



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

DEPARTMENT USE ONLY

Permit No: **BW16-00209**
 Receipt No:
 Date: **04/01/2016**
 Plan Review Fee Pd: **\$535.45**

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input 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):	
2121 NW Janssen St. Corvallis, OR 97330	
DESCRIPTION OF WORK	
Demolition of existing structure prior to new construction.	
APPLICANT (OWNER OR AGENT)	
Company name: Chateau Construction	
Contact name: Brayden Moore	
Address: 6421 NW Oak Creek Dr.	
City, state, zip: Corvallis, OR 97330	
Phone: 541-752-4000	Fax: 541-754-3968
E-mail: braydenmoore105@gmail.com	
Applicant's signature:	
Print name: Brayden M. Moore	Date: 04/01/2016
DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE	
Name: Chateau Construction	
Address: 6421 NW Oak Creek Dr.	
City, state, zip: Corvallis, OR 97330	
Phone: 541-752-5555	Fax: 541-754-3968
E-mail: nbimike@comcast.net	
CONTRACTOR	
Business name: Chateau Construction	
Address: 6421 NW Oak Creek Dr.	
City, state, zip: Corvallis, OR 97330	
Phone: 541-752-5555	Fax: 541-754-3968
E-mail: nbimike@comcast.net	
CCB license number: 148496	Expiration date: 07/26/2017

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 \$ 8,000.00

Number of bedrooms: 3

Number of bathrooms: 1

Total number of floors: 1

New dwelling area (sq ft): 1024

Garage/carport area (sq ft): 352

Covered porch area (sq ft):

Deck area (sq ft):

Other structure area (sq ft): 800

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



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DEPARTMENT USE ONLY	
Permit No:	BUD16-00211
Receipt No:	
Date:	04/01/2016
Plan Review Fee Pd:	\$ 310-

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input 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):	
2121 NW Janssen St. Corvallis, OR 97330	
DESCRIPTION OF WORK	
Demolition of existing structure prior to new construction.	
<i>Detached Garage</i>	
APPLICANT (OWNER OR AGENT)	
Company name: Chateau Construction	
Contact name: Brayden Moore	
Address: 6421 NW Oak Creek Dr.	
City, state, zip: Corvallis, OR 97330	
Phone: 541-752-4000	Fax: 541-754-3968
E-mail: braydenmoore105@gmail.com	
Applicant's signature: <i>Brayden Moore</i>	
Print name: Brayden M. Moore	Date: 04/01/2016
DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE	
Name: Chateau Construction	
Address: 6421 NW Oak Creek Dr.	
City, state, zip: Corvallis, OR 97330	
Phone: 541-752-5555	Fax: 541-754-3968
E-mail: nbimike@comcast.net	
CONTRACTOR	
Business name: Chateau Construction	
Address: 6421 NW Oak Creek Dr.	
City, state, zip: Corvallis, OR 97330	
Phone: 541-752-5555	Fax: 541-754-3968
E-mail: nbimike@comcast.net	
CCB license number: 148496	Expiration date: 07/26/2017

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	\$ 500.00
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	1
New dwelling area (sq ft):	
Garage/carport area (sq ft):	
Covered porch area (sq ft):	
Deck area (sq ft):	
Other structure area (sq ft):	800
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: <i>BMM</i>	
This application is valid for 180 days	



Excavation & Grading/Erosion Prevention & Sediment Control 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: <u>EXC16-0027</u>
Receipt No:
Date:

CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial or Multifamily
PROJECT NAME	
DESCRIPTION OF WORK	
Demolition of existing structure following by new construction.	
JOB SITE LOCATION AND LOCATION	
Job site address: 2121 NW Janssen St.	
Corvallis, OR 97330	
Subdivision:	Lot no.:
Map & tax lot:	
APPLICANT	
Name: Chateau Construction	
Address: 6421 NW Oak Creek Dr.	
City/State/ZIP: Corvallis, OR 97330	
Phone: (541) 752-4000	Fax: (541) 754-3968
E-mail: braydenmoore105@gmail.com	
Applicant Signature:	
GENERAL CONTRACTOR	
Name: Chateau Construction	
Address: 6421 NW Oak Creek Dr.	
City/State/ZIP: Corvallis, OR 97330	
Phone: (541) 752-4000	Fax: (541) 754-3968
E-mail: braydenmoore105@gmail.com	
CCB#: 148496	Expiration Date: 7/2016
EXCAVATION CONTRACTOR	
Name: STD Construction	
Address: 1057 GOLDFISH FARM RD	
City/State/ZIP: ALBANY OR 97322	
Phone: 541-979-9184	Fax:
E-mail: dirt-diggers@comcast.net	
CCB #: 118077	Expiration Date: 11/3/2016
24-HOUR CONTACT PERSON	
Contact Name: Brayden Moore	
Phone: (541) 752-4000	E-mail: braydenmoore105@gmail.com

