One & Two Family Dwelling
Building Permit Application Packet

Packet Includes:

- Application
- Sub-contractor list
- Plumbing worksheet
- Mechanical worksheet
- Energy efficiency worksheet
- School excise tax information
- Application checklist

Required at time of submittal:

- Site plan
- Complete plan set* (including structural calcs & truss packets if applicable)
- SDC worksheet: https://www.sthelensoregon.gov/engineering/page/system-development-charges
- Erosion Control Prevention & Sediment Control Permit: https://www.sthelensoregon.gov/engineering/page/erosion-prevention-sediment-control-permit
- Drainage plan
- Tree plan (if applicable)
- Plan review deposit

*If submitting hard copy plan sets, (2) copies are required at submittal.

CITY OF ST. HELENS

PERMIT APPLICATION

6 A.M. DEADLINE FOR SAME DAY INSPECTIONS

503-366-8234 (Inspections Only)

PermitNo. _____

Date Sub. _____

Date Iss. _____

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

Contractors - apply online at:
https://aca-oregon.accela.com/oregon/Default.aspx
Homeowners submit by email: buildingsafety@sthelensoregon.gov

Map/Tax Lot #:	Lot	Blk	Subdivision / Mobile Park Name			Space
Job Address:			City:	State:	Zip:	Phone:
Owner	Address:		City:	State:	Zip:	Phone:
Bldg. Contractor:	Address:		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: Phone:

Contact Person: Phone: Email Address:

SPECIAL CONDITIONS

Min. Bldg. Setbacks from Property Lines and Rds. / Streets

	Front	Side	Side	Rear	Lot Size
Min. Req.					
Plot Plan					

Type of Const. | Occupancy Group | Division

Notice

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 time after work has 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.

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 Homebuilder's Law by #_____ which is in full force and effect, or I am excempt from the Homebuilder's Law because _____.

Signature of Contractor or Authorized Agent Date

Signature of Owner (If Owner Builder) Date

Permit Approved By: Date

_____

Valuation of Work	
Plan Check Fee (Non-Refundable)	
Plan Release Fee	
Building	
Plumbing	
Mechanical	
Administration Fee	
School Excise Tax	
Storm System Dev. Charge	
Sewer Connection & System Dev. Charge — Installation Charge _____ + SDC _____	
Water Meter & System Dev. Charge — Installation Charge _____ + SDC _____	
Street System Dev. Charge	
Parks System Dev. Charge	
State Surcharge	
TOTAL REQUIRED	

Receipt #			
Date:			
Amount Paid:			

Type of work	Sub-Contractor Name	CCB#
Electric		
Framing		
Mechanical		
Roofing		
Solar/Renewable Energy		
Fire		
Insulation		
Plumbing (Exterior/Site Utilities)		
Plumbing (Interior)		
Sheetrock		
Structural		
Foundation		
Siding		
Windows		
Limited Energy		

CITY OF ST. HELENS

RESIDENTIAL PLUMBING INFO

PERMIT #:_____PLAN REVIEWER: _____

Single Family Residence – Baths		**Kitchens**	
Sanitary sewer – Total linear feet		**Sanitary sewer – (New Res) Total linear feet**	
Storm sewer – Total linear feet		**Storm sewer – (New Res) Total linear feet**	
Water service – Total linear feet		**Water Service – (New Res) Total linear feet**	
Absorption valve		**Backflow preventer**	
Backwater valve		**Catch basin or area drain**	
Clothes washer		**Dishwasher**	
Drinking fountain		**Trench drain**	
Ejectors/sump pump		**Expansion tank**	
Fixture cap		**Floor drain/floor sink/hub drain**	
Garbage disposal		**Hose bib**	
Ice maker		**Primer**	
Residential fire sprinklers		**Sink/basin/lavatory**	
Stormwater retention/detention tank/facility		**Swimming pool piping**	
Tub/shower/shower pan		**Urinal**	
Water closet		**Water heater**	
Other – plumbing		**Alternate potable water heating system**	
OTHER:			

