## **Residential Combo Permit Application**

Includes 2 of the following: -Structural/Plumbing/Mechanical

P:503-682-4960 • Secure Fax Line 503-682-1013 | email: permits@ci.wilsonville.or.us



Type of work ☐ New construction Office Use Only ■ Addition/alteration/replacement Demolition ■ Other: Category of construction Permit no: ☐ 1 & 2 family dwelling ■ Accessory building ☐ Commercial/industrial \*Required Data: One and Two Family Dwelling ■ Multifamily ☐ Master builder Other: Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the Job site information and location nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on Job address: this application. \*Valuation: City/State/ZIP: Number of bedrooms: Project: Number of bathrooms: Lot/Unit No.: Total number of floors: **Description of Work** Newdwelling area: square feet square feet Garage/carport area: Covered porch area: square feet List all known deferred submittals associated to this project Deckarea: square feet square feet Other structure area: Fire Sprinkler System? Yes No New Water Meter Size: If this home is over 3 bath, please provide Owner plumbing sizing information/table to justify Name: Phone: size of water meter you are requesting. Address: Contractors and subcontractors are required to Citv/State/ZIP: be licensed with the Oregon Construction Contractors Board under ORS 701 and may be Contractor required to be licensed in the jurisdiction in Business name: which work is being performed. Address: Statement of Fact: I certify that the facts City/State/ZIP: and information set forth in this application Phone: are true and complete to the best of my CCB lic. no. Exp. Date: knowledge. I understand that any City Business/Metro License No. Exp. Date: falsification, misrepresentation or omission of fact (whether intentional or not) in this **Applicant** application or any other required document, Business name: as well as any misleading statement or omission, may be cause for revocation of Contact name: permit and/or certificate of occupancy, regardless of how or when discovered. Address: I acknowledge that work related to this City/State/ZIP: Building Permit Application may be subject to regulations governing the handling, removal Phone: and/or disposal of asbestos and/or lead-<u>One</u> signature required below either the Owner/Applicant/Contractor/Authorized Rep. based paint This permit application expires if a permit is not obtained within 180 days Signature \_\_ after it has been accepted as complete. Printed name: \_\_\_ (Initial Acknowledgement of above ) Email: