



Building Permit Application

City of Lafayette

PO Box 55, 486 3rd Street, Lafayette OR 97127

Phone (503) 864-2451; Fax (503) 864-4501

Internet address: www.ci.lafayette.or.us

Permit No. _____

Date Rcvd: _____ Date Issd: _____

PW: _____ Planning: _____

Building: _____ Issd By: _____

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg/apt no:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic:	

REQUIRED DATA: RESIDENTIAL USE	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	\$ _____
Number of bedrooms:	_____
Number of bathrooms:	_____
Total number of floors:	_____
New dwelling area:	sq ft _____
Garage/carport area:	sq ft _____
Covered porch area:	sq ft _____
Deck area:	sq ft _____
Other structure area:	sq ft _____
REQUIRED DATA: COMMERCIAL USE	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	\$ _____
Existing building area:	sq ft _____
New building area:	sq ft _____
Number of stories:	_____
Type of construction:	_____
Occupancy groups:	_____
Existing:	_____
New:	_____
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Permit Fees:	\$ _____
Plan Review:	\$ _____
System Development Charges:	\$ _____
Residential Site Review Fee:	\$ _____
Fire & Life Safety Plan Review:	\$ _____
State Surcharge 8%	\$ _____
Total Fees Due:	\$ _____
Payment amt:	Type: _____
Date paid:	Rcpt #:
Payment amt:	Type: _____
Date Paid:	Rcpt #:

By signing this application, you verify that all information is true and correct to the best of your knowledge. You agree to follow all applicable State and local laws.

Authorized signature: _____

Print name: _____

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete, if work is not started within 180 days of issuance or if work is suspended for 180 days.

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