CITY OF ST. HELENS

RESIDENTIAL MECHANICAL INFO

PERMIT #: _____ Plan Reviewer: _____

Air Conditioner		**Air Handling Unit up to 10,000 cfm**	
Air Handling Unit 10,001 cfm and over		**Appliance vent installation, relocation, or replacement (Not included in appliance permit)**	
Attic/Crawl Space Fans		**Barbecue**	
Chimney/Liner/Flue/Vent		**Clothes dryer exhaust**	
Decorative gas fireplace		**Ductwork – no appliance/fixture**	
Evaporative cooler other than portable		**Floor furnace, including vent**	
Flue vent for water heater or gas fireplace		**Furnace – greater than 100,000 BTU**	
Furnace up to 100,000 BTU		**Furnace/Burner including ductwork/vent/liner**	
Gas or wood fireplace/insert		**Gas fuel piping outlets**	
Heat pump		**Hood served by mechanical exhaust, including ducts for hood**	
Hydronic hot water system		**Installation or relocation domestic-type incinerator**	
Mini-split system		**Oil tank/gas/diesel generators**	
Pool or spa heater, kiln		**Radon mitigation**	
Range hood/other kitchen equipment		**Suspended heater, recessed wall heater, or floor mounted unit heater**	
Ventilation fan connected to single duct		**Ventilation system not a portion of heating or air-conditioning system authorized by permit**	
Wood/pellet stove		**Other heating/cooling**	
Other fuel appliance		**Other environment exhaust/ventilation**	
Water heater		**Mechanical plan review**	
OTHER:			

Residential Energy Additional Measure Selection

Department of Consumer and Business Services
Building Codes Division • Statewide Services
1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
Phone: 503-378-4133 • building.department@dcbs.oregon.gov
Web: www.oregon.gov/bcd

RESIDENTIAL INFORMATION		
Date:	Building permit number:	
Owner's name:		
Job address:		
City:	State:	ZIP:

INSTRUCTIONS

Select the type of construction. If the project is an addition, select the applicable addition type and check the selected measures from the Tables N1101.1(2) and N1101.3(2) on Page 2 accordingly; print and sign your name. Submit this form with your permit application or your project will be placed on hold until the required information is provided.

☐ **New construction.** All conditioned spaces within residential buildings shall comply with Table N1101.1(1), and one additional measure from Table N1101.1(2).

Note: If using Exception 3 of Section N1105.3 for the installation of ducts and air handling equipment, two additional measures shall be selected for compliance from Table N1101.1(2).

Check the selected measure(s) on Page 2. Depending on the additional measure you have selected, there may be sub-options that you will have to specify. Check the appropriate box if provided.

☐ **Additions.** Additions to existing buildings or structures may be made without making the entire building or structure comply if the new additions comply with the requirements of this chapter. Read ORSC Section N1101.3.

Check the appropriate boxes below and the selected measures on Page 2. Depending on the additional measure you have selected, there may be sub-options that you will have to specify. Check the appropriate box if provided.

- ☐ **Large additions.** Additions that are more than or equal to 600 square feet in area are required to select one measure from Table N1101.1(2).
- ☐ **Small additions.** Additions that are less than 600 square feet in area are required to select one measure from Table N1101.1(2) **or** select one measure from Table N1101.3.
  - ☐ Selected Table N1101.1(2) additional measure

    or

  - ☐ Selected Table N1101.3 additional measure
- ☐ **Exception:** Additions that are less than 225 square feet in area are not required to comply with Table N1101.1(2) or Table N1101.3.

Applicant's printed name:

Applicant's signature:

TABLE N1101.1(2) – ADDITIONAL MEASURES

MEASURE NO.	MEASURE DESCRIPTION
☐ 1	**HIGH-EFFICIENCY HVAC SYSTEM[a]** ○ a. Gas-fired furnace or boiler AFUE 94 percent, or ○ b. Air source heat pump HSPF 10.0/16.0 SEER cooling or 8.5 HSPF2 / 15.0 SEER2, or ○ c. Ground-source heat pump COP 3.5 or ENERGY STAR rated
☐ 2	**HIGH-EFFICIENCY WATER HEATING SYSTEM** ○ a. Natural gas/propane water heater with minimum 0.90 UEF, or ○ b. Electric heat pump water heater with minimum 3.45 UEF, or ○ c. Natural gas/propane tankless/instantaneous heater with minimum 0.80 UEF and drain water heat recovery unit installed on minimum of one shower/tub-shower
☐ 3	**WALL INSULATION UPGRADE** Exterior walls – U-0.045/R-21 conventional framing with R-5.0 continuous insulation
☐ 4	**ADVANCED ENVELOPE** Windows – U-0.21 (Area-weighted average), and Flat ceiling[b] – U-0.017/R-60, and Framed floors – U-0.026/R-38 or slab edge insulation to F-0.48 or less (R-10 for 48"; R-15 for 36" or R-5 fully insulated slab)
☐ 5	**DUCTLESS HEAT PUMP (Dwelling units with all-electric heat)** a. Provide ductless heat pump of minimum HSPF 10.0 or HSPF2 9.0 in primary zone replaces zonal electric heat sources, and b. Provide programmable thermostat for all heaters in bedrooms
☐ 6	**HIGH-EFFICIENCY THERMAL ENVELOPE UA[c]** Proposed UA is 8 percent lower than the code UA
☐ 7	**2.75 ACH AIR LEAKAGE CONTROL AND EFFICIENT VENTILATION** Achieve a maximum of ACH50 whole-house air leakage when third-party tested and provide a whole-house ventilation system, including 2.75 heat recovery with a minimum sensible heat recovery efficiency of not less than 66 percent and total fan efficacy of 1.6 CFM/Watt (combined input for supply and exhaust).

