

City of Oregon City

PLANNING DIVISION

320 WARNER MILNE ROAD OREGON CITY, OREGON 97045
 TEL (503) 657-0891 FAX (503) 722-3880

Staff Only

Planning Approval is Required Prior to Submittal of Building Permits

File Number _____ Approved Approved with Conditions

Site Plan Review – Accessory Dwelling Unit (ADU)

Effective December 17, 2004

Applicant: _____ Phone: _____

Applicant Address: _____

Site Address: _____

Clackamas County Map and Tax Lot Number: _____

Subdivision Name (If Applicable): _____ Lot Number: _____

Lot Coverage-

The maximum lot coverage for the R-10, R-8 and R-6 Single-Family Dwelling Districts shall be 40% of the lot area. Accessory buildings 200 square feet or less are exempt from the maximum building coverage calculation.

1. Total lot area (square feet)..... _____
2. Total area of all building footprints over 200 square feet..... _____
3. Line 2 by line 1..... _____

If line 3 is less than 0.40, the standard is met.

Standard Met _____

Overlay Zones-

(Please refer to your Property Zoning Report obtained at City Hall)

Historic Overlay District.....
 Willamette River Greenway
 Geologic Hazards.....
 WR Water Resources Overlay District
 Flood Management Overlay District

Circle One	Staff Only Applicable
Yes / No	
Yes / No	
Yes / No	
Yes / No	
Yes / No	

If any of the above overlay zones are on your property, you must contact the Planning Division regarding possible additional review prior to submitting a Building Permit. The Building Division will not accept your application for a building permit if any of the above overlay zones are present on your property until you have obtained Planning Division approval.

Dimensional Standards- Please refer to the dimensional standards of your zoning designation.

Zone: _____	Zone Requirements	Proposed
Maximum Building Height		
Minimum Front Yard Setback		
Minimum Garage Setback		
Minimum Side Yard Setbacks		
Minimum Corner Setback		
Minimum Rear Setback		
Porches, Uncovered Balconies, Decks, Fire Escapes Over 30"	Allowed up to 5 feet into front and rear setbacks	

*Projections = cornices, eaves, overhangs, canopies, sunshades, gutters, chimneys, flues, sills or similar architectural features.

Historic Overlay-

You may be subject to review by City Staff and/or the Historic Review Board if your property is located within a Historic Overlay District.

Canemah National Register Historic District

Is the site located in the Canemah National Register Historic District?.....Yes No

McLoughlin Conservation District

Is the site located in the McLoughlin Conservation District?.....Yes No

1. Is the site an individually designated historic structure?.....Yes No
2. Are you proposing a detached structure over 200 square feet?...Yes No
3. Are you proposing a building addition that is 30% or more in original area (individual or cumulative) of the original structure?
 - A. Square footage of original structure..... _____
 - B. Square footage of existing additions..... _____
 - C. Square footage of proposed addition..... _____
 - D. Line B plus line C..... _____
 - E. Line D divided by line A _____
 - F. Is line E is equal to or greater than 0.30.....Yes No

Individually Designated Outside of a District

Is the subject site an individually designated property outside of a historic district?.....Yes No

Historic Overlay _____ Not Applicable _____

Building Materials-

The accessory dwelling unit must be compatible to the primary dwelling unit.

	Primary Dwelling Unit	Proposed Accessory Dwelling Unit
Exterior Finish Material		
Trim Type		
Trim Size		
Trim Location		
Window Proportion (Width to Height)		
Window Orientation (Horizontal/Vertical)		
Projection of Eaves (Proportion)		

Standard Met _____

ADU Size-

The accessory dwelling unit may only be up to 40% of the primary dwelling unit. The size is calculated by using the total square footage of living space.

1. Total square footage of living space in the primary dwelling..... _____
2. Total square footage of living space in the accessory dwelling..... _____
3. Line 2 divided by line 1 _____

If line 3 is 0.40 or less, the standard is met.

Standard Met _____

Parking-

Is the roadway abutting the site a minimum of 28 feet wide?..... Yes No

If yes, no additional parking is needed.

If not, an additional parking space is needed.

Is the ADU being created at the same time as the primary dwelling?..... Yes No

If yes, no additional parking is needed.

If not, an additional parking space is needed.

Standard Met _____

There may only be one ADU per lot or parcel?.....Standard Met

The ADU shall not have more than 2 sleeping areas?.....Standard Met

The ADU shall be not be located in front of the primary dwelling?....Standard Met

Attached Unit-

Projections from the Building-

Are there any projections from the building into the setbacks?.....Yes No

Any additions to the existing dwelling unit shall not encroach into the setbacks of the underlying zone. However, access structures (e.g. stairs or ramps) may be allowed within the setback if no access can be provided to the unit without encroaching into the setback area.

Standard Met _____ Not Applicable _____

Detached Unit-

Building Footprint From 300 to 600 Square Feet

An accessory structure with a building footprint from three hundred to six hundred square feet may be approved by the Planning Division provided:

- 1. It is compatible with the primary structure and constructed with the same exterior building materials as the primary structure; and
- 2. It is located behind the front building line of the primary structure; and
- 3. The structure meets the minimum required setbacks of the zoning designation in which it is located

or

The interior side and rear yard setbacks may be reduced to three feet for one accessory structure and its projections, provided:

- a. It is detached and separated from other structures by at least three feet; and
- b. It does not exceed a height of fourteen feet.

