

City of Forest Grove

For Inspections
Call the 24 Hour Inspection Line
(503-992-3206)

PLUMBING PERMIT

PERMIT NO.: PLM03-00069
APPLIED: 4/16/2003
ISSUED: 4/16/2003
EXPIRES: 10/16/2003

SITE ADDRESS: **1925 22ND AVE**
ASSESSOR'S PARCEL NO.: **1N331CC-06600**
TYPE OF WORK: **Replace**
TYPE OF USE: **Single Family Residential**
PROJECT DESCRIPTION: **REPLACING WATER HEATER**

<u>OWNER/APPLICANT</u>		<u>CONTRACTOR</u>	
PATTY SCHMIDTZ 1925 22ND AVE FOREST GROVE OR 97116		CRICKETS PLUMBING 480 NW BROOKWOOD AVE HILLSBORO OR 97124 124236	

Plumbing Fixtures		Fees			
Fixture Type	Quantity	Type	By	Date	Amount
Water heater	1	PRMT	LVW	4/16/2003	\$27.30
		SUCH	LVW	4/16/2003	\$2.18
Total:					\$29.48

NOTES:

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Issued by _____


Applicant or Owner's Signature

CONDITIONS OF APPROVAL :

1)



Plumbing Permit Application

City of Forest Grove

1924 Council Street/P.O. Box 326

Forest Grove, OR 97116-0326

Phone: (503) 992-3229 Fax: (503) 992-3202

Land use approval: _____

OFFICE USE ONLY

Date received:	Permit no.:
Sewer permit no.:	Building permit no.:
Project/appl. no.:	Expire date:
Date issued:	By: Receipt no.:
Case file no.:	Payment type:

TYPE OF PERMIT

- ☒ 1 & 2 family dwelling or accessory ☐ Commercial/industrial ☐ Multi-family ☐ Tenant improvement
☐ New construction ☐ Addition/alteration/replacement ☐ Food service ☐ Other: _____

JOB SITE INFORMATION

FEE SCHEDULE (for special information use checklist)

Job address: <u>1925 22nd AVE</u>	Description	Qty.	Fee (ea.)	Total
Bldg. no.: _____ Suite no.: _____	New 1- and 2-family dwellings only:			
Tax map/tax lot/account no.: _____	(includes 100 ft. for each utility connection)			
Lot: _____ Block: _____ Subdivision: _____	SFR (1) bath		239.50	
Project name: _____	SFR (2) bath		316.75	
City/county: <u>FOREST GROVE</u> ZIP: <u>97116</u>	SFR (3) bath		386.25	
Description and location of work on premises: <u>REPLACING WATER HEATER</u>	Each additional bath/kitchen		41.72	
Est. date of completion/inspection: _____	Site utilities:			
	Catch basin/area drain		13.90	
	Drywells/leach line/trench drain		13.90	
	Footing drain (no. lin. ft.)		46.35	
	Manufactured home utilities			
	Manholes		13.90	
	Rain drain connector		13.90	
	Sanitary sewer (no. lin. ft.)		46.35	
	Storm sewer (no. lin. ft.)		46.35	
	Water service (no. lin. ft.)		46.35	
	Fixture or item:			
	Absorption valve		13.90	
	Back flow preventer		13.90	
	Backwater valve		13.90	
	Basins/lavatory		13.90	
	Clothes washer		13.90	
	Dishwasher		13.90	
	Drinking fountain(s)		13.90	
	Ejectors/sump		13.90	
	Expansion tank		13.90	
	Fixture/sewer cap		13.90	
	Floor drains/floor sinks/hub		13.90	
	Garbage disposal		13.90	
	Hose bibb		13.90	
	Ice maker		13.90	
	Interceptor/grease trap		13.90	
	Primer(s)		13.90	
	Roof drain (commercial)		13.90	
	Sink(s), basin(s), lavs(s)		13.90	
	Sump		13.90	
	Tubs/shower/shower pan		13.90	
	Urinal		13.90	
	Water closet		13.90	
	Water heater	/	13.90	
	Other:		13.90	
	Total			

