



A neighborly community providing safe services, developing innovative partnerships, focusing on quality and life giving opportunities.

LAND USE, PLANNING AND PERMIT APPLICATION

Date: _____

Applicant/Contractor: _____ CCB# _____

Address: _____

Owner: _____

Address _____

Phone: _____ Email: _____

OFFICE USE ONLY	
PERMIT NUMBER:	_____
SITE REVIEW PERMIT: \$	_____
SITE REVIEW BY:	_____ Date: _____
PERMIT/FEEES PAID : \$	_____
SDC PAID: \$	_____ Date: _____
FINANCIAL REVIEW :	_____ Date: _____
APPROVED FOR FURTHER PROCESSING:	YES _____ NO _____
FINAL APPROVAL DATE/INITIAL:	_____

Type of Application	X	Fee	Type of Application	X	Fee
Annexation		\$1,500.00	Plan/Admin Review		\$400.00
Appeal to Planning Commission		\$125.00	Replat: Minor 1-3 parcels - \$300.00 Large 3+ parcels - \$425.00		
Appeal to City Council		\$250.00	Review Pre-Application		\$200.00
Building Permit		\$30.00	Road Closure Permit w/conditions		\$50.00
Connection (TAP) Fees: (water, sewer)		\$	Road Dedication		\$275.00
Conditional Use Permit		\$425.00	SDC Charges (Wtr, Swr, Prk, Trans)		\$ 5,072.00
Comp Plan Amendment		\$900.00	Sign Permit		\$30.00
Demolition Permit		\$50.00	Special Project		\$
Driveway Permit w/ conditions		\$50.00	Street Closure (per day)		\$25.00
Fence Permit w/conditions		\$30.00	Subdivision (\$3,500.00 max)		\$1,400.00+ \$35 per lot
Home Business		\$25.00	Temporary Use		\$125.00
Lot Line Adjustment		\$200.00	Vacation of Street /Alley		\$500.00
			Variance		\$325.00
Zone w/comp Amendment		\$1,800.00	Work in ROW w/conditions		\$50.00
Site Review (PW)		\$75.00	Zone Change		\$1,100.00
Major Partition		\$425.00	Zoning & Development Interpretation		\$250.00
Manufactured Home Review Fee		\$65.00			
Minor Partition		\$350.00			

INFORMATION REQUIRED TO PROCESS APPLICATION

Address of Property: _____

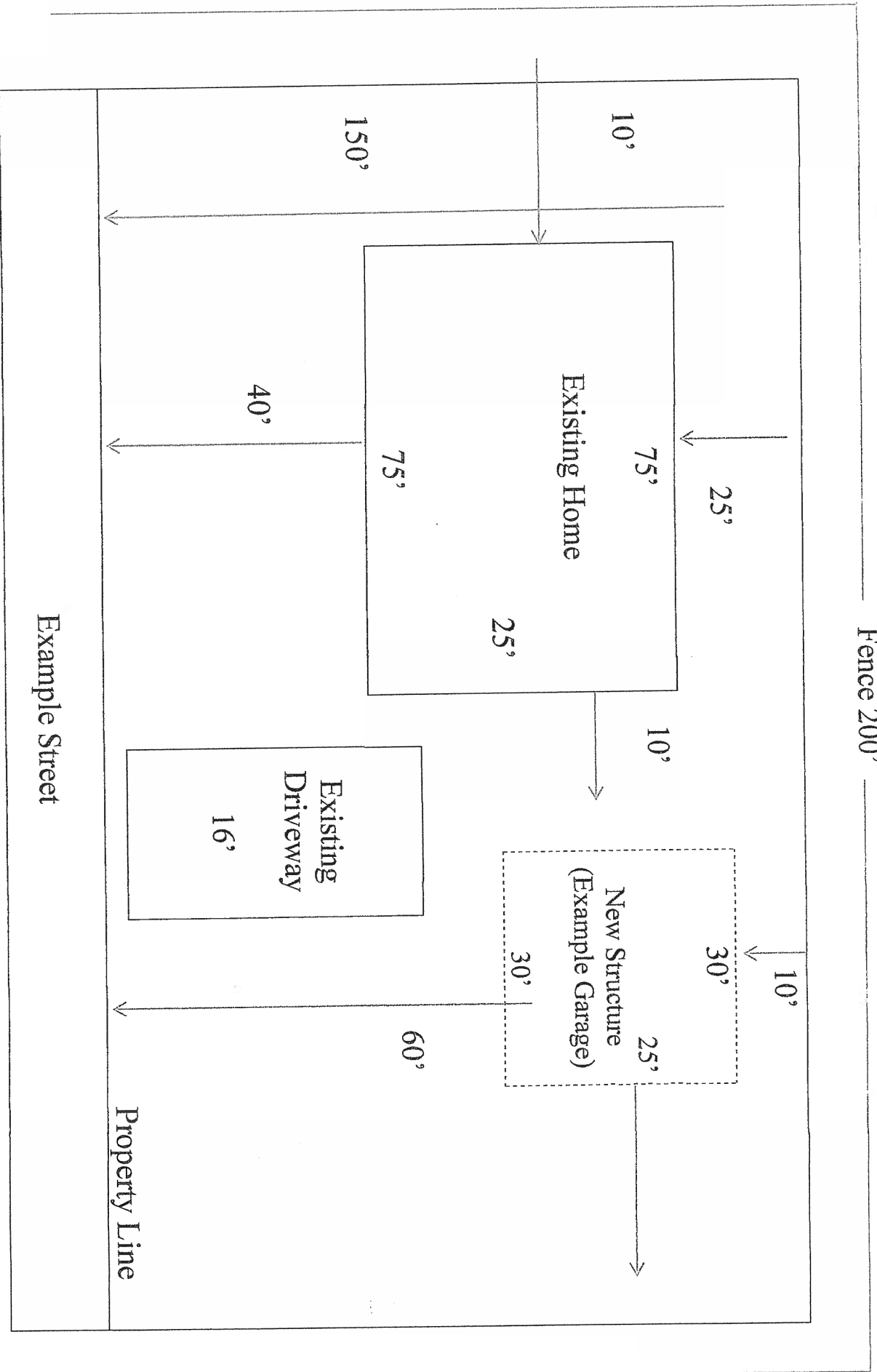
Map No. _____ Tax Lot No. _____ Parcel No. _____ Current Zone of Property _____

