



PO Box 490, Lowell OR 97452
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www.ci.lowell.or.us

DEPARTMENT USE ONLY	
Date Submitted	_____
Permit No.	_____
Date Issued	_____

Building Permit Application

For Inspections Call 1-800-358-8034 Inspection Days: M & TH Schedule by 5 pm for next inspection day Rev 1/2022

Project Information

Site Address	_____	Map No	_____	Tax Lot	_____
Class:	<input type="radio"/> Residential <input type="radio"/> Commercial	<input type="radio"/> New Structure <input type="radio"/> Accessory Bldg	<input type="radio"/> Addition <input type="radio"/> Mfg Home	<input type="radio"/> Alteration <input type="radio"/> Other	<input type="radio"/> Garage/Carport

Description of Work

Building Sq Ft.	_____	Construction Type	_____
Estimated Finished Project Value: \$	_____		
(Project valuation is determined in accordance with OAR 918-050-100(c), including the referenced current ICC Building Valuation Data Table)			

Applicant Information

Owner	_____	Phone	_____	Email	_____
Mailing Address	_____		City, State, Zip	_____	

Contractor Information

Name	_____	Phone	_____	Email	_____
Mailing Address	_____		City, State, Zip	_____	
CCB Number	_____	Architect/Eng.	_____	Phone	_____

NOTICE

This permit is issued under OAR 918-460-0030, 918-780-0090, and 918-440-0050
 This permit becomes null and void if work is not commenced within 180 days, or if construction or work is suspended for a period of 180 days.
 I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes 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.

Contractor Signature	_____	Date	_____
Owner Signature	_____	Date	_____

This installation is being made on residential or farm property owned by me and is exempt from licensing requirements under OAR 701.010

DEPARTMENT USE ONLY

Planning Department		Public Works Department		Fire Department	
Planning File No	_____	Mtr/ size	_____	Tap:	_____
Zoning	_____	B Flow X-Conn	_____		
Flood Hazard <input type="radio"/>	Flood Zone	Sewer	_____	Tap:	_____
Required Setbacks: Front	_____	Special monitoring	_____		
Side	Front/ Side	Streets/Sidwalks/Curb	_____		
Rear	Other	Comments	_____		
Offstreet Pkg	_____	Storm Drainage	_____		
Special	_____	Comments	_____		
Approved by	_____	Approved by	_____	Approved by	_____
Date	_____	Date	_____	Date	_____

BUILDING DEPARTMENT

Type	Sq Ft	Occ Group	Max Load	No Units	No of Stories	Height
Comments						

Plan Checked by	_____	Date	_____	Approved by	_____	Date	_____
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FEES

	Building	Mechanical	Plumbing	Total Amount Due
Fees	\$ _____	\$ _____	\$ _____	\$ _____
Plan Check	\$ _____	\$ _____	\$ _____	\$ _____
State Surcharge	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

_____ **COMMERCIAL** _____ **RESIDENTIAL**

<input type="checkbox"/> Structural Permit			<input type="checkbox"/> Plumbing Permit				<input type="checkbox"/> Mechanical Permit							
Structure Type	\$ per sq. ft.	Total Sq. Ft.	Fee Amount	Minimum Fee \$80	Qty.	Each	Total	Residential						
House				1 Bathroom/1 Kitchen		\$350.00		Minimum Fee \$75	Qty.	Each	Total			
Garage				2 Bathroom/1 Kitchen		\$470.00								
Carport/Deck				3 Bathroom/1 Kitchen		\$550.00		Elec. Appliances - furnace, cooling unit, clothes dryer, exhaust fan, kitchen hood		\$20.00				
Other				Each additional bathroom over 3 (each fixture)		\$20.00		Fuel burning appliances - including: furnaces, wood stoves, pellet stove, insert, fireplace		\$50.00				
Application Valuation	\$			Each fixture, appurtenance and piping		\$20.00		Gas piping system (new or altered) any number of outlets		\$20.00				
Owner Valuation	\$			Storm water retention/detention facility		\$80.00		All Others		\$20.00				
Total Valuation	\$			Irrigation systems		\$80.00		Supplemental permit fee or as per above whichever is greater		\$35.00				
Building Fees				Sanitary Services first 100'		\$80.00		Commercial						
		Qty	Fee Amount	Each additional 100' or fraction thereof		\$45.00		Total Valuation:	\$					
Permit fee (use valuation table):				Storm Services first 100'		\$80.00		\$1 to \$5,000						
MH Setup Fee				Each additional 100' or fraction thereof		\$45.00		\$5,001 to \$25,000						
Insp/Reinsp -Invest. (\$88 per hr)				Water Services first 100'		\$80.00		\$25,001 to \$100,000						
Subtotal of Building Fees				Each additional 100' or fraction thereof		\$45.00		Over \$100,000						
State Surcharge (12% of permit fee)				Insp/Reinsp -Invest. (\$88 per hr)		\$88.00		Insp/Reinsp -Invest. (\$88 per hr)		\$88.00				
Other Fees (if applicable)				Subtotal of plumbing fees or \$80.00 whichever is greater										
Plan review (65% x permit fee)				Med Gas System (Enter \$ Amount)	\$									
Fire & Life P/R (40% x permit fee)				State Surcharge (12% of Subtotal and Med gas above)										
List Deferred Item(s):				Med Gas PR (% of Med Gas fees if app.)		40%								
Deferred Submittal Fee (\$100 ea.)				Plan Rev. (% of Plumbing Fees, if app.)		25%		Subtotal of mech fees or \$75 whichever is greater						
State Mobile Home Fee (\$30)				List Deferred Item(s):				State Surcharge (12% of permit fee)						
Other non-surchageable fee				Deferred Submittal Fee		\$100 ea.		Plan Rev. (% of Mechanical Fees, if app.)						
Total Fees & Surcharges				Other non-surchageable fee					List Deferred Item(s):					
				Total Fees & Surcharges					Deferred Submittal Fee					
									\$100 ea.					
									Other non-surchageable fee					
									Total Fees & Surcharges					

BUILDING		PLUMBING		MECHANICAL		TOTAL	
FEES	_____	FEES	_____	FEES	_____	FEES	_____
PLAN v	_____						
SURCHARGE	_____	SURCHARGE	_____	SURCHARGE	_____	SURCHARGE	_____
OTHER	_____	OTHER	_____	OTHER	_____	OTHER	_____
DEFERRED	_____	DEFERRED	_____	DEFERRED	_____	DEFERRED	_____
ST MH FEE	_____	MED GAS	_____	OTHER	_____	OTHER	_____
TOTAL	_____	TOTAL	_____	TOTAL	_____	TOTAL	_____

Med Gas Formulas