

This is your Permit when properly filled out, signed and validated.

Date Submitted: \_\_\_\_\_

Prop. Desc.		Lot	Blk	Subdivision / Mobile Park Name	Space
-------------	--	-----	-----	--------------------------------	-------

Job Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Bldg. Contractor: \_\_\_\_\_ C.B. No. \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Bldg. Con. Bus. Lic.	Plbg. Lic.	Bus. Lic.	C.B. No.	Manufactured Dwelling M.D.I. Lic. #	Bus. Lic.	C.B. No.
----------------------	------------	-----------	----------	-------------------------------------	-----------	----------

Sheet Rock	Bus. Lic.	C.B. No.	Excavation	Bus. Lic.	C.B. No.
------------	-----------	----------	------------	-----------	----------

Painting	Bus. Lic.	C.B. No.	Mech.	Bus. Lic.	C.B. No.
----------	-----------	----------	-------	-----------	----------

Flooring Covering	Bus. Lic.	C.B. No.	Elect.	Bus. Lic.	C.B. No.
-------------------	-----------	----------	--------	-----------	----------

Cabinets	Bus. Lic.	C.B. No.	Framing	Bus. Lic.	C.B. No.
----------	-----------	----------	---------	-----------	----------

Concrete	Bus. Lic.	C.B. No.	Roofing	Bus. Lic.	C.B. No.
----------	-----------	----------	---------	-----------	----------

Garage Door	Bus. Lic.	C.B. No.	Plumbing	Bus. Lic.	C.B. No.
-------------	-----------	----------	----------	-----------	----------

Describe Work: \_\_\_\_\_

OFFICE WORK  
 Res  Non Res  Manu.  Slide Hazard  Yes  No Flood  Yes  No

Min. Bldg. Setbacks From Property Lines and Rds. / Streets  
 Front Side Side Rear Lot Size

Min. Required \_\_\_\_\_

Plot Plan \_\_\_\_\_

Type of Const.	Occupancy Group	Division
----------------	-----------------	----------

Size of Bldg. (Total Sq. Ft.)	No. of Stories	Max. Occ. Load
-------------------------------	----------------	----------------

Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	----------	---

No. of Dwelling	Off St. Parking	Bedrooms
-----------------	-----------------	----------

**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 of 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 exempt from the Homebuilder's Law because \_\_\_\_\_

or that I am the legal owner of the above property. \_\_\_\_\_

General and Sub. Contractors shall be licensed as required by the City of St. Helens.

Signature of Contractor or Authorized Agent \_\_\_\_\_ (Date) \_\_\_\_\_

Signature of Owner (If Owner Builder) \_\_\_\_\_ (Date) \_\_\_\_\_

Permit Approved By: \_\_\_\_\_

Date \_\_\_\_\_

**WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT**

Office Copy  County Assessor  Applicant  Building Inspector

SPECIAL APPROVALS	SIGNATURE	DATE
-------------------	-----------	------

Planning / Zoning		
-------------------	--	--

Public Works		
--------------	--	--

Fire District		
---------------	--	--

Other (Specify)		
-----------------	--	--

Special Conditions		
--------------------	--	--

Valuation of Work		
-------------------	--	--

Plan Check Fee (Non-Refundable)		
---------------------------------	--	--

Building		
----------	--	--

Plumbing		
----------	--	--

Mechanical		
------------	--	--

Electrical		
------------	--	--

Mobile Home Make	Size	
------------------	------	--

Excavation, Grading	Yds.	
---------------------	------	--

Sewer Connection & System Dev. Charge	Installation Charge _____ + SDC _____	
---------------------------------------	---------------------------------------	--

Storm Sewer System Dev. Charge		
--------------------------------	--	--

Water Meter & System Dev. Charge	Installation Charge _____ + SDC _____	
----------------------------------	---------------------------------------	--

Street System Dev. Charge		
---------------------------	--	--

Parks System Dev. Charge		
--------------------------	--	--

State Surcharge		
-----------------	--	--

TOTAL REQUIRED		
----------------	--	--

Receipt #:		
------------	--	--

Date:		
-------	--	--

Amount Paid:		
--------------	--	--