		CITY OF NEWPORT Community Development Dept. 169 SW Coast Hwy Newport, OR 97365 (541) 574-0629 (541)574-0644 Fax INSP: BuildingPermits.Oregon.gov or phone: 1-888-299-2821 ING PERMIT APPLICATION	Single Family		Office Use Only PRY OF CONSTRUCTION Duplex PE OF WORK		
Applications may be obtained online at: www.newportoregon.gov/business/formsAppsPermits.asp			New		Alteration		
1.	Job Information (where w	vork is taking place)	Addition		Accessory Structure		
	Job Site Address:			RE	QUIRED DATA		
2.	Owner's Name:		 Permit fees are based on the value of the work performed. SEE 				
	Full Mailing Address:						
	City/State/Zip:		THE PERMIT FEES				
	Phone #: Email: No Owner/Builder? Yes No Applicant/Architect/Engineer (person responsible for plans)			VALUATION OF WORK:			
3.			Number of bedrooms:				
			Number of bedroom				
	O Mark if same as owner O Mark if same as contractor		Number of bathroom	Number of bathrooms:			
	Name of Person:		Total number of floo	_ Total number of floors: Total Height:			
	Full Mailing Address:		First floor, sq. ft.:				
	City/State/Zip:						
	Phone #: Er	mail:	Second floor, sq. ft.:				
4.	Contractor Information (person/co performing the work)		Basement, sq. ft.:				
	Name of Contractor:		Garage/Carport, sq. ft.:				
	Full Mailing Address:		Covered Porch/Deck, sq. ft.:				
				-			
	Phone #: Email:		Unfinished space/other, sq. ft.:				
_	OR CCB # (Req'd):		—	- NOTICE			
5.	5. Contact Person (receives building permit correspondence) same as: O owner O contractor O applicant Name of Contact: Full Mailing Address: City/State/Zip: Phone #: Email:		associated Plumbin	ASSOCIATED PERMITS: All residential building permits that will require associated Plumbing, Mechanical, Electrical, Fire Sprinkler, Fire Alarm, and/or Fire Line permits are applied for separately .			
			EXPIRATION OF AP	PLICATION:	This application expires if a permit is not		
			- obtained within 180 days after it has been accepted as complete, and a				
			neriod of 180 days a	permit becomes null and void if the authorized work is suspended for a period of 180 days at any time after work is commenced.			
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6.	Project Description:						

I hereby certify that I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

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By attaching my signature below, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form.

l agree _____

Authorized Signature:

Date:

Print Name: _____

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