

Linn County Planning and Building 300 SW 4th Ave, Albany, OR 97321 PO Box 100, Rm 114, Albany, Or 97321 PH. 541-967-3816 Fax 541-926-2060 Planoffice@co.linn.or.us www.buildingpermits.oregon.gov

Fill AND GRADING PERMIT APPLICATION

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

CATEGORY OF CONSTRUCTION				
1 & 2 Family Commercial Multi-Family				
Accessory Bldg				
New Construction	🗌 Dei	molition		
Addition/Alteration/Replace	ment			
Description of work:				
JOB SITE INFORMATION AND LOCATION				
Job site address:				
City:	State	9:	ZIP:	
Subdivision:		Lot no.:		
PROPERTY C	OWNER	2		
Name:				
Address:	- -		- -	
City:	State	Э:	ZIP:	
Phone:	Fax:			
Email:				
This installation is being made on residential or farm property owned by a member of my immediate family or myself, and is exempt from licensing requirements under ORS 701.010. Homeowner Sign berge				
	ments l	Inder ORS	701.010.	
Homeowner		Inder ORS	701.010.	
Homeowner Sign here:			701.010.	
Homeowner Sign here:CONTRACT		Inder ORS	701.010.	
Homeowner Sign here: CONTRACT Business name:			701.010.	
Homeowner Sign here: Business name: Address:	IOR			
Homeowner Sign here: Business name: Address: City:	TOR State			
Homeowner Sign here: Business name: Address: City: Phone:	TOR State			
Homeowner Sign here: Business name: Address: City: Phone: Email:	TOR State Fax:	2:	ZIP:	
Homeowner Sign here: Business name: Address: City: Phone: Email: CCB license no.:	TOR State Fax:	2:	ZIP:	
Homeowner Sign here: Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE	TOR State Fax:	2:	ZIP:	
Homeowner Sign here: Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name:	TOR State Fax:	e: DM ABO	ZIP:	
Homeowner Sign here: Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address:	TOR State Fax: NT FRC	e: DM ABO	ZIP: VE	
Homeowner Sign here: Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address: City:	IOR State Fax: NT FRC	e: DM ABO	ZIP: VE	
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Homeowner Sign here: Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address: City: Phone: Email: Email: REQUIRED AUTHORIZ Authorized	IOR State Fax: NT FRC State Fax:	e: DM ABO'	ZIP: VE ZIP:	
Homeowner Sign here: Business name: Address: City: Phone: Email: CCB license no.: Address no.: Address: City: Phone: Email: City: Phone: Email: Address: City: Phone: Email:	IOR State Fax: NT FRC State Fax:	e: DM ABO'	ZIP: VE ZIP:	
Homeowner Sign here: Business name: Address: City: Phone: Email: CCB license no.: APPLICANT IF DIFFERE Name: Address: City: Phone: Email: Email: REQUIRED AUTHORIZ Authorized	IOR State Fax: NT FRC State Fax:	e: DM ABO'	ZIP: VE	

DEPARTMENT USE ONLY			
Permit Number:			
Date:			
EXCAVATION			
Total Volume:	cubic yards		
Maximum Depth:	feet		
Area: square	efeet		
FILL			
Total Volume:	cubic yards		
Maximum Depth:	feet		
Area: square	efeet		
NOTICE			

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 70 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reason applies:

BUILDING PERMIT AND RELATED FEES		
Grading Permit Fee	\$	
Plan Review Fee	\$	
Engineering Fee	\$	
Planning Inspection Fee	\$	
Technology Fee (5% of permit fee)	\$	
TOTAL FEES	\$	