



CITY OF SISTERS

Community Development and Public Works

Building Permit Review

Version: 05/25/22

Building Permit #: _____ City file # (if applicable): _____

Owner Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Contractor/Consultant: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

PROJECT DESCRIPTION

Property Address: _____ Sq. Ft. _____

Present Use: Commercial _____ Industrial _____ Residential _____ Vacant _____ Other _____

Subdivision: _____ Lot #: _____ Tax Map ID: T15 R10 S Lot _____

Water Meter Size (please circle one): Existing 3/4" 1.0" 1.5" 2.0" Other Size: _____

Significant Trees On-Site (8" or greater DBH): _____ Requested Tree Removals (Qty): _____

Brief description:

Applicant Signature

Date

Property Owner Signature (if different)

Date

FOR OFFICE USE ONLY

Date Received: _____ Rec'd by: _____

FOR OFFICE USE ONLY

APPROVAL TO RELEASE FOR BUILDING PLAN REVIEW

CDD Approval: _____ Date: _____

Public Works Approval: _____ Date: _____

Notes:

Notes:

SDC = Water: \$ _____ Sewer: \$ _____ Parks: \$ _____ Transportation: \$ _____

Total SDCs due at permit issuance: \$ _____

Other Fee(s): \$ _____

Site Inspection Fee: \$ _____

Total Fees due at permit issuance: \$ _____

Notes: