



Building Permit Application

City of Troutdale

(Revised April 2015)

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

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

Type Of Work	Required Data 1- & 2- Family Dwelling	
<input type="checkbox"/> New construction <input type="checkbox"/> Addition/alteration/replacement <input type="checkbox"/> Other	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and profit for the work indicated on this application. Valuation \$	
Category Of Construction		
<input type="checkbox"/> 1- & 2-family dwelling <input type="checkbox"/> Commercial/industrial <input type="checkbox"/> Master builder	No. of bedrooms: _____ No. of bathrooms: _____	
<input type="checkbox"/> Accessory building <input type="checkbox"/> Multi-family <input type="checkbox"/> Other	Total number of floors: _____	
Job Site Information And Location	Code edition: _____	
Address: _____	New dwelling area (sq.ft.) _____	
Project name: _____ Suite/bldg./apt. no.: _____	Garage/carport area (sq.ft.) _____	
Subdivision: _____ Lot no.: _____	Covered porch area (sq.ft.) _____	
Tax map/parcel no.: _____	Deck area (sq.ft.) _____	
Description Of Work	Required Data Commercial Use Checklist	
_____	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor overhead, and profit for the work indicated on this application. Valuation \$ _____	
_____	Existing building area (sq.ft.) _____	
_____	New building area (sq.ft.) _____	
Property Owner	Number of stories: _____	
Name: _____	Type of construction: _____	
Address: _____	Occupancy groups: _____	
City/State/Zip: _____	Existing: _____ New: _____	
Phone: _____ Fax: _____	Occupant load: _____	
E-mail: _____	Code edition: _____	
Applicant	Sprinkler system: _____	
Name: _____	Department Approval - Initial & Date	
Address: _____	Fire Marshal: _____	
City/State/Zip: _____	Building Dept.: _____	
Phone: _____ Fax: _____	Planning Dept.: _____	
E-mail: _____	Public Works Chief Engineer: _____	
Contractor	Building Permit Fees*	
Business name: _____	Building Permit Fee	\$ _____
Address: _____	12% State Surcharge Fee	\$ _____
City/State/Zip: _____	65% Plan Review Fee	\$ _____
Phone: _____ Fax: _____	40% Fire & Life Plan Review Fee	\$ _____
E-mail: _____	Deposit	\$ _____
CCB license no.: _____ City or Metro license no.: _____	Total Due	\$ _____
Authorized Signature: _____	_____	
Print name: _____ Date _____	_____	

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.