Standard Met: Yes N/A

Building Footprint From 600 to 800 Square Feet

One accessory structure with a building footprint in excess of six hundred square feet may be approved by the Planning Division, provided:

- 1. The subject site is in excess of twenty thousand square feet; and
- 2. The building footprint of the accessory structure does not exceed the building footprint of the primary structure; and
- 3. The accessory building footprint does not exceed eight hundred square feet; and
- 4. The accessory building is located behind the front building line of the primary structure; and
- 5. The structure meets the minimum required setbacks of the zoning designation in which it is located; and
- 6. It is compatible with and constructed of the same exterior building materials as the primary structure.

Standard Met: Yes _____ N/A _____

Height-

The ADU shall not exceed the height of the primary dwelling?

Standard Met

Standard Met _____ Not Applicable _____

Note: The City of Oregon City Building Division will not final any building permits without documentation identifying that the Accessory Dwelling Unit Certification of Owner Occupancy has been recorded with Clackamas County.

AFTER RECORDING RETURN TO:
City Recorder, Nancy Ide
P. O. Box 3040
Oregon City, Oregon 97045-0304

Grantor:

Map No.:
Tax Lot No.:
Planning File No.:

Accessory Dwelling Unit Certification of Owner Occupancy

State of Oregon)
County of Clackamas)

I, _____, being first duly sworn, on oath do hereby certify under penalty of perjury under the laws of the State of Oregon:

That I am an owner of the single family dwelling unit located at _____ and have a fifty percent (50%) or greater interest in this property; and

That I have applied or am making application to establish an authorized accessory dwelling unit at this location; and:

- That I presently occupy and will continue to occupy one of the two dwelling units at this location as my principal and permanent residence (see OCMC 17.54.090(c))
- That this certification will remain in effect during the period of my ownership of the property unless record a certification with the Clackamas County Recording Division that the use of the property for an accessory dwelling unit has been discontinued.
- That I am building a new single-family residence with an accessory dwelling unit with the intent to sell the residence.

When the property is sold, I will notify the new property owner(s) of the requirements of OCMC 17.54.090, including the requirement to file a new Certification of Owner Occupancy with the Oregon City Community Development Department for recording if they intend to maintain and rent the accessory dwelling unit.

Failure to submit this certification within one year of transfer of ownership shall be a violation of the Land Use Code if the new owners continue renting the accessory dwelling unit. This certification will remain in effect during the period of my ownership of the property unless I record a certification with the Clackamas County Recording Division that the use of the property for an accessory dwelling unit has been discontinued.

(SEAL OR STAMP)

This Instrument is acknowledged before me on this ___ day of _____ (month) _____ (year) by

Signature of Affiant

Name of Affiant

Signed and sworn to (or affirmed) before me on this ___ day of _____ (month) _____ (year) by

Signature of Notary Public

Title

My appointment expires: _____

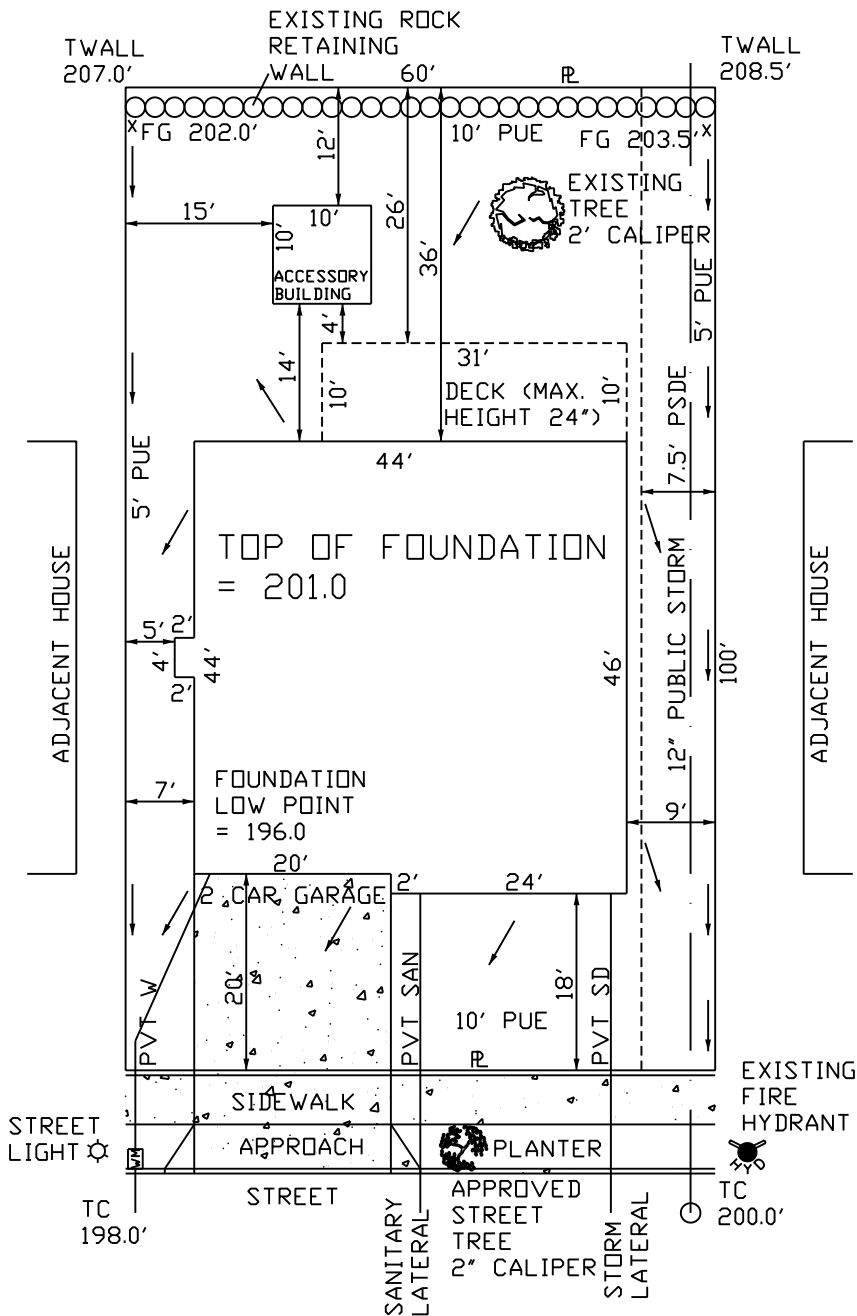
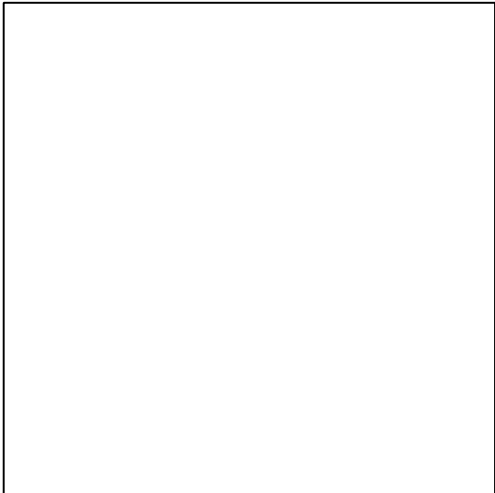
Falsely certifying owner occupancy or failing to comply with the terms of owner occupancy certification may be subject to civil penalties in addition to any criminal penalties.

INSTRUCTIONS TO OWNER:

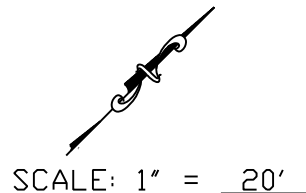
PURSUANT TO CLACKAMAS COUNTY CLERK'S OFFICE POLICY AND O.R.S. 205.130: YOU MUST HAVE LEGAL AUTHORITY TO RECORD THIS DOCUMENT. PLEASE ATTACH YOUR DEED FOR THE PROPERTY TO THIS DOCUMENT PRIOR TO RECORDING WITH THE COUNTY CLERK.

LEGEND

- PUE - PUBLIC UTILITY EASEMENT
- PSDE - PUBLIC STORM DRAINAGE EASEMENT
- PVT SD - PRIVATE STORM DRAIN
- PVT SAN - PRIVATE SANITARY SEWER
- PVT W - PRIVATE WATER SERVICE
- WM - WATER METER
- TC - TOP OF CURB ELEVATION
- FG - FINISHED GRADE ELEVATION
- TWALL - TOP OF WALL ELEVATION
- R - PROPERTY LINE



APPLICANT: FRANCIS ERMATINGER
 OWNER: JOHN MCLOUGHLIN
 ADDRESS: 320 WARNER MILNE
 MAP AND TAX LOT NUMBER: 3-2E-05C, TAX LOT 201
 ZONE: R-6 SINGLE FAMILY DWELLING DISTRICT
 TOTAL LOT AREA: 6,000 SQUARE FEET
 TOTAL BUILDING AREA: 1,992 SQUARE FEET
 (FOOTPRINTS OVER 200 SF):



SAMPLE SITE PLAN

Site Plan Checklist



City of Oregon City, Community Development Department, 320 Warner Milne Road, P.O. Box 3040, Oregon City, OR 97045, (503) 657-0891

Site Plan must be 8½" x 11" or 11" x 17" in Size and Accurately Drawn to Scale Displaying:

General Information

1. ___ Applicant(s) Name and Telephone Number (*Daytime and Evening*)
2. ___ Clackamas County Tax Map and Tax Lot Number
3. ___ Subdivision Name and Lot Number (*If Applicable*)
4. ___ An Identified Scale and North Arrow
5. ___ Zoning Designation
6. ___ All Property Lines and Dimensions
7. ___ Existing Structures (*Displayed in Dashed Lines*)
8. ___ Identify Existing Decks and Eaves (*Displayed in Dashed Lines*)
9. ___ Proposed Structures or Additions (*Displayed in Solid Lines*)
10. ___ Identify all Building Projections (*Fireplaces, Bay Windows, Etc.*)
11. ___ Dimensions of all Building Facades including Garage Length
12. ___ Distances Building Footprint(s) Set Back from Property Lines

Engineering Information

13. ___ Fire Hydrant Locations Near the Property
14. ___ Identify Public Utilities (*Storm, Sanitary Sewer & Water*) Abutting or On the Site
Distinguish Existing vs Proposed Service Laterals
15. ___ Identify all On-Site Private Utilities (*If Any*)
16. ___ Location and Dimensions of all Public and Private Easements
(See Property Title and Subdivision/Partition Plat)
17. ___ Top of Foundation, Top of Curb, Property Corner Elevations & High/Low Points
Reference Approved Residential Lot Grading Plan (As Applicable)
18. ___ Storm Water Surface Flow Arrows (*For/In To/Through the Site*)

