

Permit No. \_\_\_\_\_

**CITY OF PENDLETON  
BUILDING PERMIT APPLICATION  
JURISDICTION OF CITY OF PENDLETON, OREGON**

**PLEASE CALL  
24 HOURS  
IN ADVANCE  
FOR INSPECTIONS  
AT 966-0205.**

*Applicant to complete numbered spaces only.*

Job Address \_\_\_\_\_

1. Owner                      Mailing Address                      City                      State                      Zip                      Phone

2. Contractor                      Mailing Address                      City                      State                      Zip                      Phone                      CCB No.                      City Lic. No.

3. Architect or Designer                      Mailing Address                      City                      State                      Zip                      Phone                      Lic. No.

4. Engineer                      Mailing Address                      City                      State                      Zip                      Phone                      Lic. No.

5. Use of Building \_\_\_\_\_

6. Class of Work:    NEW                      ADDITION                      ALTERATION                      REPAIR                      MOVE

7. Describe Work: \_\_\_\_\_

8. Change of Use:                      FROM                      TO

9. Valuation of Work  
\$ \_\_\_\_\_

SPECIAL CONDITIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applic. Accepted                      Plans Checked                      Approved for  
By:                      By:                      Issuance By:

Type of Const.	Occupancy Group	Division	
Size of Building	No. of Stories	Max Occ. Load	
Zoning		Fire Sprinklers Required? Yes      No	
No. of Dwelling Units	OFF STREET PARKING Covered      Uncovered		
Special Approvals	Required	Received	Not Required
F & LS Plan Rvw			
SDC			
ZONING			
PERMIT FEE			
12% SURCHARGE			
PLAN REVIEW			
TOTAL PERMIT FEES			

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Signature of Contractor or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**WHEN PROPERLY VALIDATED IN THIS SPACE, THIS IS YOUR PERMIT**

PERMIT                      CK                      M.O.                      CASH                      WORK COMPLETED:  
VALIDATION                      FINAL INSPECTION BY:

WHITE COPY - Building Department                      YELLOW COPY - Applicant                      Date \_\_\_\_\_