Minimum fee \$ 27.30
Plan review (at 25%) \$ _____
State surcharge (8%) \$ _____
TOTAL \$ _____

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

CITY OF FOREST GROVE

Citizen Contact Form

C.C.F. NO. _____

Name _____

Date: 3/31/03

Address _____

Time: 11:00am

Day Phone _____

Receiver Name: Shannon

Citizen Comment: Re-roofed house to include new sheathing - no permit - neighbor now says they are going to put railroad ties under house

Street Address or Tax Lot Number

Problem Location: 1925 22nd Ave For support

(If Applicable)

For Official Use Only

Responsible Dept.: Building Staff Assigned: RMM

Condition Found: _____

Resolution: Owner will be in to pull permits for foundation repair.

Job Started: Date 3/31/03 Time _____

Job Completed: Date _____ Time _____

Follow-up: Direct ☐ Call ☐ Letter ☐ Not Needed ☐

Employee Signature: _____ Supervisor Signature: _____

Location Grid:
(Inspection Use)

Patti Schmitz

Roofed - sheathed took out gas heated remodeling (or working) inside.

City of Forest Grove

For Inspections
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(503-992-3206)

BUILDING PERMIT

PERMIT NO.: BLD03-00065
APPLIED: 4/4/2003
ISSUED: 4/4/2003
EXPIRES: 10/4/2003

SITE ADDRESS: **1925 22ND AVE**

ASSESSOR'S PARCEL NO.: 1N331CC-06600

PROJECT DESCRIPTION: REPAIR DRY ROT IN FOUNDATION &
RE-ROOF

OWNER/APPLICANT

PATTY & TREVOR SCHMITZ-THURSMA
2125 A STREET
FOREST GROVE OR 97116

CONTRACTOR

TYPE OF WORK: **ALT**
TYPE OF USE: **SF**
CENSUS CATEGORY:
ZONING:

Occupancy Groups

1: 2:
3: 4:

Construction Types

1: 2:
3: 4:

AREA

LOT: 0 sf
1ST FLR: 0 sf
2ND FLR: 0 sf
BASEMENT: 0 sf
GAR/CARPORT: 0 sf
OTHER: 0 sf

NUMBER OF UNITS: 0
STORIES: 0
BUILDING HEIGHT: 0 ft

VALUE: \$5,800.00

REQUIRED SETBACKS:

FRONT: 0 ft
SIDE 1: 0 ft
SIDE 2: 0 ft
REAR: 0 ft

REQUIRED PARKING

TOTAL: 0
HANDICAPPED: 0
COMPACT: 0
IMPRV SURF: 0 sf

FEES

Type	By	Date	Amount
PRMT	SMW	4/4/2003	\$116.00
SUCH	SMW	4/4/2003	\$9.28
Total:			\$125.28

NOTES:

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Issued by _____

Applicant or Owner's Signature _____

CONDITIONS OF APPROVAL:

City of Forest Grove

For Inspections
Call the 24 Hour Inspection Line
(503-992-3206)

MECHANICAL PERMIT

PERMIT NO.: MEC03-00061
ISSUED: 4/4/2003
APPLIED: 4/4/2003
EXPIRES: 10/4/2003

SITE ADDRESS: 1925 22ND AVE
ASSESSOR'S PARCEL NO.: 1N331CC-06600

TYPE OF WORK: ALT
TYPE OF USE: SFD

PROJECT DESCRIPTION: RELOCATE THREE HEATERS & INSTALL ONE BATH FAN

OWNER/APPLICANT

PATTY & TREVOR SCHITZ-THURSMAN
2125 A STREET
FOREST GROVE OR 97116

CONTRACTOR

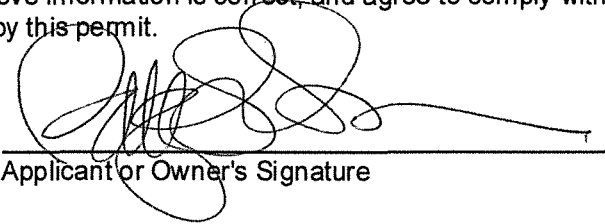
Equipment	
Type of Equipment	Quantity
Other	3.00
Ventilation Fans	1.00