For SI: 1 square foot = 0.093 m^2, 1 watt per square foot = 10.8 W/m^2.

a. Appliances located within the building thermal envelope shall have sealed combustion air installed. Combustion air shall be ducted directly from the outdoors.
b. The maximum vaulted ceiling surface area shall not be greater than 50 percent of the total heated space floor area unless vaulted area has a *U*-factor not greater than U-0.026.
c. In accordance with Table N1104.1(1), the Proposed UA total of the Proposed Alternative Design shall be a minimum 8 percent less than the Code UA total of the Standard Base Case.

TABLE N1101.3.2 – SMALL ADDITION ADDITIONAL MEASURES

MEASURE NO.	MEASURE DESCRIPTION
☐ 1	Increase the ceiling insulation of the existing portion of the home as specified in Table N1101.2.
☐ 2	Replace all existing single-pane wood or aluminum windows to the *U*-factor as specified in Table N1101.2
☐ 3	Insulate the existing floor, crawl space or basement wall systems as specified in Table N1101.2 and install 100 percent of permanently installed lighting fixtures as CFL, LED or linear fluorescent, or a minimum efficacy of 40 lumens per watt as specified in Section N1107.2.
☐ 4	Test the entire dwelling with a blower door and exhibit not more than 4.5 air changes per hour @ 50 Pascals.
☐ 5	Seal and performance test the duct system.
☐ 6	Replace existing 80 percent AFUE or less gas furnace with a 94 percent AFUE or greater system.
☐ 7	Replace existing electric radiant space heaters with a ductless mini split system with a minimum HSPF of 10.0 or HSPF2 of 9.0.
☐ 8	Replace existing electric forced-air furnace with an air source heat pump with a minimum HSPF of 9.5 or HSPF2 of 8.1.
☐ 9	Replace existing water heater with one of the following: a. Natural gas/propane water heater with minimum UEF 0.90, or b. Electric heat pump water heater with minimum 3.45 UEF.

RESOLUTION 2025-26 NO. 002

NEW CONSTRUCTION EXCISE TAX RATES

WHEREAS, the 2007 Oregon Legislative Assembly passed Senate Bill 1036, allowing school districts to impose an excise tax to fund capital improvements to school facilities; and

WHEREAS, pursuant to Section 5 of Senate Bill 1036 (2007), the District entered into an intergovernmental agreement with Columbia County; and

WHEREAS, on June 23, 2008, the District passed Resolution 2007-08 No. 16 imposing a Construction Excise Tax on improvements to real property that result in a new structure or additional square footage in an existing structure; and

WHEREAS, this Resolution proved that for years beginning on or after June 30, 2009, the tax rates stated in this resolution shall be adjusted for changes in construction costs, and the Oregon Department of Revenue will determine the adjusted rate limitations and report to the District;

NOW, THEREFORE, BE IT RESOLVED as follows:

1. The District hereby increases its construction excise tax to the limitations updated by the Oregon Department of Revenue and published July 2, 2024 as follows:
    a. Rates in effect on July 1, 2025:
        i. $1.67 per square foot on structures or portions of structures intended for residential use, including but not limited to single unit or multiple unit housing; and
        ii. $0.84 per square foot on structures or portions of structures intended for nonresidential use, not including multiple unit housing of any kind. Additionally, the non-residential maximum charge is $41,800.

Adopted this 16th day of July, 2025.

