



# Building Permit Application

City of Corvallis, Development Services Division  
 PO Box 1083, Corvallis OR 97339  
 501 SW Madison Avenue, Corvallis OR 97333  
 Phone: 541-766-6929 Fax: 541-766-6936  
 E-mail: development.services@ci.corvallis.or.us  
 Web: [www.corvallispermits.com](http://www.corvallispermits.com)

DEPARTMENT USE ONLY	
Permit No:	BLD14-00010
Receipt No:	
Date:	
Plan Review Fee Pd:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
JOB SITE LOCATION	
Job site address (or map & tax lot number):	
6133 SW COUNTRY CLUB DR.	
DESCRIPTION OF WORK	
DEMO UNPERMITTED ADITION.	
V1013-00503	
APPLICANT (OWNER OR AGENT)	
Company name: WRTC CONSULTANTS	
Contact name: BILL CLEMENS	
Address: 2278 ERMINE ST. S.E.	
City, state, zip: ALBANY, OR. 97322	
Phone: 503-507-3944	Fax:
E-mail: WRTC@comcast.net	
Applicant's signature: <i>William R.T. Clemens</i>	
Print name: WILLIAM CLEMENS	Date: 1-8-2013
DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE	
Name: SAME	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
CONTRACTOR T.B.D.	
Business name:	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
CCB license number:	Expiration date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 2000 <sup>00</sup>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area (sq ft):	
Garage/carport area (sq ft):	
Covered porch area (sq ft):	
Deck area (sq ft):	
Other structure area (sq ft):	
REQUIRED DATA: COMMERCIAL & MULTI-FAMILY	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$
Existing building area (sq ft):	
New building area (sq ft):	
Number of stories:	
Type of construction:	
Occupancy group:	
Existing occupancy:	
New proposed occupancy:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractor's Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
Manufactured Homes Fees	
Manufactured Home Installation	\$275
State Surcharge 12%	\$ 33
State Service Charge	\$ 30
<b>PLEASE NOTE:</b> Intake fees initiate the plan review process. All remaining plan review fees are collected at the time of permit issuance. If the application is expired or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: _____	
<b>***This application is valid for 180 days***</b>	