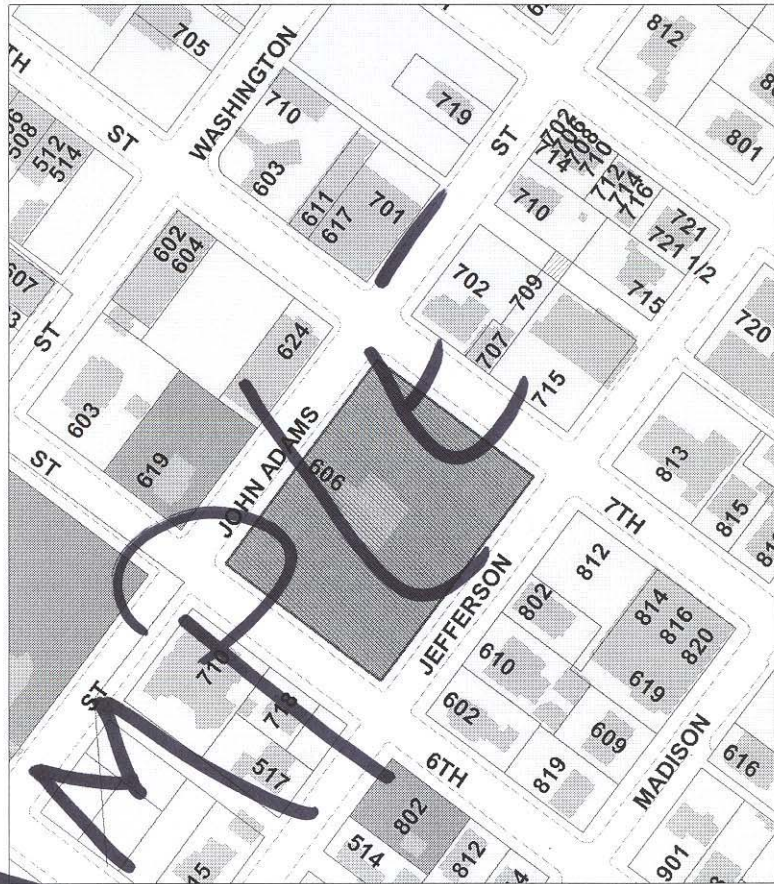
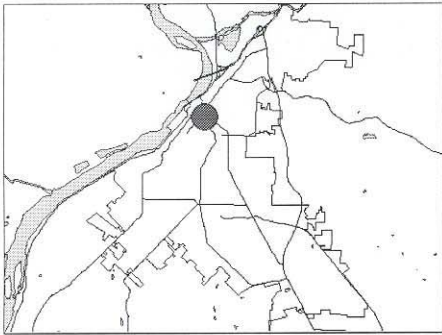
Additional Submittal Requirements for a Complete Application:

- A Property Zoning Report for Each Lot in the Proposed Development
Obtained from City Planning Division
- Subdivision or Minor Partition Plat (*If Applicable*)
Obtained from the Clackamas County
- Residential Lot Grading Plan (*If in a Subdivision or Partition*)
Obtained from Land Developer or City Engineering Division
- Elevation (*Side View*) drawings of all proposed building(s)

In addition to requirements by the Planning, Engineering and Building Divisions, other encumbrances on your property such as a private easement or public utility easement (PUE) may be present. Please refer to your title report; subdivision/partition plat; covenants, conditions and restrictions (CC & R's); tax map and other applicable documents.

Taxlot: 2-2E-31AD-10900

Site Address: 606 JOHN ADAMS ST



Taxlot Information

Taxlot Number: 2-2E-31AD-10900
Site Address: 606 JOHN ADAMS ST
OREGON CITY
OR 97045

Overlay Information

In Historic District? Y
In Willamette Greenway? N
In Unstable Slope Area? N
In Water Resource Overlay District? N
In Floodplain? N

