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

DEPARTMENT USE ONLY
Permit No: BLD 14-00013
Receipt No:
Date:
Plan Review Fee Pd:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family

JOB SITE LOCATION

Job site address (or map & tax lot number):

215 NW 17TH ST. CORVALLIS, OR 97330

DESCRIPTION OF WORK

Remove old windows
Install new windows - Vinyl @ Low E glass
Install new trim around windows
Paint trim to match

APPLICANT (OWNER OR AGENT)

Company name: Proline Construction & Remodel	
Contact name: Brandon Gianotti	
Address: 408 35TH Ave SE	
City, state, zip: ALBANY, OR. 97322	
Phone: 503-810-3181	Fax: N/A
E-mail: prolinecandr@gmail.com	
Applicant's signature:	
Print name: Brandon Gianotti	Date: 12/31/13

DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE

Name:	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	

CONTRACTOR

Business name: Proline Construction & Remodel	
Address: 3350 Wake Robin Ave	
City, state, zip: Corvallis, OR. 97333	
Phone: 503-810-3181	Fax: N/A
E-mail: ~~N/A~~ prolinecandr@gmail.com	
CCB license number: 192762	Expiration date: 01/12/15

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 $
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 $ 9935.00
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

PLEASE NOTE: 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: _____

*****This application is valid for 180 days*****