## **BUILDING PERMIT APPLICATION CURRY COUNTY – GOLD BEACH – PORT ORFORD**

TYPE OF WORK		
☐ New construction	Demolition	
Addition/alteration/replacement	Other:	
CATEGORY OF CONSTRUCTION		
1- and 2-family dwelling	☐ Commercial/industrial	
Accessory building	☐ Multi-family	
☐ Master builder	Other:	
JOB SITE INFORMATION AND LOCATION		
Job site address:		
City/State/ZIP:		
Suite/bldg./apt. no.:	Project name:	
Cross street/directions to job site:		
Subdivision:	Lot no.:	
Tax map/parcel no.:	,	
DESCRIPT	TION OF WORK	
☐ PROPERTY OWNER	☐ TENANT	
PROPERTY OWNER Name:	☐ TENANT	
	☐ TENANT	
Name:	☐ TENANT	
Name: Address:	TENANT   Fax: ( )	
Name: Address: City/State/ZIP:		
Name: Address: City/State/ZIP: Phone: ( )	Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT	Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT Business name:	Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name:	Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address:	Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP:	Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:	Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:	Fax: ( )  Fax: ( )  Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONT	Fax: ( )  Fax: ( )  Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONT  Business name:	Fax: ( )  GONTACT PERSON  Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONT  Business name: Address:	Fax: ( )  GONTACT PERSON  Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONT  Business name: Address: City/State/ZIP: Phone: ( )	Fax: ( )  CONTACT PERSON  Fax: ( )	
Name: Address: City/State/ZIP: Phone: ( )  APPLICANT  Business name: Contact name: Address: City/State/ZIP: Phone: ( ) E-mail:  CONT  Business name: Address: City/State/ZIP: Phone: ( )	Fax: ( )  Fax: ( )  Fax: ( )  Fax: ( )	

DEPARTMENT USE ONLY	
Permit No:	
Office:	
By:	Issue Date:

## DEPT. USE ONLY

1- AND 2-FAMILY DWELLING		
Permit fees* are based on the valu Indicate the value (rounded to the equipment, materials, labor, overh work indicated on this application	nearest dollar) of all ead, and the profit for the	
Valuation		
Number. of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.  Valuation		
Existing building area:	aguara faat	
0 0	square feet	
New building area:  Number of stories:	square feet	
Type of construction:		
Occupancy groups:		
Existing:		
New:		
BUILDING PERMIT FEES*		
Please refer to fee	e schedule	
Fees due upon application		
State surcharge (12% of permit fee	e)	
Amount received		
Date received:		

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

**Curry County Department of Community** 

Development

94235 Moore St. Suite 113 Gold Beach, OR 97444 Phone: 541-247-3304

Fax: 541-247-4579

e-mail: buildingpermits@co.curry.or.us



## **DECLARATION OF VALUE**

Owner

Builder

The value of a building project is the total actual construction cost for all classes of work. An accurate estimate of value must include all costs for architectural, structural, electrical, plumbing, heating, and ventilation devices and equipment, and the contractor's profit – even if he or she has a financial interest in the project.

I hereby certify the estimated value of the construction project described herein to have been prepared consistent with the above description, and declare it to be

\$\_\_\_\_\_\_.

I understand that the Building Division is not bound by this estimate for establishing permit fees.

Project Identification: Type of Structure\_\_\_\_\_\_\_

Township\_\_\_Range\_\_\_Section\_\_\_\_Tax Lot\_\_\_\_\_

Street Address\_\_\_\_\_\_

Owner Name\_\_\_\_\_\_

Signature of Declarant\_\_\_\_\_\_\_

Representative with Written Authorization