



**City of Lakeside**  
 915 North Lake Street  
 Lakeside, OR 97449  
 Phone 541-759-3011 Fax 541-759-3711

DEPARTMENT USE ONLY	
Permit No:	
Application Date:	
Date Issued & Paid:	

**JOB ADDRESS:**

Assessor's Map No.:	Tax Lot(s):
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Lot:	Block:	Subdivision:
Class of work: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Accessory Bldg. <input type="checkbox"/> Mfg.Home <input type="checkbox"/> Other _____		

**Property Owner (PRINT):**

Phone:	Alt Phone:	Email address:
Mailing Address:	City:	State: Zip:

**Contractor (PRINT):**

Phone:		
Mailing Address:	City:	State: Zip:
Contractor Number (CCB):	Email address:	
Engineer, Architect or Designer (PRINT):	Phone:	

**DESCRIPTION OF WORK:**

**ESTIMATED FINISHED VALUE: \$**

**NOTICE**

THIS PERMIT IS ISSUED UNDER OAR 918-460-0030, 918-440-0050, 918-780-0040/ 0065/ 0080. THIS PERMIT BECOMES NULL AND VOID IF WORK IS NOT COMMENCED WITHIN 180 DAYS, OR IF THE CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 180 DAYS.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

PROPERTY OWNER Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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 OAR 701.010.

CONTRACTOR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PLANNING DEPARTMENT USE**

Zone:	Plan Review No:	Requires Yard Setbacks: Front:	Side:	Front/Side:	Rear:
Flood Hazard: YES NO	Flood Zone:	Number of Off-Street Parking Spaces Required:			

Special Conditions: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

PUBLIC WORKS USE				FIRE DEPARTMENT USE	
Wtr Mtr:	Size:	Tap:	B*Flow X-Conn:	Access:	
Sewer:	Special Permit/Monitoring:	Tap:		Fire Protection Equip.:	
Streets/Sidewalks/Curbs:				Comments:	
Storm Drainage:					
Comments:					
Plans Reviewed By:	Date:	Plans Approved By:		Date:	

**BUILDING DEPARTMENT USE**

Const. Type:	Sq.Ft.:	Occ Group:	Max Occ. Load:	# of Units:	# of Stories:	Height:
Other Information:						
Plan Checked by:	Date:	Plans Approved By:		Date:		

BUILDING	PLUMBING	MECHANICAL	TOTAL
FEES	FEES	FEES	FEES
PLAN CK	PLAN CK	PLAN CK	PLAN CK
SURCHARGE	SURCHARGE	SURCHARGE	SURCHARGE
CITY SYSTEM FEE 50. <sup>00</sup>	CITY SYSTEM FEE 50. <sup>00</sup>	CITY SYSTEM FEE 50. <sup>00</sup>	CITY SYSTEM FEE 50. <sup>00</sup>
TOTAL	TOTAL	TOTAL	TOTAL

**Inspection line: 800.358.8034 Schedule by 5pm for next inspection day Inspection Days: Tu & Fri** rev3/2017