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.

Is the project governed by applicable CC&Rs or HOA approval? __ No. __ Yes, approval obtained. __ Yes, approval pending.

Job Address: / Impervious Surface% / Enclosed Buildings%

☐ 1 & 2 Family dwelling or accessory ☐ Commercial/Industrial ☐ Multi-family ☐ New construction ☐ Demolition ☐ Other
☐ Addition/alteration/replacement ☐ Tenant improvement ☐ Fire sprinkler/alarm ☐ Plumbing ☐ Mechanical ☐ Manufactured Home

Map number: | Tax Lot: | Sub.: | **Description of Work:**

Description Cont: / ***Contractors Bid or Valuation Amount: $*** _____
/ ***Commercial Mechanical Bid Amount: $***

OWNER

Name:
Mailing address:
City: | State: | Zip:
Ph: | Fax: | Cell:

APPLICANT

Name:
Mailing Address:
City: | State: | Zip:
Ph: | Fax: | Cell:

CONTRACTOR / Installer

Business name:
Address:
City: | State: | Zip:
Ph: | CCB#: | Flo. City Lic:
Email:

ARCHITECT / DESIGNER / ENGINEER

Name:
Address:
City: | State: | Zip:
Ph: | Fax:

ELECTRICAL CONTRACTOR

Name:
Address:
City: State: Zip:
Ph: | CCB: | Flor.City Lic:
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: _____

STAFF-Planning Department

Office Use

Subdivision _____
Lot# _____ **Tax Lot #** _____
Map # _____ **Zone** _____
Lot Size In square feet _____
Use Permitted In this Zone ___**Yes** ___**No**
Historic Review Required ____**Yes**___ **No**
Flood Plain____**Yes**____**No**
Set Backs—Front____**Back**____**Side**____
Side Of Corner Lot_____
Airport Zone ____**YES** ____**No**
State Highway Involvement___**Yes**___**No**
Special Site or Parking Requirements:
Yes_____ **No**_____ **IF YES ATTACH COPY TO PLANS**

Notice: All Contractors and Subcontractors SHALL be licensed with the Oregon Construction Contractors Board under provisions of ORS 701. And have a current City of Florence Business License.

PLUMBING CONTRACTOR

Business name:
Address:
City: | State: | Zip:
Ph: | CCB#: | Flor.City Lic:

MECHANICAL CONTRACTOR

Business name:
Address:
City: | State: | Zip:
Ph: | CCB#: | Flor.City Lic:
Email:

Notice: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.