



City / County BUILDING PERMIT APPLICATION

CROOK COUNTY BUILDING DEPARTMENT
300 NE THIRD STREET PRINEVILLE, OR 97754
PH: (541) 447-3211 FAX: (541) 416-2139
www.co.crook.or.us

Site Information

Job Site Address: CITY COUNTY

Is there a green reflective "fire marker" with your address number posted at the entrance to your driveway? YES NO

Tax Map #: _____ Subd: _____ Phase: _____ Block: _____ Lot: _____

DESCRIPTION of Improvement:

Owner Information

Property Owner Name: _____ Mailing Address: _____

Phone: _____ Mobile: _____ City _____ State _____ Zip _____

Contractor Information

Property Owner doing his/her own work ** I attest this property is not intended for sale, lease or rent ** Owner initial: _____

Contractor & License #: _____ Phone: _____ Mobile: _____

Plumbing Contractor & License #: _____ Mechanical Contractor & License #: _____

Proposed Construction Type

Job Type	Please check ONLY what you are proposing to do NOW		
Please check one	SQ FT	SQ FT	SQ FT
<input type="checkbox"/> New	<input type="checkbox"/> Single Family Dwelling _____	<input type="checkbox"/> Attached Garage _____	<input type="checkbox"/> Deck/Porch/Patio Cover _____
<input type="checkbox"/> Remodel	<input type="checkbox"/> Replacement Dwelling _____	<input type="checkbox"/> Detached Garage _____	<input type="checkbox"/> Commercial Structure _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Duplex _____	<input type="checkbox"/> Carport _____	<input type="checkbox"/> Comm. Tenant Improvement _____
<input type="checkbox"/> Conversion/Alteration	<input type="checkbox"/> Townhouse _____	<input type="checkbox"/> Pole Building _____	<input type="checkbox"/> Fire Sprinkler System _____
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Multi-Family _____	<input type="checkbox"/> Stick Frame Shop _____	<input type="checkbox"/> Other (specify) _____

If you are building a new dwelling or altering an existing dwelling please answer the following regarding bedrooms:

New: Proposed Total Number of Bedrooms: _____ Addition/Alteration to Existing: # before alteration _____ # after alteration _____

Plumbing & Heat Source Information

No. full baths: _____ No. 1/2 baths: _____ Back Flow/Underground Sprinkler: _____ Water line total feet: _____ Sewer line total feet: _____

Please check all that you will be installing NOW with THIS permit request

<input type="checkbox"/> Electric Water Heater	<input type="checkbox"/> Gas Water Heater	<input type="checkbox"/> Gas Fireplace Insert	<input type="checkbox"/> Fireplace Insert
<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Gas Furnace	<input type="checkbox"/> Monitor/Oil Stove	<input type="checkbox"/> Other:
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Gas Stove	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Solar Structural
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Gas Piping	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Valuation \$

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction shall conform to the regulations in the Building Code, the County Code, and all other codes and regulations or private building restrictions, if any, which may be imposed on the above property by deed. The 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. I understand that the Building Official reserves the right to enter the construction premises at will during reasonable working hours. Furthermore, I understand that should I decide to withdraw my application prior to issuance of a permit, I will be charged, at a minimum, the plan review fee and any applicable administrative fees.

Applicant's Name (Please print) _____ Title _____

X
Signature of Applicant _____ Date _____ Fax # _____ Phone # to call when permit is ready _____

FOR OFFICE USE ONLY BELOW THIS LINE

Permit No.:	Single Family Dwelling:	Commercial or Industrial:	Flood Zone:	Cert Req'd:
Zone:	Replacement Dwelling:	Medical Hardship:	Access::	
Corner Lot:	Barn/Shop/Access. Bldg:	Road Approach Approved:	Bldg Height:	
Setbacks: Front: _____ Rear: _____ Left: _____ Right: _____	Change of use:	Park & Rec Fee Required () Yes () No		
Addressing _____ Date _____	Planning _____ Date _____			
Env. Health _____ Date _____ Permit # _____	Plans Examiner _____ Date _____			

Planning Approval Attached _____ Septic _____ Plot Plan _____ City Planning: Ready for Issuance _____ Hold for Additional Approval/Fees _____