

CITY OF ST. HELENS PERMIT APPLICATION 6 A.M. DEADLINE FOR SAME DAY INSPECTIONS

Permitino.	
Date Sub.	
Date Icc	

Building Division Ph. 503-397-6272 Fax. 503-397-4016

Contractors - apply online at: https://aca-oregon.accela.com/oregon/Default.aspx Email: buildingsafety@sthelensoregon.gov

Map/Tax Lot	:#:		Lot	Blk	Sı	abdivision / Mobile Park Name						Space	
Job Address:	1						City:		State:	Zip:		Phone:	
Owner			Addres	s:			City:		State:	Zip:		Phone:	
Bldg. Contrac	ctor:			Address:	l			City Bus.	Lic.	C.C.B.	No.	Phone:	
Manufactured Dwelling M.D.I. Lic. #						City Bus. Lic. C.C.B. No.							
Description of work:													
Applicant Name:					Contact Person: Phone: Email Ad						lress:		
Phone:	ONDITIONS				Planning / Zoni	Planting / Zoring							
STECIAL CONDITIONS						Tidilling / Zolli	Framing / Zoning						
						Public Works	Public Works						
						Building							
						Engineering							
Min. Bldg. Se	etbacks from P	roperty Line	es and Rds.	/ Streets		Valuation of W	Valuation of Work						
	Front	Side	Side	Rear	Lot Size	Plan Check Fee	Plan Check Fee (Non-Refundable)						
Min. Req.						Plan Release Fe							
Plot Plan						Building							
Type of Const. Occupancy Group Division						Plumbing							
Notice						Mechanical							
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 o 180 days at any						Administration Fee							
time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and						School Excise Tax							
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.						Storm System I							
						Sewer Connecti	ion &	Installatio	on	+ SI	OC .		
I here by certify that I have read and examined this application, including Builder's Board numbers for all subcontractors, and I know that it is true and correct. Further, I certify that I am currently licensed by the City of St. Helens and registered with the Builder's Board under the						System Dev. Cl Water Meter &		Charge Installation	 on	+ SI			
Homebuilder's Law because which is in full force and effect, or I am excempt from the Homebuilder's Law because						System Dev. Cl	harge	Charge					
						Street System I	Dev. Charge						
						Parks System D	Parks System Dev. Charge						
Signature of Contractor or Authorized Agent Date						State Surcharge	State Surcharge						
Signature of Owner (If Owner Builder) Date					TOTAL REQU	UIRED							
						Receipt #							
Permit Approved By: Date					Date:								
						Amount Paid:							