



STRUCTURAL BUILDING PERMIT APPLICATION

CITY OF ONTARIO
 444 SW 4th ST ONTARIO OR 97914
 Building Official 541-881-3220
 Permit Desk 541-881-3224
 Fax 541-881-3251

Building Application # _____
 Building Permit # _____
 Mechanical Permit # _____

JOB LOCATION / ADDRESS _____

OWNER _____ **PHONE & FAX** _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

q **NEW INSTALLATION**
 q **ALTERATION**
 q **ADDITION TO EXISTING**
 q **SIGN**
 q **OTHER** _____

TOTAL SQ FT OF CONSTRUCTION _____

TOTAL SQ FT OF BUILDING _____

REQUIRED DOCUMENTS

RESIDENTIAL STRUCTURE

- q 2 SETS OF PLANS
- q PLOT PLAN

ALL OTHER/COMMERCIAL

- q 3 SETS OF PLANS
- q PLOT PLAN
- q LANDSCAPE PLAN
- q PARKING PLAN
- q FLOOD ZONE PLAN (IF APPLICABLE)

CONSTRUCTION VALUE \$ _____

PERMIT FEE \$ _____

CITY APPROVALS

<p style="text-align: center;">ENGINEERING</p> <p>APPROVAL CONDITIONS? YES/NO</p> <p>SYSTEM DEV CHARGES? YES/NO</p> <p>DATE: _____</p> <p>BY: _____</p> <p style="text-align: center;">PUBLIC WORKS DEPARTMENT 541-881-3238</p>	<p style="text-align: center;">PLANNING & ZONING</p> <p>APPROVAL CONDITIONS? YES/NO</p> <p>LANDSCAPING? YES/NO</p> <p>FLOOD ZONE? YES/NO</p> <p>LAND USE ZONE _____</p> <p>NOTES _____</p> <p>BY: _____</p> <p style="text-align: center;">P&Z ADMINISTRATOR DATE: 541-881-3222</p>	<p style="text-align: center;">BUILDING</p> <p>APPROVAL CONDITIONS? YES/NO</p> <p>OCCUPANCY GROUP _____</p> <p>TYPE OF CONSTRUCTION _____</p> <p>q PLAN REVIEW</p> <p>q FL SAFETY REVIEW</p> <p>DATE: _____</p> <p>BY: _____</p> <p style="text-align: center;">BUILDING OFFICIAL 541-881-3220</p>
<p style="text-align: center;">FIRE DEPARTMENT 541-881-2330</p> <p style="text-align: center;">APPROVAL CONDITIONS? YES/NO DATE: _____</p> <p style="text-align: center;">BY: _____</p>		

DESIGNATED CONTRACTORS

DESIGNER / ARCHITECT / ENGINEER	MAILING ADDRESS	REGISTRATION #	PHONE
GENERAL CONTRACTOR	MAILING ADDRESS	CCB #	PHONE

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. **THIS IS NOT A PERMIT.** THE CITY BUILDING CODES DEPARTMENT DOES NOT SURVEY PARCELS. APPROVAL GRANTED FOR THE PLACEMENT OF STRUCTURES IS SUBJECT TO MODIFICATION BY ACTUAL SURVEYED LOCATION OF EASEMENTS, RIGHTS OF WAY AND LOT LINES. THE OWNER IS RESPONSIBLE FOR ENSURING ACCURACY OF SETBACKS.

SIGNATURE OF APPLICANT	DATE	PHONE
-------------------------------	-------------	--------------

The City of Ontario is an AA/EEO employer in compliance with Section 504 of the Rehabilitation Act of 1973. If you need accommodations or interpretation services, contact the City at 889-7664 one working day prior to the need for services, and every reasonable effort will be made to accommodate your need.