



Structural Permit Application
 PO Box 163, Cannon Beach, OR 97110
 (503)436-2045 Fax: (503)436-8049
 INSPECTION REQUEST LINE: (503)436-8045
 TTY: 503.436.8097
 Web: www.ci.cannon-beach.or.us

DEPARTMENT USE ONLY	
Permit No:	
Issued By:	
Date:	

This permit is issued under OAR 918-460-0030 and expires if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVAL	
This project has final land-use approval. Signature: _____	Date: _____
This project has final DEQ approval. Signature: _____	Date: _____
Zoning approval verified: (circle one) Yes No	
Property is within flood plain: (circle one) Yes No	
Survey on file dated: _____	

CATEGORY OF CONSTRUCTION		
Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Government <input type="checkbox"/>

JOB SITE INFORMATION AND LOCATION	
Job site address:	
Cannon Beach 97110	Map/Tax Lot:
Phone: _____	Fax: _____

Property Owner or Owner Installation Information	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____
Email: _____	
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.	

Owner's Signature: _____

CONTRACTOR INFORMATION	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____
Email: _____	
CCB License No: _____	
Print Name: _____	
Signature: _____	

PAYMENT INFORMATION	
Please make check payable to CITY OF CANNON BEACH.	

CREDIT CARD INFORMATION	
Credit Card Number: _____	
Exp Date: _____	CVN No: _____ Card Type: _____
Name of Cardholder: _____	
Cardholder Signature: _____	
Statement Mailing Address: _____	
Phone: _____	Amount: _____

Valuation Information	
Job description: _____	

New <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input type="checkbox"/>
Square footage area (required):		
New, altered, or added dwelling area:	sq ft	
Garage/carport area:	sq ft	
Covered porch/deck area:	sq ft	
Other structure area:	sq ft	
Existing building area:	sq ft	
Cost per square foot:	\$	
Total Valuation:		
Occupancy:	Construction Type:	

Building Fees (Minimum permit fee is \$61.50)	
(a) Permit fee (use fee schedule)	
(b) Investigative fee -equal to (a), if applicable	\$
(c) Reinspection (\$61.50 per hour): (number of hours x fee per hour)	\$
(d) Enter 12% surcharge (0.12 x (a) + (b) + (c))	
(1) Subtotal of fees above (a through d)	

Plan Review Fees	
(a) Plan review (.65 x permit fee)	
(b) Fire, life, safety (.65 x permit fee)	
(2) Subtotal of Plan Review Fees	

Local Planning Fees	
(a) Minimum Residential to \$10,000= \$10	
(b) Residential -\$10,001-\$200,000=.1%	
(c) Residential over \$200,001 = \$200	
(a) Minimum Commercial to \$10,000= \$15	
(b) Commercial-\$10,001-200,000=.015%	
(c) Over \$200,001=\$300 + \$30 per 100K	
(3) Subtotal of Local Planning Fees	

APPLICANT USE/FEE COMPUTATION TOTALS	
(a) Total of Building Fees and Surcharge (1)	
(b) Total of Plan Review Fees (2)	
(c) Total of Local Planning Fees (3)	
Please remit total of Items 1, 2 and 3	

Department Use	
Paid by (circle one) <i>Cash</i> <i>Credit Card</i> <i>Check</i>	
Check Number: _____	
Receipt number: _____	
Date paid: _____	