Owner Information

Last Name: PUBLIC
First Name:
Address: 320 WARNER MILNE RD
OREGON CITY
OR 97045

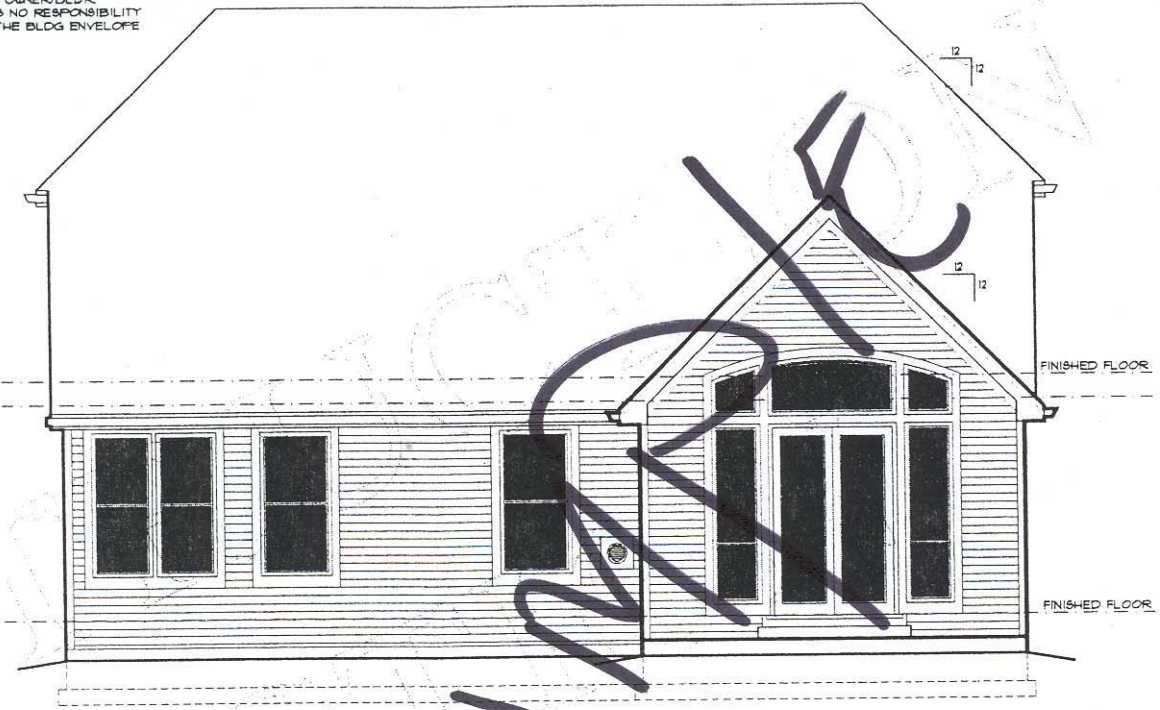
Planning Designations

Zoning: I
- Institutional
Comprehensive Plan: p
- Parks
Subdivision: NONE
Neighborhood Assn: McLoughlin NA
Urban Renewal District: dtura
Historic District: MCD

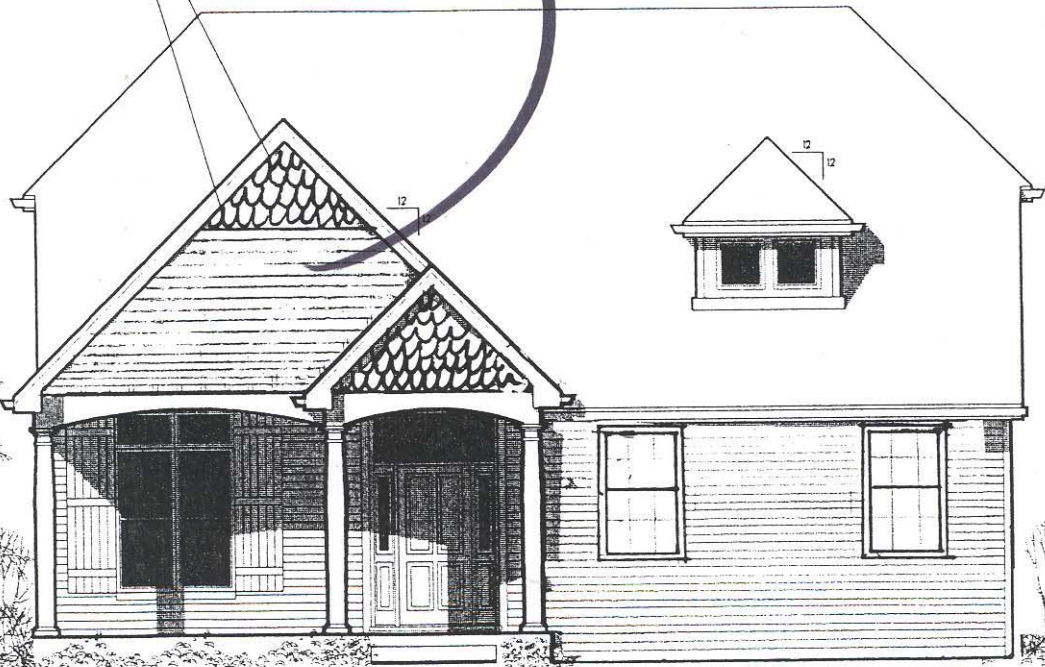


FINISHING MATERIAL (SEE ROOF PLAN)
 GUTTER ON 2" X 8" FASCIA
 DOWNSPOUTS (SEE ROOF PLAN)
 X CEDAR CORNER BDS.
 HORIZONTAL LAP SIDING

TYPE OF EXTERIOR FINISH, THE
 INSTALLATION AND THE WATERPROOFING
 DETAILS ARE ALL TO BE THE FULL
 RESPONSIBILITY OF THE OWNER/BLDR.
 THE DESIGNER ASSUMES NO RESPONSIBILITY
 FOR THE INTEGRITY OF THE BLDG ENVELOPE



REAR ELEVATION



FRONT ELEVATION

Masord
 COLLECTION

ALAN MASORD DESIGN ASSOCIATES, INC. 3167/11111
 135E NW 85th AVE. PORTLAND, OR 97208 503.225.9350 FAX 503.225.9353

25144A
 DRAWN 01/26/04 AMP

25# SNOW LOAD

UPPER FLOOR	625 SQ. FT.
MAIN FLOOR	1407 SQ. FT.
TOTAL AREA	2032 SQ. FT.
GARAGE AREA	440 SQ. FT.

