

# 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: _____			<b>Office Use</b>				
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> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mailing Address: _____			<b>Historic Review Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
City: _____	State: _____	Zip: _____	<b>Flood Plain</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ph: _____	Fax: _____	Cell: _____	<b>Set Backs—Front</b> _____ <b>Back</b> _____ <b>Side</b> _____				
<b>CONTRACTOR / Installer</b>			<b>Side Of Corner Lot</b> _____				
Business name: _____			<b>Airport Zone</b> <input type="checkbox"/> YES <input type="checkbox"/> No				
Address: _____			<b>State Highway Involvement</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
City: _____	State: _____	Zip: _____	<b>Special Site or Parking Requirements:</b>				
Ph: _____	CCB#: _____	Flo. City Lic: _____	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>IF YES ATTACH</b>				
<b>Email:</b> _____			<b>COPY TO PLANS</b>				
<b>ARCHITECT / DESIGNER / ENGINEER</b>			<b>Notice:</b> 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.				
Name: _____							
Address: _____							
City: _____	State: _____	Zip: _____					
Ph: _____	Fax: _____	<b>PLUMBING CONTRACTOR</b>					
<b>ELECTRICAL CONTRACTOR</b>			Business name: _____				
Name: _____			Address: _____				
Address: _____			City: _____	State: _____	Zip: _____		
City: _____	State: _____	Zip: _____	Ph: _____	CCB#: _____	Flor.City Lic: _____		
Ph: _____	CCB: _____	Flor.City Lic: _____	<b>MECHANICAL CONTRACTOR</b>				
<b>Email:</b> _____			Business name: _____				
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>Authorized signature:</b> _____  <b>Print name</b> _____ <b>Date:</b> _____			Address: _____				
			City: _____			State: _____	Zip: _____
			Ph: _____			CCB#: _____	Flor.City Lic: _____
			<b>Email:</b> _____				
			<b>Notice:</b> This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.				