Proposed Zoning: _____ Site Plan (**Conceptual Design/Plan/Specs required-Attached**): Yes ___ No ___

Description of further action that will be needed prior to processing application (attach additional documentation):

Signature of Owner: _____ Date: _____

Notice: This permit becomes null and void if the work or construction authorized is not commenced within 180 days, or if construction or work authorized is suspended or abandoned at any time after work is commenced.



Application for Manufactured Dwelling Placement Permit

Permit #: _____
Date Issued: _____
Issued by: _____

Application for Manufactured Dwelling Placement Permit - City of Irrigon ☐

Make payable to: City of Boardman
P.O. Box 229 Boardman, OR 97818
Ph: (541)481-9252 Fx: (541)481-3244

JOB SITE INFORMATION		OWNER INFORMATION	
Address: _____ City: _____ Directions to inspection site: _____ _____		Name: _____ Address: _____ City: _____ Phone: _____ Fax: _____	
LOCAL GOVERNMENT APPROVALS			
<div style="text-align: center; background-color: #cccccc; padding: 2px;">ZONING</div> Information verified: _____ Yes _____ No Signature: _____ Authority having jurisdiction: _____ Date: _____		<div style="text-align: center; background-color: #cccccc; padding: 2px;">SANITATION</div> Information verified: _____ Yes _____ No Signature: _____ Authority having jurisdiction: _____ Date: _____	
MANUFACTURED DWELLING PLACEMENT PERMIT FEES			
1) Installation/re-inspection	Cost (ea)	No. of Items	Sum
(a) Placement (includes placement, electrical feeder, water/sewer connection):	\$ 211.00	_____	_____
(b) Re-inspection (per inspection):	\$ 85.00	_____	_____
(c) COMA Fee	\$ 30.00	_____	\$ 30.00
Placement permit to be obtained only by homeowner, or Oregon licensed manufactured dwelling installer.			
2) Manufactured Dwelling	Locate: _____ Year _____ Size _____ Sq Ft. _____		
3) Miscellaneous fees	12% State Surcharge: _____		
	Other: _____		
	Other: _____		
Grand Total:	_____		
<div style="text-align: center; padding-top: 50px;"> ALL CONSTRUCTION PROJECTS MUST MEET THE DEVELOPMENTAL STANDARDS OF THE BASE ZONE. </div>			

I hereby certify that the information below is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

_____ I am the property owner doing my own work.
 _____ I am the property owner hiring a licensed manufactured dwelling installer. License No. _____ Exp. _____
 _____ Building Codes Division License No. _____ MDI Exp. _____
 _____ Construction Contractors Board Registration No. _____ Exp. _____

Contractor Name: _____
 Address: _____

 Signature: _____
 Date: _____

Mechanical Permit Application

City of Irrigon

P.O. Box 229
200 City Center Circle
Boardman, Oregon 97818

Phone: 541.481.9252
Fax: 541.481.3244

PERMIT # _____

ISSUED BY: _____

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory Building
<input type="checkbox"/> Master Builder	<input type="checkbox"/> 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.:	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
CONTACT PERSON	
Business Name:	
Contact Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: : ()
E-mail:	
CONTRACTOR	
Business Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
CCB Lic.:	State Reg #:
Authorized Signature:	
Print Name:	Date:

