



McMinnville Building Division

231 NE 5th Street
 McMinnville, OR 97128
 (503) 434-7314

<https://www.mcminnvilleoregon.gov/building>

Applications may be obtained online at: <https://www.mcminnvilleoregon.gov/building/page/permit-applications>

APPLICATION FOR STRUCTURAL PERMIT	DEPARTMENT USE ONLY	
	Permit #:	
	By:	Date:

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

JOB SITE INFORMATION	OWNER INFORMATION	
Address:	<i>I am the property owner doing my own work (initial):</i> _____	
City:	Owner:	
Parcel:	Mailing address:	
Business name:	City/State/Zip:	
	Phone:	Cell:
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	

OTHER APPROVALS (Approvals performed by Office Staff)

Zoning	Floodplain	Site Plan
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Approval:	Approval:	Approval:
Date: Parcel:		Date: Parcel:

(1) Valuation Information

(a) Job description:
(b) Occupancy:
(c) Construction type:
(d) Square feet:
(e) Cost per square foot (April ICC):
(f) Type of work: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Repair
(g) Is this a foundation ONLY permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
(h) Is this a plan review ONLY? <input type="checkbox"/> Yes <input type="checkbox"/> No
(i) Total valuation:

(2) Building Fees

(a) Permit fee:		CONTRACTOR	Address:	
(b) 12% surcharge:			City/State/ZIP:	
			Phone:	
			Email:	
			BCD license:	
Subtotal of fees above:			CGB license:	
(4) Miscellaneous Fees				
(a) Seismic review – permit fee x 0.01				
Total Due:				

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

APPLICANT	
Mailing address:	
City/State/Zip:	
Phone:	
Email:	
Signature:	Date: