



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 Permit # _____
 Mechanical Permit # _____

JOB LOCATION / ADDRESS _____

OWNER _____ **PHONE & FAX** _____

MAILING ADDRESS _____

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

NEW INSTALLATION
 ALTERATION
 ADDITION TO EXISTING
 SIGN
 OTHER _____

TOTAL SQ FT OF CONSTRUCTION _____

TOTAL SQ FT OF BUILDING _____

REQUIRED DOCUMENTS

RESIDENTIAL STRUCTURE

- 2 SETS OF PLANS
- PLOT PLAN

COMMERCIAL STRUCTURE

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

CONSTRUCTION VALUE \$ _____

PERMIT FEE \$ _____

CITY APPROVALS

ENGINEERING	PLANNING & ZONING	BUILDING
APPROVAL CONDITIONS? YES/NO SYSTEM DEV CHARGES? YES/NO DATE: _____ BY: _____ PUBLIC WORKS DEPARTMENT 541-881-3238	APPROVAL CONDITIONS? YES/NO FLOOD ZONE? YES/NO LAND USE ZONE _____ NOTES _____ BY: _____ P&Z ADMINISTRATOR DATE: _____ 541-881-3222	APPROVAL CONDITIONS? YES/NO <input type="checkbox"/> PLAN REVIEW <input type="checkbox"/> FL SAFETY REVIEW DATE: _____ BY: _____ BUILDING OFFICIAL 541-881-3220

FIRE DEPARTMENT 541-881-3230	APPROVAL CONDITIONS? YES/NO	DATE: _____ BY: _____
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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.

FOR OFFICIAL USE ONLY

PDAC MEETING REQUIRED

PDAC Meeting(s) as per 10B-04-15 (if so, please attach):

Date: _____

Date: _____

Date: _____

PDAC MEETING **NOT REQUIRED** AS PER:

Fire: _____ Date: _____

Building: _____ Date: _____

Public Works _____ Date: _____

Planning: _____ Date: _____

CERTIFICATE OF OCCUPANCY

Temporary C of O issue date and expiration: _____

Inspection done for C of O:

Fire: _____ Date Completed: _____

Building: _____ Date Completed: _____

Public Works _____ Date Completed: _____

Planning: _____ Date Completed: _____