

Linn County
PO Box 100 Rm 114
300 SW 4th ST Rm 114 Albany, OR
97321
Phone: 541-967-3816

Web: co.linn.or.us Email: planoffice@co.linn.or.us

APPLICATION FOR DECOMMISSION PERMIT	DEPARTMENT USE ONLY		
	Permit #:		
	Ву:	Date:	

Address:	This permit is issued under OAR 918-440-0050. Pern	nits expire if work is n	ot started within 180 days o	f issuance or if work is suspended for 180 days.	
City: Parcel #: Parcel #: Parcel #: Parcel #: Parning Approval: Yes No Conditions: Yes No Planning Approval: Yes No Conditions: Yes No Phone: Is property in a flood plain: Permit series Cell: Removal of plumbing: Removal of 240 volt plugs and wires: Contractor:	JOB SITE INFORMATION			OWNER INFORMATION	
Parcel #: Mailing address: Planning Approval: Yes No Conditions: Yes No City/State/ZIP: Is property in a flood plain: Yes No Phone: Is property inside city limits: Pes No Phone: Cell: Removal of plumbing: Removal of 240 volt plugs and wires: Special Inspection date: (1) Job description: (2) Building Fees (a) Minimum Permit fee: (b) Additional hours: (c) 12% surcharge (c) 12% surcharge Subtotal of fees above: CEB license: CCB license: CCCB license: CC	Address:		I am the property	owner doing my own work (initial):	
Planning Approval: Yes No Conditions: Yes No Phone: Cell: Is property in a flood plain: Yes No Phone: Cell: Is property in side city limits: Pes No Phone: Cell: Removal of plumbing: Removal of 240 volt plugs and wires: Removal of plumbing: Special Inspection date: Kitchen Bathroom Secretary S	City:		Owner Name:		
Is property in a flood plain: Yes No Phone: Cell: Is property inside city limits: Pes No City: Email: Removal of plumbing: Removal of 240 volt plugs and wires: Special Inspection date: Kitchen Bathroom (1) Job description: (2) Building Fees (a) Minimum Permit fee: \$150.00 (b) Additional hours: City/State/ZIP: Phone: Email: Subtotal of fees above: CCB license: (4) Miscellaneous Fees Total Due: Total Due: Ihereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules. Applicant name: Mailing Address: City/State/ZIP: Phone: Email: Email:	Parcel #:		Mailing address:		
Is property inside city limits:	Planning Approval: Yes No Conditions: Yes No		City/State/ZIP:		
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(b) Additional hours: (c) 12% surcharge Subtotal of fees above: Email:		\$150.00			
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Planning conditions	
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Fire department conditions	
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EH Conditions	
Roads Dept. Conditions	