

# 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%	
<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"/> Demolition	<input type="checkbox"/> Other
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Tenant improvement	<input type="checkbox"/> Fire sprinkler/alarm	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Manufactured Home
Map number:	Tax Lot:	Sub.:	<b>Description of Work:</b>		
<b>Description Cont:</b>			/ <b>Contractors Bid or Valuation Amount: \$</b> _____		
			/ <b>Commercial Mechanical Bid Amount: \$</b> _____		
<b>OWNER</b>			<b>STAFF-Planning Department</b>		
Name:			<u>Office Use</u>		
Mailing address:			<b>Subdivision</b> _____		
City:	State:	Zip:	<b>Lot#</b> _____ <b>Tax Lot #</b> _____		
Ph:	Fax:	Cell:	<b>Map #</b> _____ <b>Zone</b> _____		
<b>APPLICANT</b>			<b>Lot Size In square feet</b> _____		
Name:			<b>Use Permitted In this Zone</b> <u>  </u> Yes <u>  </u> No		
Mailing Address:			<b>Historic Review Required</b> <u>  </u> Yes <u>  </u> No		
City:	State:	Zip:	<b>Flood Plain</b> <u>  </u> Yes <u>  </u> No		
Ph:	Fax:	Cell:	<b>Set Backs—Front</b> <u>  </u> <b>Back</b> <u>  </u> <b>Side</b> <u>  </u>		
<b>CONTRACTOR / Installer</b>			<b>Side Of Corner Lot</b> _____		
Business name:			<b>Airport Zone</b> <u>  </u> YES <u>  </u> No		
Address:			<b>State Highway Involvement</b> <u>  </u> Yes <u>  </u> No		
City:	State:	Zip:	<b>Special Site or Parking Requirements:</b>		
Ph:	CCB#:	Flo. City Lic:	Yes <u>  </u> No <u>  </u> <b><u>IF YES ATTACH</u></b>		
<b>Email:</b>			<b><u>COPY TO PLANS</u></b>		
<b>ARCHITECT / DESIGNER / ENGINEER</b>					
Name:			<b>Notice:</b> All Contractors and Subcontractors <b>SHALL</b> be		
Address:			licensed with the Oregon Construction Contractors Board		
City:	State:	Zip:	under provisions of ORS 701. And have a current City of		
Ph:	Fax:		Florence Business License.		
<b>ELECTRICAL CONTRACTOR</b>			<b>PLUMBING CONTRACTOR</b>		
Name:			Business name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Ph:	CCB#:	Flo. City Lic:	Ph:	CCB#:	Flo. City Lic:
<b>MECHANICAL CONTRACTOR</b>					
Name:			Business name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Ph:	CCB#:	Flo. City Lic:	Ph:	CCB#:	Flo. City Lic:
<b>Email:</b>			<b>Email:</b>		
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.			<b>Notice:</b> This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.		
Authorized signature: _____					
Print name _____ Date: _____					