Fees			
Type	By	Date	Amount
PRMT	SMW	4/4/2003	\$44.65
SUCH	SMW	4/4/2003	\$3.57
Total:			\$48.22

NOTES:

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Issued By: _____


Applicant or Owner's Signature

24 Hour Notice Required For All Inspections

CONDITIONS OF APPROVAL:



Building Permit Application

City of Forest Grove

1924 Council Street/P.O. Box 326

Forest Grove, OR 97116-0326

Phone: (503) 992-3229 Fax: (503) 992-3202

Land use approval: _____

OFFICE USE ONLY

Date received: 4/4/03	Permit no.: BCD03-00065
Project/appl. no.:	Expire date: 10/4/03
Date issued:	By: Receipt no.:
Case file no.:	Payment type:
1&2 family: Simple	Complex:

TYPE OF PERMIT

- ☒ 1 & 2 family dwelling or accessory ☐ Commercial/industrial ☐ Multi-family ☐ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Tenant improvement ☐ Fire sprinkler/alarm ☐ Other: _____

JOB SITE INFORMATION

Job address: 1925 22nd Avenue, Forest Grove	Bldg. no.:	Suite no.:
Lot:	Block:	Subdivision:
Tax map/tax lot/account no.:		
Project name:		
Description and location of work on premises/special conditions: dry rot repair in foundation, 5800 area, 1001 22800		

OWNER

Name: Patty + Trevor Schmitz-Thursam
Mailing address: 2125 A- Street
City: Forest Grove State: OR ZIP: 97116
Phone: 503-357-4646 Fax: 503-681-9551 Email:
Owner's representative:
Phone: Fax: E-mail:

APPLICANT

Name: Same
Mailing address:
City: State: ZIP:
Phone: Fax: E-mail:

CONTRACTOR

Business name: J.F. Smith
Address: 2224 N. Alberta
City: Portland State: OR ZIP: 97217
Phone: 503-799-6581 Fax: 289-9648 E-mail:
CCB no.: 132512
City/metro lic. no.:

ARCHITECT/DESIGNER

Name: NONE
Address:
City: State: ZIP:
Contact person: Plan no.:
Phone: Fax: E-mail:

ENGINEER

Name: NONE	Contact person:
Address:	
City: State: ZIP:	
Phone: Fax: E-mail:	

FOR SPECIAL INFORMATION, USE CHECKLIST (Floodplain, septic capacity, solar, etc.)

1 & 2 family dwelling:	
Valuation of work	\$ 3000.00
No. of bedrooms/baths	
Total number of floors	
New dwelling area (sq. ft.)	
Garage/carport area (sq. ft.)	
Covered porch area (sq. ft.)	
Deck area (sq. ft.)	
Other structure area (sq. ft.)	
Commercial/industrial/multi-family:	
Valuation of work	\$
Existing bldg. area (sq. ft.)	
New bldg. area (sq. ft.)	
Number of stories	
Type of construction	
Occupancy group(s):	Existing: New:

Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed. If the applicant is exempt from licensing, the following reason applies:

OFFICE USE ONLY

Fees due upon application	\$
Date received:	
Amount received	\$
Please refer to fee schedule.	

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: Patty Schmitz Date: 4.4.03
Print name: Patty Schmitz

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

440-4613 (6/00/COM)



Mechanical Permit Application

City of Forest Grove

1924 Council Street/P.O. Box 326

Forest Grove, OR 97116-0326

Phone: (503) 992-3229 Fax: (503) 992-3202

Land use approval: _____

OFFICE USE ONLY

Date received:	Permit no.:	
Project/appl. no.:	Expire date:	
Date issued:	By:	Receipt no.:
Case file no.:	Payment type:	
Building permit no.:		

TYPE OF PERMIT

- ☒ 1 & 2 family dwelling or accessory ☐ Commercial/industrial ☐ Multi-family ☐ Tenant improvement
☐ New construction ☐ Addition/alteration/replacement ☐ Other: _____

