



**Lincoln County**

**Building Division**

210 SW 2<sup>nd</sup> St

Newport, OR 97365

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

**RESIDENTIAL BUILDING APPLICATION**

DEPARTMENT USE ONLY

Permit No:

Date Issued:

By:

**WORK SITE LOCATION:**

<b>ADDRESS:</b>
<b>MAP &amp; TAX LOT #:</b>
<b>CATEGORY OF CONSTRUCTION:</b>
<input type="radio"/> Single Family <input type="radio"/> Multi-Family <input type="radio"/> Accessory Dwelling Unit
<b>TYPE OF WORK:</b>
<input type="radio"/> New <input type="radio"/> Addition (adding square footage) <input type="radio"/> Accessory structure (garage, carport, sheds, etc.) <input type="radio"/> Alteration (no change to square footage) <input type="radio"/> Other (retaining walls, solar, driveways, etc.)
<b>DESCRIPTION OF WORK:</b>

<b>Valuation*:</b>	
<b>Sq Ft – 1<sup>st</sup> Floor:</b>	
<b>Sq Ft – 2<sup>nd</sup> Floor:</b>	
<b>Sq Ft – Unfinished living space:</b>	
<b>Sq Ft – Basement:</b>	
<b>Sq Ft – Covered porch/deck</b>	
<b>Sq Ft – garage or carport</b>	
<b>Garage or carport orientation:</b>	
<b>Number of bedrooms:</b>	
<b>Number of bathrooms:</b>	
<b>Number of floors:</b>	
<b>Total Height:</b>	

<b>APPLICANT:</b>		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>PROPERTY OWNER:</b>		
Same as applicant? <input type="radio"/> Yes <input type="radio"/> No		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>CONTRACTOR INSTALLATION</b>		
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:	
<b>REQUIRED DOCUMENTS FOR APPLICATION</b>		
I have downloaded and reviewed the plans and documents Checklist (Initials): _____		
<b>SUBMITTAL METHOD FOR PLANS AND DOCS</b>		
<input type="radio"/> Paper <input type="radio"/> Electronic		

**Project information:**

\*The value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and profit for the work described.

## NOTICES

**Associated permits:** Separate permit applications are required for plumbing, mechanical, electrical, right of way, fire sprinkler, fire alarm and/or fire line permits associated with this building permit.

**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:** \_\_\_\_\_