ST. HELENS SCHOOL DISTRICT NO. 502,
COLUMBIA COUNTY, OREGON

By: _____ 7/16/2025
Board Chair Date

Attest:
By: _____ Date: 7/16/25
Superintendent

APPROVED CHECKLIST FOR COMPLIANCE WITH OAR 918-090-0320

City of St. Helens				
Reference #_____	**One & Two Family Dwelling**			
	Building Permit Application Checklist			
	Associated Permits: _____Plumbing _____Mech _____Other			
Planning, Public Works, & Engineering Departments must be signed off prior to Building Dept. Plan Review.				
	The following items are required for plan review and shall be used by the jurisdiction to determine a	Yes	No	N/A
	complete set of plans and compliance with OA-918-020-0090(3)(a)(C) and (4).			
1	**Two Complete Sets of legible Plans** drawn to scale, showing conformance to the applicable local and state building			
	codes. Lateral design details and connections must be incorporated into the plans or on a separate full size sheet			
	attached to the plans with cross-references between plan location and details. Plan review cannot be completed if			
	copyright violations are evident.			
2	**Site/Plot plan drawn to scale.** The plan must show: lot and building setback dimensions; property corner			
	elevations (if there is more than 4-ft. elevation differential, the site plan must show contour lines at 2-ft. intervals for a			
	distance away from the building necessary to show compliance with OTFDC Sec. 401); location of easements and			
	driveway, footprint of structure (including decks), location of wells/septic systems, utility locations, any known fill sites			
	or landslide hazard areas, direction indicator, lot area, impervious area, existing structures on site, and surface			
	drainage. Note: **Drainage/Discharge Plan** is required by the Engineering Dept.			
3	**Foundation plan and Cross Section.** Show footing and foundation dimensions, anchor bolts, any hold-downs and			
	reinforcing steel, connection details, foundation vent size and location, and soil type.			
4	**Floor plans.** Show all dimensions, room identification, door and window sizes and locations, location of smoke			
	detectors, water heater, HVAC equipment, ventilation fans, plumbing fixtures, balconies and decks 30 inches above			
	grade, etc.			
5	**Cross section(s) and details.** Show all framing member sizes and spacing such as floor beams, headers, joists,			
	sub-floor, wall construction, roof construction. More than one cross section may be required to clearly portray			
	construction. Show details of all wall and roof sheathing, roofing, roof slope, ceiling height, siding material, footings			
	and foundation, stairs, fireplace construction, thermal insulation, etc.			
6	**Elevation views.** Provide elevations for new construction; minimum of two elevations for additions and remodels.			
	Exterior elevations must reflect the actual grade if the change in grade is greater than 4 ft. at building envelope. Full			
	size sheet addendums showing foundation elevations with cross-references are acceptable.			
7	**Wall bracing (prescriptive path) and/or lateral analysis plans.** Building plans must show construction details			
	and locations of lateral brace panels; for non-prescriptive path and analysis provide specifications and calculations to			
	engineering standards.			

APPROVED CHECKLIST FOR COMPLIANCE WITH OAR 918-090-0320

City of St. Helens		Yes	No	N/A
8	**Floor/roof framing plans** are required for all floors/roof assemblies indicating member sizing, spacing and bearing			
	locations, nailing and connection details. Show location of attic ventilation.			
9	**Basement and retaining wall** cross sections and details showing placement of reinforcing steel, drains and water-			
	proofing shall be provided. Engineered plans are required for retaining walls exceeding 4' in height and basement walls			
	not complying with the prescriptive code requirements. For engineered systems, see item 13, for "Engineer's			
	calculations".			
10	**Beam calculations.** Provide two sets of calculations using current code design values for all beams and multiple			
	joists exceeding prescriptive code requirements, and/or any beam/joist carrying a non-uniform load.			
11	**Manufactured floor/truss design details.**			
12	**Energy Code Compliance.** Identify the prescriptive path or provide calculations.			
13	**Engineer's calculations** when required or provided, (I.e., shear wall, roof truss, retaining walls exceeding 4') shall be			
	stamped by an engineer or architect licensed in Oregon and shall be shown to be applicable to the project under			
	review by cross-reference to the applicable plan location.			
14	**All Engineering must be wet stamped.**			
15	Builder's Name - Contractor's Board Number - St. Helens Business License Number (including subcontractor's)			
	Property Tax ID # (Assessor's Office Phone: 503.397.2240)			
	Applicant's Signature **Date**			