JOB SITE INFORMATION

Job address: 1925 22nd Avenue
Bldg. no.: _____ Suite no.: _____
Tax map/tax lot/account no.: _____
Lot: _____ Block: _____ Subdivision: _____
Project name: _____
City/county: Forest Grove ZIP: 97116
Description and location of work on premises: _____
Est. date of completion/inspection: _____
Tenant improvement or change of use:
Is existing space heated or conditioned? ☐ Yes ☐ No
Is existing space insulated? ☐ Yes ☐ No

MECHANICAL CONTRACTOR

Business name: Brabham Electric
Address: _____
City: _____ State: _____ ZIP: _____
Phone: 503-357-2146 E-mail: _____
CCB no.: _____
City/metro lic. no.: _____
Name (please print): Mike Hoover

CONTACT PERSON

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____ E-mail: _____

OWNER

Name: _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____ E-mail: _____

ENGINEER

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____ E-mail: _____

Applicant's signature: _____ Date: _____
Name (print): _____

COMMERCIAL VALUATION SCHEDULE

Indicate equipment quantities in boxes below. Indicate the dollar value of all mechanical materials, equipment, labor, overhead, profit. Value \$ _____

*See checklist for important application information and jurisdiction's fee schedule for residential permit fee.

1 & 2 FAMILY DWELLING PERMIT FEE SCHEDULE AND COMMERCIAL INDUSTRIAL EQUIPMENT SCHEDULE

Description	Qty.	Fee (ea.)		Total
		Res. only	Res. only	
HVAC:		8.95		
Air handling unit _____ CFM		11.90		
Air conditioning (site plan required)		8.95		
Alteration of existing HVAC system		8.95		
Boiler/compressors				
State boiler permit no.: _____		11.90		
HP _____ Tons BTU/H				
Fire/smoke dampers/duct smoke detectors		8.95		
Heat pump (site plan required)		8.95		
Install/replace furnace/burner _____ BTU/H		11.90		
Including ductwork/vent liner <input type="checkbox"/> Yes <input type="checkbox"/> No		15.85		
Install/replace/relocate heaters - suspended, wall, or floor mounted	<u>3</u>	11.90		
Vent for appliance other than furnace		6.00		
Refrigeration:				
Absorption units _____ BTU/H		17.90		
Chillers _____ HP				
Compressors _____ HP				
Environmental exhaust and ventilation:				
Appliance vent		6.00		
Dryer exhaust		8.95		
Hoods, Type I/II/res. kitchen/hazmat hood fire suppression system		8.95		
Exhaust fan with single duct (bath fans)		6.00		
Exhaust system apart from heating or AC	<u>1</u>	8.95		
Fuel piping and distribution (up to 4 outlets)				
Type: _____ LPG _____ NG _____ Oil		4.00		
Fuel piping each additional over 4 outlets		1.05		
Process piping (schematic required)				
Number of outlets		17.90		
Other listed appliance or equipment:				
Decorative fireplace		8.95		
Insert - type _____		8.95		
Woodstove/pellet stove		8.95		
Other:		8.95		

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

Permit fee \$ 44.65
Minimum fee \$ 27.30
Plan review (at 25%) \$ _____
State surcharge (8%) \$ _____
TOTAL \$ _____

Construction Contractors Board



700 Summer St NE Suite 300
PO Box 14140
Salem OR 97309-5052
Phone: 503-378-4621
Web Address: www.ccb.state.or.us

Permit #:	BLD03-00065		
Address:	1925 22nd Ave		
Issued by:	SMW	Date:	4/4/03

Statement: Information Notice to Property Owners About Construction Responsibilities

Note: Oregon Law, ORS 701.055(4) requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. This statement is required for residential building, electrical, mechanical and plumbing permits. Licensed architect and engineer applicants, exempt from licensing under ORS 701.010(7), need not submit this statement. This statement will be filed with the permit.

Fill in the appropriate blanks and initial boxes 1 and 2, and either box 3A or 3B:

- ☒ 1. I own, reside in, or will reside in the completed structure.
- ☐ 2. I understand that I must become licensed as a construction contractor if the structure is sold or offered for sale before or on completion.
- ☐ 3A. My general contractor is _____ (Name) _____ (CCB #)

I will instruct my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.

