



STRUCTURAL PERMIT APPLICATION

City of Sisters

520 E Cascade Ave. / PO Box 39

Sisters, OR 97759

www.ci.sisters.or.us

Inspections: 541-323-5202

office: 541-549-6022

STRUCTURAL PERMIT APPLICATION		PERMIT NUMBER:			
TAX LOT		SUBDIVISION:			
Job site address:		City:	State: Zip:		
PROPERTY OWNER INSTALLATION					
Name:		Address:	City: State: Zip:		
Phone:		E-mail:	Fax:		
This installation is being made on residential or farm property owned by me or a member of my immediate family and is exempt from licensing requirements under ORS 701.010.					
Sign here:					
CONTRACTOR INSTALLATION		JOB DESCRIPTION			
Business name:		Describe work being done:			
Address:					
City:	State: Zip:				
Phone:	Fax:				
E-mail:					
CCB license no:					
City business license no:		Type of const:	Occupancy:	Total sq. ft.	
Print name:		Height:	No. Stories	Cost per sq. ft.	
Signature:		Plans checked by:		Date:	
CATEGORY OF CONSTRUCTION		Approved for issuance by:		Date:	
Residential Commerical Government		Total Valuation:			
Planning		New Addition Alteration			
Use Zone:		Foundation only permit: Yes No			
Minimum Building Setbacks from property line:		FEEES			
Front: Left side: Right side: Rear:	A. Structural Permit		\$		
No. of offstreet parking spaces required:	B. Plumbing Permit		\$		
Property is within flood plain: Yes No	C. Mechanical Permit		\$		
Special Conditions:	D. 12% Surcharge of lines A,B, & C		\$		
	E. Prepaid plan check fee		\$		
	Plan check fee		\$		
	Site Suitability Res.(125.00) Comm. (300.00)		\$		
	Transportation Systems Development(1,016)		\$		
Approved by: Date:		Park Systems Development Charge (613)		\$	
		Sewer Systems Development Charge*		\$	
		Water Systems Development Charge*		\$	
		*see attached calculation sheets		\$	
		TOTAL		\$	
This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.					