22144A

Building Permit Applications



One-and Two-Family Dwelling Building Permit Application Checklist

City of Oregon City
320 Warner Milne Rd (PO Box 3040)
Oregon City, OR 97045
Phone(503)657-0891, Fax(503)722-3880

OFFICE USE ONLY	
Reference no:	
Associated Permits:	
Elect ___ Plumb ___ Mech ___	
Other _____	

THE FOLLOWING ARE REQUIRED FOR PLAN REVIEW	YES	NO	N/A
1. Erosion control. Include drainage-way protection, silt fence design and location of catch-basin protection, etc.			
2. ___ Complete sets of plans. Must be drawn to scale, showing conformance to applicable local and state building codes. Lateral design details and connections must be incorporated into the plans or on a separate full-size sheet attached to the plans with cross-references between plan location and details. Plan review cannot be completed if copyright violations exist.			
3. Site/plot plan drawn to scale. The plan must show lot and building setback dimensions; property corner elevations (if there is more than a 4-ft elevation differential, plan must also show contour lines at 2-ft intervals); location of easements and driveway; footprint of structure (including decks); utility locations; direction indicator; lot area; existing structure on site; and surface drainage.			
4. Foundation plan. Show dimensions, anchor bolts and hold-downs and reinforcing pads, connection details, vent size and locations.			
5. Floor plans. Show all dimensions, room identification, window size, location of smoke detectors, water heater, furnace, ventilation fans, plumbing fixtures, balconies and decks 30 inches above grade, etc.			
6. Cross section(s) and details. Show all framing-member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, roof construction. More than one cross section may be required to clearly portray construction. Show details of all wall and roof sheathing, roof slope, ceiling height, siding material, footings and foundations, stairs, fireplace construction, thermal insulation, etc.			
7. Elevation views. Provide elevations for new construction; minimum two elevations for additions and remodels. Exterior elevations must reflect the actual grade if the change is greater than 4-ft at the building envelope. Full size sheet addendum's showing foundation elevations with cross-reference are acceptable.			
8. Wall bracing. (prescriptive path) and/or lateral analysis plans. Must indicate details and locations; for non-prescriptive path analysis provides specifications and calculations to engineering standards.			
9. Floor/roof framing. Provide plans for all floors/roof assemblies, indicating member sizing, spacing and bearing locations. Show attic ventilation.			
10. Basement and retaining walls. Provide cross sections and details showing placement of rebar. For engineered systems, see item 14 "Engineers calculations".			
11. Beam calculations. Provide two sets of calculations using current code design values for all beams and multiple joists over 10 feet long and/or any beam/joist carrying a non-uniform load.			
12. Manufactured floor/roof truss details.			
13. Energy Code compliance. Identify the prescriptive path or provide calculations. A gas-piping schematic is required for four or more appliances.			
14. Engineer's calculations. When required or provided, (i.e. shear wall, roof truss) shall be stamped by an engineer or architect licensed in Oregon and shall be shown to be applicable to the project under review.			
15. Soils report. Must carry original applicable stamp and signature on file or with application.			
16. Land use actions completed.			
17. Zoning. Flood plain, solar balance points, historic district, etc.			
JURISDICTIONAL SPECIFICS			
18.			
19.			
20.			

Checklist must be completed before plan review start date. Minor changes or notes on submitted plans may be in blue or black ink. Red ink is reserved for department use only.



Building Permit

CITY OF OREGON CITY

Permit #:	
Date:	Receipt:
Date:	Receipt:

TYPE OF WORK

<input 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 type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family

JOB SITE INFORMATION AND LOCATION

Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
--	--

Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()

<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
---	--

Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: : ()
E-mail:	

CONTRACTOR

Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	

Authorized signature:	
Print name:	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	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors 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:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

*Fee methodology set by Tri-County



Mechanical Application

CITY OF OREGON CITY

PO Box 3040 Oregon City, OR 97045

Permit # :	
Date:	Receipt:
Bldg Permit #:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	

Authorized signature: _____

Print name: _____ Date: _____

COMMERCIAL FEE* SCHEDULE - USE CHECKLIST			
Mechanical permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit.			
Value: \$			
RESIDENTIAL EQUIPMENT / SYSTEMS FEES*			
<i>For special information use checklist.</i>			
Description	Qty.	Ea.	Total
Heating/cooling			
Furnace add-on air conditioning		12.00	
Gas heat pump		12.00	
Duct work		9.00	
Hydronic hot water system		9.00	
Residential boiler (radiator or hydronic)		12.00	
Unit heaters (fuel-type, not electric), in-wall, in-duct, suspended, etc.		12.00	
Flue/vent for any of above		6.00	
Other:			
Other fuel appliances			
Water heater		12.00	
Gas fireplace		15.00	
Flue vent for water heater or gas fireplace		6.00	
Log lighter (gas)		15.00	
Wood/pellet stove		15.00	
Wood fireplace/insert		15.00	
Chimney/liner/flue/vent		6.00	
Other:			
Environmental exhaust and ventilation			
Range hood/other kitchen equipment		9.00	
Clothes dryer exhaust		6.00	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		6.00	
Attic/crawlspace fans		6.00	
Other:			
Fuel piping			
\$ 4.00 for first four; \$ 1.00 for each additional			
Furnace, etc.			
Gas heat pump			
Wall/suspended/unit heater			
Water heater			
Fireplace			
Range			
Barbecue			
Clothes dryer (gas)			
Other:			
MECHANICAL PERMIT FEES*			
Subtotal			
Permit fee (Res \$20.00, Comm \$50.00)			
Plan review (25 % of permit fee)			
State surcharge (8% of permit fee)			
TOTAL PERMIT FEE			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