OR

- ☒ 3B. I will be my own general contractor.

If I hire subcontractors, I will hire only subcontractors licensed with the Construction Contractors Board. If I change my mind and hire a general contractor, I will contract with a contractor who is licensed with the CCB and will immediately notify the office issuing this building permit of the name of the contractor.

I hereby certify that the above information is correct and that I have read and do understand the Information Notice to Property Owners about Construction Responsibilities on the reverse side of this form.

(Signature of permit applicant)

(Date)

(White copy to issuing agency permit file, pink copy to applicant.)



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST

503-992-3206

8:20am

Site Address 1925 22nd Ave
Contractor Patty
Phone Number 357-4641p

Scheduled Inspection Date 5/2/03
Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
AM ☐ PM ☐ other _____
Permit Number 03-0006

BUILDING

- ☒ Footing / Pier
☒ Foundation Wall dry rot
☐ Post & Beam
☐ Shear
☐ Framing
☐ Insulation
☐ Drywall
☐ Approach/Sidewalk
☐ Other
☐ Planning
☐ Final

PLUMBING

- ☐ Underground
☐ Underfloor (P & B)
☐ Top Out (Rough)
☐ Water Line
☐ Rain/Crawl Drains
☐ Storm Drainage
☐ Sanitary Sewer
☐ Backflow
☐ Water Heater
☐ Other
☐ Final

MECHANICAL

- ☐ Gas Piping
☐ Underfloor (P & B)
☐ Rough Mechanical
☐ HVAC (Final)
☐ Woodstove
☐ Other
Comments: _____

MANUFACTURED HOME

- ☐ M/H Blocking
☐ M/H Mechanical
☐ M/H Water/Sewer
☐ M/H Electrical
☐ M/H Final
☐ Other

☒ APPROVED

☐ NOT APPROVED
(REINSPECTION REQUIRED)

☒ APPROVED AFTER
CORRECTIONS
(NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS:

Approved with conditions noted
on Fax from patty schmitz on 5/2/03
conditions that rerties were
already existing and they haven't changed or
altered them

POSTED

Date: 5/2/03

Inspector: Robert Weiss

Attn: Mike / Building Inspection Dept

503-992-3202

From: Patty Schmitz ~~408~~ 357-4646

re: 1925 22nd Avenue

work that was done

- ① Removed plywood skirt north + south side
- ② Replace 6x6 underfront of house that was rotted
Replaced with 6x6 pressure treated for soil/ground
contact. ~~material~~
- ③ Replaced improper/rotted back porch/laundry area
foundation with pressure treated for soil/ground
contact material

Nothing except skirting was replaced/changed on
the remaining house. all else exists.

Thanks Patty



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement
INSPECTION REQUEST
503-992-3206

Site Address 1925 22nd Ave
Contractor Patry
Phone Number 495 3523

Scheduled Inspection Date 5/1/03
Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐
AM ☐ PM ☐ other _____
Permit Number BLD03-00065

BUILDING

- Footing / Pier
— Foundation Wall *dry rot repair*
— Post & Beam
— Shear
— Framing
— Insulation
— Drywall
— Approach/Sidewalk
☒ Other
— Planning
— Final

PLUMBING

- Underground
— Underfloor (P & B)
— Top Out (Rough)
— Water Line
— Rain/Crawl Drains
— Storm Drainage
— Sanitary Sewer
— Backflow
— Water Heater
— Other
— Final

MECHANICAL

- Gas Piping
— Underfloor (P & B)
— Rough Mechanical
— HVAC (Final)
— Woodstove
— Other
Comments: _____

MANUFACTURED HOME

- M/H Blocking
— M/H Mechanical
— M/H Water/Sewer
— M/H Electrical
— M/H Final
— Other

☐ APPROVED

☒ NOT APPROVED
(REINSPECTION REQUIRED)

☐ APPROVED AFTER
CORRECTIONS
(NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS: ^{treated}
① approved wood needs to be used
② approved CMU units need to be installed
③

POSTED

Date: 5/1/03

Inspector: *Richard*



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement
INSPECTION REQUEST
503-992-3206

