

City of Florence Building Permit Application

250 Highway 101 Florence, OR 97439

Phone 541-997-2141 / Fax 541-997-4109

Building Inspection Line 541-997-2141 Ext. 3

TYPE OF PERMIT				
<input type="checkbox"/> 1 & 2 Family dwelling or accessory	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Multi-family	<input type="checkbox"/> New construction	
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Tenant improvement	<input type="checkbox"/> Fire sprinkler/alarm	<input type="checkbox"/> Plumbing	
		<input type="checkbox"/> Demolition	<input type="checkbox"/> Other	
		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Manufactured Home	
JOB SITE INFORMATION				
Job address:		/ Impervious Surface %	/ Enclosed Buildings %	
Map number:	Tax Lot:	Sub.:	Description of Work:	
Description Cont:		/ Contractors Bid or Valuation Amount: \$		
		/ Commercial Mechanical Bid Amount: \$		
OWNER		STAFF-Planning Department		
Name:		<u>Office Use</u>		
Mailing address:		Subdivision _____		
City:	State:	Zip:	Lot# _____ Tax Lot # _____	
Ph:	Fax:	Cell:	Map # _____ Zone _____	
APPLICANT		Lot Size In square feet _____		
Name:		Use Permitted In this Zone ___ Yes ___ No		
Mailing Address:		Historic Review Required ___ Yes ___ No		
City:	State:	Zip:	Flood Plain ___ Yes ___ No	
Ph:	Fax:	Cell:	Set Backs—Front _____ Back _____ Side _____	
CONTRACTOR / Installer		Side Of Corner Lot _____		
Business name:		Airport Zone ___ YES ___ No		
Address:		State Highway Involvement ___ Yes ___ No		
City:	State:	Zip:	Special Site or Parking Requirements:	
Ph:	CCB#:	Flo. City Lic:	Yes _____ No _____ <u>IF YES ATTACH</u>	
Email:		<u>COPY TO PLANS</u>		
ARCHITECT / DESIGNER / ENGINEER				
Name:		Notice: All Contractors and Subcontractors <u>SHALL</u> be licensed with the Oregon Construction Contractors Board under provisions of ORS 701. And have a current City of Florence Business License.		
Address:				
City:	State:			Zip:
Ph:	Fax:			
ELECTRICAL CONTRACTOR		PLUMBING CONTRACTOR		
Name:		Business name:		
Address:		Address:		
City:	State:	Zip:	City:	
Ph:	CCB#:	Flo. City Lic:	State:	
Email:		Zip:		
MECHANICAL CONTRACTOR		Ph:		
Business name:		CCB#:		
Address:		Flor. City Lic:		
City:	State:	Zip:		
Ph:	CCB#:			
Email:				
I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not. Authorized signature: _____ Print name _____ Date: _____				
Notice: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.				