



Lincoln County

Building Division

210 SW 2nd St

Newport, OR 97365

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(541) 265-4192 Fax (541) 265-6945

RESIDENTIAL COMBO BUILDING APPLICATION	
DEPARTMENT USE ONLY	
Permit No:	
Date Issued:	By:

WORK SITE INFORMATION & LOCATION:

ADDRESS:		
MAP AND TAX LOT:		
CATEGORY OF CONSTRUCTION:		
<input type="radio"/> Single Family <input type="radio"/> Multi-Family		
ELECTRICAL CONTRACTOR INSTALLATION		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB:	BCD:	
Signing Supervisors Name:		
Lic No:		
MECHANICAL CONTRACTOR INSTALLATION		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB Lic No:		
PLUMBING CONTRACTOR INSTALLATION		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB:	BCD:	JP#

PROPERTY OWNER:		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
CONTRACTOR INSTALLATION		
Same as applicant? <input type="radio"/> Yes <input type="radio"/> No		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
E-mail:		
CCB license no.:		
Contact Name:	Phone:	
REQUIRED DOCUMENTS FOR APPLICATION		
I have downloaded and reviewed the plans and documents Checklist (Initials): _____		
SUBMITTAL METHOD FOR PLANS AND DOCS		
<input type="radio"/> Paper <input type="radio"/> Electronic		
Energy Measures submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Permits listed below need additional permits:		
Decks Over 30": <input type="checkbox"/> Yes <input type="checkbox"/> No		
Detached Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Description:		

STRUCTURE:		PLUMBING:	
Valuation*:		Water Service Total linear feet:	
Total square footage:		Sanitary Sewer Total linear feet:	
(Dwelling & attached garage):		MECHANICAL:	
Building Height:			
No. of Bathrooms:		Type of fuel:	
Total square footage of Decks/ porches/covered patios:		<input type="checkbox"/> Boiler <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Oil	
Habitable sq ft:		<input type="checkbox"/> Geothermal <input type="checkbox"/> Other	
Non Habitable sq ft:			QTY
ELECTRICAL:		Air handler unit up to 10,000 cfm:	
		Air handler unit more than 10,000 cfm:	
Total Square Footage:		Furnace up to 100,000 BTU:	
Limited Energy:		Furnace greater than 100,000 BTU:	
Temporary service 200 amp or less:		Suspended heater, recessed wall heater or floor mounted unit heater:	
Other (Garage panels, extra circuits in detached garage etc.):		Heat Pump:	
OTHER FUEL APPLIANCES:		Air Conditioner:	
	QTY	Floor Furnace, including vent:	
Wood/pellet stove:		Evap cooler other than portable:	
Gas or wood fire place/insert:		Mini Split:	
Chimney/liner/flue/vent:		EXHAUST AND VENTILATION:	
Water heater:			QTY
Oil tank/gas/diesel generators:		Range hood/other kitchen equipment:	
Other (Description):		Appliance vent installation not included in appliance permit:	
FUEL PIPING:		Attic/Crawl space fans:	
	QTY	Flue vent for water heater or gas fireplace:	
Gas piping outlets, Four or less connections:		Clothes dryer exhaust:	
Gas piping outlets, more than four (per outlet):		Other exhaust/ventilation:	

NOTICES

Expiration of application: This application is valid for 180 days after it has been accepted as complete.

Inspections required: Approved county inspections must be completed before the work performed is enclosed.

TERMS AND CONDITIONS

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

Copyright release for government entities: I hereby grant permission to the County of Lincoln to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the Counties regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

Indemnity: I, the permit applicant, shall indemnify, defend and hold harmless the County of Lincoln, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit.

Owner permission: I have the legal right or permission from any property owner whose property is affected by the work covered under this permit to: 1) enter the property; 2) perform the work covered under this permit; 3) leave structures on or in the affected property. The issuance of this permit shall not be construed as permission or a grant of a legal right to enter upon or remain on any property affected by the work covered under this permit.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form.

I agree (initials): _____

Authorized Signature: _____ **Print Name:** _____ **Date:** _____