Site Address 1925 2219 Ave
Contractor Crickets
Phone Number Patty Schmitz
495-3523

Scheduled Inspection Date 4-17-03
Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐
AM ☐ PM ☐ other _____
Permit Number PLM03-00069

BUILDING

- Footing / Pier
- Foundation Wall
- Post & Beam
- Shear
- Framing
- Insulation
- Drywall
- Approach/Sidewalk
- Other
- Planning
- Final

PLUMBING

- Underground
- Underfloor (P & B)
- Top Out (Rough)
- Water Line
- Rain/Crawl Drains
- Storm Drainage
- Sanitary Sewer
- ☒ Backflow
- ☒ Water Heater
- Other
- Final

MECHANICAL

- Gas Piping
 - Underfloor (P & B)
 - Rough Mechanical
 - HVAC (Final)
 - Woodstove
 - Other
- Comments: _____

MANUFACTURED HOME

- M/H Blocking
- M/H Mechanical
- M/H Water/Sewer
- M/H Electrical
- M/H Final
- Other

House Vacant
Key In Carport on nail
Will open Back Door

☒ APPROVED

☐ NOT APPROVED
(REINSPECTION REQUIRED)

☐ APPROVED AFTER
CORRECTIONS
(NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS:

WATER HEATER INSTALLATION

POSTED

Date:

04/17/03

Inspector:

Wh. Mullany



A place where businesses and families thrive.

City of Forest Grove

1924 Council St

Forest Grove, OR 97116

503-992-3229

Fax: 503-992-3202

Building Permit

Residential Plumbing

Permit Number: 311-22-000970-PLM

IVR Number: 311095385491

Web Address: www.forestgrove-or.gov

Email Address: cd@forestgrove-or.gov

Permit Issued: November 28, 2022

Application Date: October 17, 2022

Project: CWS Lateral Rehab

TYPE OF WORK

Plumbing Specialty Code Edition: 2021

Category of Construction: Single Family Dwelling

Type of Work: Alteration

Submitted Job Value: \$0.00

Description of Work: Sewer Lateral Repair

JOB SITE INFORMATION

Worksite Address

1925 22ND AVE
FOREST GROVE OR

Parcel

1N331CC06600

Owner:

SCHMITZ-THURSAM PATTY
& TREVOR

Address:

PO BOX 987
FOREST GROVE, OR
97116-0987

LICENSED PROFESSIONAL INFORMATION

Business Name

BLACK ROCK UNDERGROUND LLC
ORR INC - Primary

License

(PB) Plumbing Contractor
CCB

License Number

PB1455
238197

Phone

503-747-9312
503-509-9381

PENDING INSPECTIONS

Inspection

3999 Final Plumbing

Inspection Group

Plumb Res

Inspection Status

Pending

SCHEDULING INSPECTIONS

Various inspections are minimally required on each project and often dependent on the scope of work. Contact the issuing jurisdiction indicated on the permit to determine required inspections for this project.

Schedule or track inspections at www.buildingpermits.oregon.gov

Call or text the word "schedule" to 1-888-299-2821 use IVR number: 311095385491

Schedule using the Oregon ePermitting Inspection App, search "epermitting" in the app store

Permits expire if work is not started within 180 Days of issuance or if work is suspended for 180 Days or longer depending on the issuing agency's policy.

Per R105.7 and R 106.3.1, a copy of the building permit and one set of approved construction documents shall be available for review at the work site.

All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. 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.

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth in OAR 952-001-0010 through OAR 952-001-0090. You may obtain copies of the rules by calling the Center at (503) 232-1987.

All persons or entities performing work under this permit are required to be licensed unless exempted by ORS 701.010 (Structural/Mechanical), ORS 479.540 (Electrical), and ORS 693.010-020 (Plumbing).

PERMIT FEES		
Fee Description	Quantity	Fee Amount
Sanitary sewer - Total linear feet	99	\$46.35
State of Oregon Surcharge -Plumb (12% of applicable fees)		\$5.56
	Total Fees:	\$51.91

Note: This may not include all the fees required for this project.