* Fee Methodology set by Tri-County



Electrical Application

CITY OF OREGON CITY

PO Box 3040 Oregon City, OR 97045

Permit #:	
Date:	Receipt:
Bldg Permit #:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address:
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
Lic. no.:	CCB lic. no.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service over 225 amps, comm'l	<input type="checkbox"/> Hazardous location			
<input type="checkbox"/> Service over 320 amps – rating of 1- and 2-family dwellings	<input type="checkbox"/> Bldg over 10,000 sq. ft., 4 or more new residential units in one structure			
<input type="checkbox"/> System over 600 volts nominal	<input type="checkbox"/> Feeders, 400 amps or more			
<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Manufactured structures or RV park			
<input type="checkbox"/> Occupant load over 99 persons	<input type="checkbox"/> Other:			
<input type="checkbox"/> Egress/lighting plan				
<input type="checkbox"/> Health-care facility				
Submit ___ sets of plans with any of the above.				
The above are not applicable to temporary construction service.				
FEE SCHEDULE				
Description	Qty.	Fee.	Total	*
New residential single- or multi-family dwelling unit. Includes attached garage.				
1,000 sq. ft. or less		138.00		4
Ea. add'l 500 sq. ft. or portion		27.60		
Limited energy, residential		55.20		2
Limited energy, non-residential		55.20		2
Each manufactured or modular dwelling, service and/or feeder		55.20		2
Services or feeders installation, alteration, and/or relocation				
200 amps or less		82.50		2
201 amps to 400 amps		109.25		2
401 amps to 600 amps		164.45		2
601 amps to 1,000 amps		247.25		2
Over 1,000 amps or volts		453.10		2
Reconnect only		55.20		1
Temporary services or feeders installation, alteration, and/or relocation				
200 amps or less		48.30		2
201 amps to 400 amps		102.40		2
401 amps to 600 amps		138.00		2
Branch circuits – new, alteration, or extension, per panel				
A. Fee for each branch circuits <i>with</i> service or feeder fee,		5.75		2
B. Fee for branch circuits <i>without</i> service or feeder fee, each branch circuit		46.00		2
Each add'l branch circuit		5.75		
Miscellaneous (service or feeder not included)				
Pump or irrigation circle		55.20		2
Sign or outline lighting		55.20		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		55.20		2
Each additional inspection over allowable in any of the above				
Per inspection		62.00		
Investigation fee				
Other:				
ELECTRICAL PERMIT FEES				
		Subtotal		
		Plan review (___ % of permit fee)		
		State surcharge (8% of permit fee)		
		TOTAL PERMIT FEE		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Number of inspections allowed per permit.



Electrical Application

CITY OF OREGON CITY

PO Box 3040 Oregon City, OR 97045

Permit #:	
Date:	Receipt:
Bldg Permit #:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address:
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
Lic. no.:	CCB lic. no.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service over 225 amps, comm'l	<input type="checkbox"/> Hazardous location			
<input type="checkbox"/> Service over 320 amps – rating of 1- and 2-family dwellings	<input type="checkbox"/> Bldg over 10,000 sq. ft., 4 or more new residential units in one structure			
<input type="checkbox"/> System over 600 volts nominal	<input type="checkbox"/> Feeders, 400 amps or more			
<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Manufactured structures or RV park			
<input type="checkbox"/> Occupant load over 99 persons	<input type="checkbox"/> Other:			
<input type="checkbox"/> Egress/lighting plan				
<input type="checkbox"/> Health-care facility				
Submit ___ sets of plans with any of the above.				
The above are not applicable to temporary construction service.				
FEE SCHEDULE				
Description	Qty.	Fee.	Total	*
New residential single- or multi-family dwelling unit. Includes attached garage.				
1,000 sq. ft. or less		138.00		4
Ea. add'l 500 sq. ft. or portion		27.60		
Limited energy, residential		55.20		2
Limited energy, non-residential		55.20		2
Each manufactured or modular dwelling, service and/or feeder		55.20		2
Services or feeders installation, alteration, and/or relocation				
200 amps or less		82.50		2
201 amps to 400 amps		109.25		2
401 amps to 600 amps		164.45		2
601 amps to 1,000 amps		247.25		2
Over 1,000 amps or volts		453.10		2
Reconnect only		55.20		1
Temporary services or feeders installation, alteration, and/or relocation				
200 amps or less		48.30		2
201 amps to 400 amps		102.40		2
401 amps to 600 amps		138.00		2
Branch circuits – new, alteration, or extension, per panel				
A. Fee for each branch circuits <i>with</i> service or feeder fee,		5.75		2
B. Fee for branch circuits <i>without</i> service or feeder fee, each branch circuit		46.00		2
Each add'l branch circuit		5.75		
Miscellaneous (service or feeder not included)				
Pump or irrigation circle		55.20		2
Sign or outline lighting		55.20		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		55.20		2
Each additional inspection over allowable in any of the above				
Per inspection		62.00		
Investigation fee				
Other:				
ELECTRICAL PERMIT FEES				
		Subtotal		
		Plan review (___ % of permit fee)		
		State surcharge (8% of permit fee)		
		TOTAL PERMIT FEE		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Number of inspections allowed per permit.



