) Plan review only? ☐ Yes ☐ No	
Total valuation:	$
2. Building fees	
(a) Permit fee (use valuation table):	$
(b) Investigative fee (equal to [2a]):	$
(c) Reinspection ($____ per hour): (number of hours x fee per hour)	$
(d) Enter 12% surcharge (.12 x [2a+2b+2c]):	$
(e) Subtotal of fees above (2a through 2d):	**$**
3. Plan review fees	
(a) Plan review (___% x permit fee [2a]):	$
(b) Fire and life safety (___% x permit fee [2a]):	$
(c) Subtotal of fees above (3a and 3b):	**$**
4. Miscellaneous fees	
(a) Seismic fee, 1% (.01 x permit fee [2a]):	$
TOTAL fees and surcharges (2e+3c+4a):	**$**