RESIDENTIAL EQUIPMENT / SYSTEMS FEES			
Description	Qty.	Ea.	Total
Heat pump		9.50	
Furnace < 100,000 btu		13.25	
Furnace > 100,000 btu		16.25	
Floor		13.25	
Heaters: Suspended, wall or floor mounted		13.25	
Air Handling < 10,000cfm		9.50	
Air Handling > 10,000cfm		16.15	
Incinerator		24.50	
Alter Existing System		12.25	
Repair of equipment listed above		12.25	
Non-portable Evaporative cooler		9.50	
Vent Fan Connected to single unit		6.50	
Vent not included in appliance permit		6.50	
Ventilation system not incl. app. Permit		9.50	
Hood served by mech. Exhaust		9.50	
Down draft for range		6.50	
Water Heater Vent		9.50	
Incinerators domestic type		16.25	
Wood Stoves Fireplace		9.50	
Clothes Dryer		6.50	
Gas Piping 1 to 4 outlets		5.00	
Gas piping each additional		1.00	
MECHANICAL PERMIT FEES			
Permit Issuance Fee			\$20.00
Subtotal (Fees + Permit Issuance Fee)			
Minimum Permit Fee (if Sub-total not to \$40)			\$40.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

Notice: This permit becomes null and void if the work or construction authorized is not commenced within 180 days, or if construction or work authorized is suspended or abandoned at any time after work is commenced.

Building Permit Application

City of Irrigon

P.O. Box 229

200 City Center Circle

Boardman, Oregon 97818

Phone: 541.481.9252

Fax: 541.481.3244

PERMIT # _____

ISSUED BY: _____

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> 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.:	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
CONTACT PERSON	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: : ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
CCB Lic.:	State Reg #:
Authorized Signature:	
Print name:	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
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	
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
REQUIRED DATA: COMMERCIAL	
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:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701. Please list all contractors below:	
General:	
Plumbing:	
Mechanical:	
Electrical:	
BUILDING PERMIT FEES*	
Building Permit Fee	
Plan Review Fee	65%
State Surcharge Fee	12%
Total	

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Electrical Permit Application

Department of Consumer & Business Services
 Building Codes Division • bcd.oregon.gov
 City of Boardman Contract Office
 200 City Center Circle
 Boardman, OR 97818
 (541) 481-9252, Fax: (541) 481-3244

DEPARTMENT USE ONLY	
Permit no.:	
Office:	
By:	Date:
LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This permit is issued under OAR 918-309-0000. Permits are non-transferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Project name:	
Directions to job site:	
Subdivision:	Lot no.:
DESCRIPTION OF WORK	
Job no.:	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. ORS 479.540(1) and 479.560(1).	
Sign here:	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	BCD Lic. no.:
Name of signing supervisor:	
Signature:	Lic. no.:
If paying by credit card, applicant must sign the credit-card-information box. Do not send cash.	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Phone: ()
Credit card number	Expiration
Name of cardholder as shown on credit card	
Cardholder signature	\$ Amount

FEE SCHEDULE			
Number of inspections per item ()	Items	Cost ea.	Sum
Residential, per unit, service included:			
1,000 sq. ft. or less (4)		\$106.00	
Each additional 500 sq. ft. or portion thereof		\$19.00	
Limited energy (2)		\$25.00	
Each manufactured home or modular dwelling service or feeder (2)		\$63.00	
Multi-family residential (1)		\$45.00	
Services or feeders: (installation, alteration, relocation)			
200 amps or less (2)		\$79.00	
201 to 400 amps (2)		\$94.00	
401 to 600 amps (2)		\$156.00	
601 to 1,000 amps (2)		\$204.00	
Over 1,000 amps or volts (2)		\$469.00	
Reconnect only (2)		\$63.00	
Temporary services or feeders: (installation, alteration, relocation)			
200 amps or less (2)		\$63.00	
201 to 400 amps (2)		\$86.00	
401 to 600 amps (2)		\$125.00	
Over 600 amps or 1,000 volts. See services or feeders section, above.			
Branch circuits: (new, alteration, extension per panel)			
a. Fee for branch circuits with purchase of a service or feeder fee:			
Each branch circuit		\$4.00	
b. Fee for branch circuits without purchase of a service or feeder fee:			
First branch circuit (2)		\$54.00	
Each additional branch circuit		\$4.00	
Miscellaneous: (service or feeder not included)			
Each pump or irrigation circle (2)		\$63.00	
Each sign or outline lighting (2)		\$63.00	
Signal circuits(s) or a limited-energy panel, alteration, or extension (2)		\$63.00	
Hourly rate (number of hours) ↑		\$86.00	
Each additional inspection: (1)		\$55.00	
FISCAL USE			
(A) Enter total of above fees		70111/1195	
(B) Enter 12 percent surcharge (.12 x [A])		70011/1251	
(D) Plan review, if required (.25 x [A])		70111/1195	
TOTAL fees and surcharges:			

DCBS fiscal use only: