



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.servic@s@ci.corvallis.or.us
 Web: www.corvallispermits.com

DEPARTMENT USE ONLY	
Permit No:	BLD15-00530
Receipt No:	
Date:	
Plan Review Fee Pd:	211.94

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" 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):	
1015 NW Monroe	
DESCRIPTION OF WORK	
Replace 3: 2'0" x 6'8" dorm doors with like.	
APPLICANT (OWNER OR AGENT)	
Company name: G. Christianson Construction	
Contact name: Tanner Wood	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
Applicant's signature: <i>Tanner Wood</i>	
Print name: Tanner Wood	Date:
DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE	
Name:	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: G. Christianson Construction Inc.	
Address: 644 NW 4th St	
City, state, zip: Corvallis, OR 97330	
Phone: 541-760-7435	Fax: (541) 752-0514
E-mail: tanner@gchristiansonconstruction.com	
CCB license number: 57576	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	\$ 11,200
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
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	