



# 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  
 E-mail: development.services@corvallisoregon.gov  
 Web: [www.corvallispermits.com](http://www.corvallispermits.com)

<b>DEPARTMENT USE ONLY</b>
Permit No: <u>BLD15-00603</u>
Receipt No: <span style="background-color: yellow;">[REDACTED]</span>
Date: <u>9/28/15</u>
Plan Review Fee Pd: <u>\$ 110.90</u>

INQ 15-00058

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
JOB SITE LOCATION	
Job site address (or map & tax lot number):	
<u>1110 NW Dixon St Corvallis OR 97330</u>	
DESCRIPTION OF WORK	
<u>DETACHED PATIO COVER 12x22x10.5</u>	
<u>WOODED POSTS, PLYWOOD PARTIAL SIDES</u>	
<u>CLEAR CORRUGATED ROOF</u>	
<u>Scope updated 01/11/16: Demo of roofing material and trusses. See plans.</u>	
APPLICANT (OWNER OR AGENT)	
Company name: <u>SELF</u>	
Contact name: <u>DEAN NGUYEN</u>	
Address: <u>1110 NW DIXON ST</u>	
City, state, zip: <u>CORVALLIS OR 97330</u>	
Phone: <u>541 224 2124</u>	Fax:
E-mail: <u>dinotek@comcast.net</u>	
Applicant's signature: <u>Dean Nguyen</u>	
Print name: <u>DEAN NGUYEN</u>	Date: <u>9/28/2015</u>
DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE	
Name: <u>N/A</u>	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>N/A</u>	
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	\$ <u>3000.00</u>
Number of bedrooms:	<u>NA</u>
Number of bathrooms:	<u>NA</u>
Total number of floors:	<u>NA</u>
New dwelling area (sq ft):	<u>NA</u>
Garage/carport area (sq ft):	
Covered porch area (sq ft):	<u>264</u>
Deck area (sq ft):	<u>264 DN</u>
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
<p><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: _____</p> <p style="text-align: center;">***This application is valid for 180 days***</p>	