Plumbing Application

CITY OF OREGON CITY

PO Box 3040 Oregon City, OR 97045

Permit #:	
Date:	Receipt#:
Bldg Permit #:	

TYPE OF WORK	
<input 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 type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: : ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	Lic. no.:

Authorized signature:

Print name:	Date:
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FEE* SCHEDULE (MINIMUM \$52.00 FEE)			
<i>For special information use checklist.</i>			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		309.60	
SFR (2) bath		357.10	
SFR (3) bath		395.50	
Each additional bath/kitchen		36.20	
Fire sprinkler (sq. ft.)		**	
Site utilities			
Catch basin or area drain		12.40	
Drywell, leach line, or trench drain		12.40	
Footing drain (no. linear ft.:)		**	
Manufactured home utilities		52.00	
Manholes		12.40	
Rain drain connector		**	
Sanitary sewer (no. linear ft.:)		**	
Storm sewer (no. linear ft.:)		**	
Water service (no. linear ft.:)		**	
Fixture or item			
Absorption valve		12.40	
Backflow preventer		12.40	
Backwater valve		12.40	
Clothes washer		12.40	
Dishwasher		12.40	
Drinking fountain		12.40	
Ejectors/sump		12.40	
Expansion tank		12.40	
Fixture/sewer cap		12.40	
Floor drain/floor sink/hub		12.40	
Garbage disposal		12.40	
Hose bib		12.40	
Ice maker		12.40	
Interceptor/grease trap		12.40	
Medical gas (value: \$)		**	
Primer		**	
Roof drain (commercial)		**	
Sink/basin/lavatory		12.40	
Tub/shower/shower pan		12.40	
Urinal		12.40	
Water closet		12.40	
Water heater		12.40	
Other:		**	
Other:		**	
Subtotal			
Minimum permit fee			
Plan review (% of permit fee)			
State surcharge (8% of permit fee)			
TOTAL PERMIT FEE			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

* Fee methodology set by Tri-County Building Industry Service Board
 ** See back of form for schedule

Fee Schedule for Plumbing Permit Application Oregon City

New 1-and-2- Family dwelling bath packages include rainwater disposal system, including leaders and drains to approved disposal area, plumbing fixtures or waste discharging devices, including drain, waste and vent piping, water piping, hot water heaters, the first 100 ft of water service and sanitary sewer line and the under floor low point drain.

Footing drain (no. lin. Ft.)	Not applicable in Clackamas County
Rain drain connector Residential & Duplex	74.60
½ package (2 or less downspouts)	37.30
Sanitary Sewer	
150 ft. or less total length	60.00
Over 150 ft total length the first 50 ft.	45.20
Each additional 100ft or portion thereof	30.50
Storm Sewer	
First 50 ft. or less	45.20
Each add'l 100ft or portion thereof	30.50
Water Service	
First 50 ft. or less	30.50
Each add'l 100ft or portion thereof	23.70
Primer(s)	
1 to 5	12.40
Additional over 5	2.00
Roof Drain (commercial)	
Leader or Conductor	8.00
Other	
House moves (not including storm or sanitary sewer, or water service inspection)	37.30
Prefabricated commercial structures (not including storm or sanitary sewer, or water service inspection)	74.60

Residential Fire Suppression System (Plan Review Fee Included)

0 sq. ft. to 2000 sq. ft.	\$164.00
2,001 sq. ft. to 3,600 sq. ft.	\$234.00
3,601 sq. ft. to 7,200 sq. ft.	\$270.00

Medical Gas Installation Fees (Based on Valuation)

\$100.00 minimum issuance fee per application	
\$1 to \$5,000	\$50.00 each
\$5,001 to \$10,000	\$50.00 plus \$2.00 for each additional \$100 over \$5,000
\$10,001 to \$100,00	\$178.00 plus \$12.50 for each additional \$1,000 over \$10,000
\$100,000 and above	\$1,098.00 plus \$8.60 for each additional \$1,000 over 100,000
Does not include plan review fees.	

Plan Review

Commercial only = 50% of the plumbing permit fee

**PERMIT APPLICATION
EROSION AND SEDIMENTATION CONTROL
SINGLE RESIDENTIAL LOT**

320 Warner Milne Rd., (mailing PO Box 3040), Oregon City, Oregon 97045
(503) 657-0891

Inspection Phone: (503) 722-3793

Building permit applicant

Name: _____
Address: _____
Phone: _____

Site Steward – Person responsible for erosion and sediment control for the duration of the project

Name: _____
Address: _____
Phone: _____
Cell Phone: _____
Fax: _____
e-mail: _____

Building Site Address

Street address: _____
Subdivision name & lot #: _____

Building Permit #: _____

E.C. Permit #: _____

Standard Fee

Single residential Lot < 1/2 acre = \$ 190
Revised fee (with certification) = \$ 147
(* include copy of dated certification for discount)

Plans Approved _____ **Date** _____

(*approved application serves as permit*)

Permit Issued By _____

Plans Denied _____

Reason for Denial:

Information to be included on Site Plan:

1. scale – 1" = 50'
2. Property lines
3. Contour lines
4. Location of all structures
5. Location of impervious ground
6. Location of all erosion control facilities
7. Location of nearest downstream catch basin & proposed method of protection
8. Location of project information sign
9. Sheet size – 8 1/2" x 11"

Describe proposed erosion control facilities:

(Also show locations of erosion control facilities on site plan – include details with plan)

Describe mulching and revegetation plan:

(Also show limits of mulching and revegetation on site plan)

Describe method of protection of nearest downstream catch basin:

(Also show location of catch basin and proposed protection devices on site plan)

NOTICE

- Materials tracked into streets shall be cleaned up prior to the close of each workday by means of dry sweeping (e.g. with a broom &/or shovel). Materials shall **not** be washed down the road into the storm system or water bodies.
- The following will result in an enforcement action by the City:
 1. Visible or measurable erosion resulting in off-site sediment transport.
 2. Failure to maintain the project information and address signs in a readable condition.
- Protective devices located at catch basins shall be maintained throughout the duration of the project.

CONSENT STATEMENT

I authorize a representative The City of Oregon City to enter upon the property for which I have applied for permit, for the purpose of making inspections.

Signature of Authorized Agent or Owner:

X _____ Date _____