PLEASE FILL IN ALL INFORMATION	
Total area to be disturbed :	13,504 sq. feet
Excavation Volume:	CY
Fill Volume:	CY
Exporting Soil? If so, address of site:	YES or NO
The project site contains or abuts:	
<input type="checkbox"/> 100 -yr. Floodplain <input type="checkbox"/> Stream/Riparian Area <input type="checkbox"/> Hydric Soils/Wetlands	
Name of nearest stream, creek, river: N/A	
Date when erosion control measures will be in place: Per Recommendation of the City of Corvallis	
Date site clearing and grading, placement of fills and excavations will commence: 4/5-10/2014	
Date site clearing and grading, placement of fills and excavations will be completed: 5/1-6/1/2014	
Projected date of removal of erosion control measures (after grass or approved vegetation is established): 9/1/2014	
<p>I AGREE TO COMPLY WITH THE "EROSION PREVENTION AND SEDIMENT CONTROL MANUAL" AND WILL CONSTRUCT AND MAINTAIN EPSC MEASURES TO CONTAIN SEDIMENT AND POLLUTANTS ON THE CONSTRUCTION SITE</p>	
Owner/Applicant Signature	
Date	



Plumbing 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

DEPARTMENT USE ONLY	
Permit No:	PUM110-00248
Receipt No:	
Date:	

CATEGORY OF CONSTRUCTION		
<input checked="" type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial or Multi-Family	
JOB SITE LOCATION		
Address: 2121 NW Janssen St.		
DESCRIPTION OF WORK		
Capping Sewer after Demolition		
APPLICANT INFORMATION		
Name: Chateau Construction		
Address: 6421 NW Oak Creek Dr.		
City: Corvallis	State: OR	Zip: 97330
Phone: 541-752-4000	Fax: 541-754-3968	
Email: braydenmoore105@gmail.com		
Signature:		
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
This installation is being made on residential property owned by me and is exempt from licensing requirements under OAR 918-695-0020.		
Signature:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
CCB or LCB license no.:	Exp date:	
PB license no.:	Exp date:	

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total cost
New 1 & 2 Family Dwelling Unit			
1 bathroom/1 kitchen (<i>includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages</i>)		\$375.00	\$
2 bathrooms/1 kitchen		\$450.00	\$
3 bathrooms/1 kitchen		\$525.00	\$
Each additional bathroom or kitchen		\$ 75.00	\$
Each water, sewer, storm line or private storm drainage system exceeding 100ft		\$150.00	\$
Water heater or boiler		\$ 30.00	\$
Each backflow device (<i>includes first 10 feet of water service</i>)		\$ 30.00	\$
Residential Fire Sprinkler (<i>Fees - see reverse side of form</i>)	Sq Ft.		\$
1 & 2 Family Dwelling Unit Alteration/Addition/Repair			
Interior Plumbing: Re-pipe water supply, waste line, relocate, replace, or add fixtures		\$ 50.00	\$
Exterior Plumbing: Replace, repair, or alter water service, sanitary sewer or storm line		\$ 50.00	\$
Each new or additional water, sewer, storm line or private storm drainage system		\$150.00	\$
Water heater or boiler		\$ 30.00	\$
Each backflow device (<i>includes first 10 feet of water service</i>)		\$ 30.00	\$
Manufactured dwelling			
Manufactured home space (When exterior utilities exceed 30 feet)		\$ 75.00	\$
New Commercial / Multi-family			
Each new fixture		\$ 20.00	\$
Each exterior water service, sanitary sewer or storm line		\$180.00	\$
Each water heater or boiler		\$ 50.00	\$
Each backflow device (<i>includes first 10 feet of water service</i>)		\$ 30.00	\$
Commercial / Multi-family Alteration/Addition/Repair			
Interior Plumbing: alterations /additions (per 5 fixtures)		\$ 50.00	\$
Replace, repair, alter or add exterior water service, sanitary sewer or storm line		\$180.00	\$
Each water heater or boiler		\$ 50.00	\$
Each backflow device (<i>includes first 10 feet of water service</i>)		\$ 30.00	\$
Medical gas piping			
Enter value of installation and equipment (see back for fee sheet)	\$		
Enter fee based on installation and equipment value			\$
APPLICANT USE			
(A) Enter subtotal of above fees			\$ 0.00
(B) Enter 12% state surcharge (.12 x [A])			\$
(C) Plan review (50% of [A], complex structures only)			\$
TOTAL fees and surcharges (A through C):			\$ 0.00

See back for Residential Fire Sprinklers and Medical Gas Installation Schedules

This permit is issued under OAR 918-780-0060. Permits are issued only to the person or contractor doing the work. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.