CITY OF COOS BAY
Community Development Department
500 Central Avenue, Coos Bay, Oregon 97420
Phone 541-269-8918 Fax 541-269-8916

Permit No. **187-S___- _____**

Date _____

BUILDING PERMIT

APPLICANT/AGENT shall provide the following information: (Please Print)

1._____
Job Address Lot/Parcel #

2._____
Applicant Address Phone Email

☐ ***Check if Applicant is Property Owner***

3._____
Property Owner (if different) Address Phone Email

4._____
Contractor CCB# Address Phone Email

Contractor Only: I certify I am registered with the CCB and my registration is in full force. ☐ Contractor's Initials

5. Use of Building: ☐Commercial ☐Residential ☐Industrial ☐ Accessory ☐ Other

6. If Residential: ☐ Single-family ☐ Multi-family ☐ Rental ☐Owner-occupied

7. Type of Work: ☐New ☐Addition ☐Alteration ☐ Repair ☐ Demolition

8. Brief Description of Work: *Attach additional pages and plans as necessary.*

_____

_____

9. Estimated Job Value (including materials and labor) $_____

Permits are based on total valuation to complete the job. Valuation may be recalculated by the Building Official based on the International Code Council Building Valuation Data Table. Some permits require a performance bond or waiver.

Separate permits are required for Electrical, Plumbing, Heating, Ventilating or Air Conditioning.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances 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.

_____ _____
SIGNATURE of OWNER / AUTHORIZED AGENT DATE

_____
PRINT NAME

Property Owner Installation Only – 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.

_____
Property Owner signature

PERMIT FEE CALCULATION

Job Valuation	$_____	Plan Check Fee	$_____		
Permit Fee	$_____	Land Use Fee	$_____	TOTAL	$_____
12% Surcharge	$_____	Fire/Life/Safety Fee	$_____		