Building Permit Application
City of Wilsonville, Oregon (503) 682-4960 permits@ci.wilsonville.or.us
29799 SW Town Center Loop East, Wilsonville, Oregon 97070 - https://www.ci.wilsonville.or.us/building



Type of work					Office Use Only			
☐ New construction ☐ Addition/alteration/replacement			Permit no:	Permit no:				
☐ Demolition ☐ Other:					Date received:	Date received:		
Category of cons					Ву:			
☐ 1 & 2 family dwelling ☐ Commercial ☐ Multifamily ☐ Master build			Accessor Other:	Accessory building Other:	Required Data: One	e and Two Family Dwelling		
Job site information			_ 0,1,0,1		Permit fees* are based	on the value of the work peformed.		
Job no.:	Job address:					nded to the nearest dollar) of all abor, overhead, and the profit for		
City/State/ZIP:	•		1		the work indicated on the	nis application.		
Suite/bldg./apt. no.:	Project na	me:			Valuation:			
Subdivision:	1 .,	Lot no.			Number of bedrooms: Number of bathrooms:			
		LOCTIO.			Total number of floors:			
					New dwelling area:	square feel		
					Garage/carport area:	square feet		
					Covered porch area:	square feet		
					Deck area:	square feet		
			1		Other structure area:	square feet		
					Required Data: Con	nmercial Use		
■ Property owne	r	Tenant				Permit fees* are based on the value of the work per- formed. Indicate the value (rounded to the nearest dollar)		
Name:		E-mail:				ials, labor, overhead, and the profit		
Address:					Valuation:	тин органия		
City/State/ZIP:					Existing building area:	square feet		
Phone:		FAX:			New building area:	square feet		
	installation is being made	on property that I own,	which is not intende	ed for sale, lease, rent	Number of stories:			
or exchange. Owner signature:				Date:	Type of construction:			
Contractor				Dute.	Occupancy groups			
Business name:		E-mail:			Existing:			
Address:					Notice			
City/State/ZIP:						contractors are required to be		
		levy.			licensed with the Orego	on Construction Contractors Board ay be required to be licensed in the		
Phone:		FAX:			jurisdiction in which wo	rk is being performed.		
CCB lic. no.	Expires	Metro/City	lic. no.	Expires		ertify that the facts and information on are true and complete to the		
Authorized signature:					best of my knowledge. I	understand that any falsification,		
Print name:			Date:		11 '	ission of fact (whether intentional or any other required document, as well		
Applicant		Contac	t Person			nent or omission, may be cause for for certificate of occupancy, regardless		
Business name:					of how or when discovered	1 37 0		
Contact name:					I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based			
Address:								
City/State/ZIP:						all such regulations (initials)		
Phone:		FAX:	'		Building Permit Fee			
E-mail:					Please refer to fee sch			
Authorized signature					Amount re			
Authorized signature:						1		
Print name:			Date:		Date re	eceived		

within 180 days after it has been accepted as complete any required permission for the proposed work from the property owner. Refer to the policy of this jurisdiction if it discovers that a dispute regarding the proposed work exists between the applicant and the property owner or any other party with a legal interest in the property.

COMMERCIAL RE-ROOF CHECKLIST

City of Wilsonville, 29799 SW Town Center Loop E., Wilsonville, OR 97070

permits@ci.wilsonville.or.us Phone: 503-682-4960

Address:	Wilsonville, OR 97070	
Complete this suppler permit application for a Con specifications required.	mental document and subm nmercial Re-roof along with	,
Indicate with a check mark a additional comments if need	•	h this roof. Add any
Is there excessive ponding?	Yes No	
Action taken below:		
Relocate roof drains	Relocate scuppers	Provide new roof drains/scuppers
Re-slope roofing with (wood, Styrofoam, fireboard materials)	Re-slope roofing with cricket	Provide Engineering if substantiating ponding can remain
Other		
Are you re-routing a storm drain Add plumbing pipe from	n to an approved location? Yes Relocate existing roof	No No Obtain plumbing permit (needed
existing roof drain to storm drain in public right of way	drainage	for interior drain or new storm drain to approved location)
Other		
Are you repairing existing sheat	thing with new sheathing? Yes	No
Action taken below:		
Call for inspection with	Provide new sheathing	Pre Roof Inspection
roofing and sheathing		Required

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Are you changing the roof material or color of roof material? Is it visible from the street? Yes	No
If yes, you are required to Contact the Planning Division 503-682-4960 fo	or Land
Use Approval.	

<u>Provide Required Specifications if replacing any of the below, mark N/A to those not applicable.</u>

Replace roof flashing or ed	ging (Provide specificati	ons of material)			
Add roof ventilation (Provi	de specifications of mate	erial)			
Roof hatch (adding or repla	acing) (Provide specifica	tions of material)			
Skylights (adding or replaci	ng) (Provide specificatio	ns of material)			
Structural loads (Provide Engine	ering if roofing material is a	dding additional weight)			
Roof re-covering (Provide s	specifications of materia	al)			
Roof replacement (Provide specifications of material)					
Underlayment (Provide spe	ecifications of material)				
Installation of Roof Anchor	s (Provide specifications	of material)			
Provide site plan					
Submit a Building Permit Application F	orm along with this form an	d the following information:			
Occupancy (Use of Buildi	ng)				
Number of Square Feet					
Slope of Roof					
Specifications of ALL NEV	V materials				
Manufacture installation instructions					
IF a TPO Replacement provide Insulation Specifications					
Is this Heated space	Semi Heated space	Unheated Space			