



# Fire Protection Permit Application

City of Troutdale

(Revised February 2016)

2200 SW 18th Way Troutdale OR 97060

Permit Specialist 503 674-7229

Application No.	Permit No.
Date Received	Date Issued
Received By	Issued By
Receipt No.	Receipt No.

Inspection Requests: Phone: 503 674-7204

Fax: 503 667-0524

E-mail: [inspection@troutdaleoregon.gov](mailto:inspection@troutdaleoregon.gov)

Is Property Located In Flood Plain?  No  Yes, If Yes, Provide Fair Market Value Of Property \$ \_\_\_\_\_ Provide Improvement Value \$ \_\_\_\_\_

<b>Type Of Work</b>		Permit fees are based on the value of the work performed. Indicate the value of all equipment, materials, labor, overhead and profit for the work indicated on this application. <b>Valuation \$</b>	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration/Replacement <input type="checkbox"/> Other			
<b>Category Of Construction</b>			
<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential <input type="checkbox"/> Other			
<b>Job Site Information And Location</b>		Fire Detection/Alarm System <input type="checkbox"/>	
Address:		Fire Sprinkler System <input type="checkbox"/>	
Project name:	Suite/bldg./apt. no.:	Hood & Duct Fire Suppression System <input type="checkbox"/>	
Subdivision:	Lot no.:	Paint Booth Fire Suppression System <input type="checkbox"/>	
<b>Description Of Work</b>		Flammable/Combustible Liquid Storage Tank <input type="checkbox"/>	
		Underground Fire Supply <input type="checkbox"/>	
		Other Describe: <input type="checkbox"/>	
		<b>Department Approval - Initial &amp; Date</b>	
<b>Property Owner</b>		Fire Marshal:	
Name:		Other:	
Address:		<b>Permit Fees</b>	
City/State/Zip:		Permit Fee	\$
Phone:	Fax:	12% State Surcharge	\$
E-mail:		65% Plan Review	\$
<b>Contractor</b>		40% Fire & Life Plan Review	\$
Business name:		Deposit	\$
Address:		Total Due	\$
City/State/Zip:		<b>Submit three sets of plans</b>	
Phone:	Fax:	<b>Include cut sheets on all equipment</b>	
E-mail:		<b>This permit application expires if a permit is not obtained within 180-days after it has been accepted as complete. Permits are non-transferable and expire 180-days from issuance or last inspection.</b>	
CCB license no.:	City or Metro license no.:		
Authorized Signature:			
Print name:	Date		