



STRUCTURAL PERMIT APPLICATION

City of Sisters

520 E Cascade Ave. / PO Box 39

Sisters, OR 97759

www.ci.sisters.or.us

Inspections: 541-323-5202

office: 541-549-6022

STRUCTURAL PERMIT APPLICATION		PERMIT NUMBER:	
TAX LOT		SUBDIVISION:	
Job site address:		City:	State: Zip:
PROPERTY OWNER INSTALLATION: ONLY FOR HOMEOWNERS DOING THE WORK ON THEIR OWN HOME			
Name:		Address:	
		City:	State: Zip:
Phone:		E-mail:	
		Fax:	
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.			
Sign here:			
CONTRACTOR INSTALLATION		JOB DESCRIPTION	
Business name:		Describe work being done:	
Address:			
City:	State: Zip:		
Phone:	Fax:		
E-mail:			
CCB license no:		Type of const:	Occupancy:
City business license no:		Total sq. ft.	
Print name:		Height:	No. Stories
Signature:		Cost per sq. ft.	
CATEGORY OF CONSTRUCTION		Plans checked by: Date:	
Residential	Commercial	Approved for issuance by: Date:	
Planning		Total Valuation:	
Use Zone:		New	Addition
Minimum Building Setbacks from property line:		Alteration	
Front:	Left side: Right side: Rear:	Foundation only permit: Yes No	
No. of offstreet parking spaces required:		FEES	
Property is within flood plain: Yes No		A. Structural Permit \$	
Special Conditions:		B. Plumbing Permit \$	
		C. Mechanical Permit \$	
		D. 12% Surcharge of lines A,B, & C \$	
		E. Prepaid plan check fee \$	
		Plan check fee \$	
Public Works/Engineering		Site Suitability Res.(250.00) Comm. (500.00) \$	
See attached conditions of approval.		Transportation Systems Development(1,016) \$	
Approved by: Date:		Park Systems Development Charge (613) \$	
		Sewer Systems Development Charge* \$	
		Water Systems Development Charge* \$	
This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.		TOTAL \$	

