

Inspections are performed on Tuesdays and Thursdays



Building Permit Application
 City of Troutdale
 2200 SW 18th Way Troutdale Or 97060
 Permit Specialist 503 674-7229

Application No.	Permit No.
Date Received	Date Issued
Received By	Issued By
Receipt No.	Receipt No.

Inspection Requests: Phone: 503 674-7204 Fax: 503 667-0524 E-mail: inspection@troutdaleoregon.gov

TYPE OF WORK	REQUIRED DATA 1- & 2- FAMILY DWELLING
<input type="checkbox"/> New construction <input type="checkbox"/> Demolition <input type="checkbox"/> Addition/alteration/replacement <input type="checkbox"/> Other	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 profit for the work indicated on this application. Valuation \$
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- & 2-family dwelling <input type="checkbox"/> Commercial/industrial <input type="checkbox"/> Master builder <input type="checkbox"/> Accessory building <input type="checkbox"/> Multi-family <input type="checkbox"/> Other	
JOB SITE INFORMATION AND LOCATION	Number of bedrooms: Number of bathrooms: Total number of floors:
Address:	New dwelling area: sq.ft.
City/State/Zip:	Garage/carport area: sq.ft.
Suite/bldg./apt. no.:	Covered porch area: sq.ft.
Project name:	Deck area: sq.ft.
Subdivision: Lot no.:	
Tax map/parcel no.:	
DESCRIPTION OF WORK	REQUIRED DATA COMMERCIAL USE CHECKLIST
	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 profit for the work indicated on this application. Valuation \$
	Existing building area: sq.ft.
	New building area: sq.ft.
PROPERTY OWNER	Number of stories:
Name:	Type of construction:
Address:	Occupancy groups:
City/State/Zip:	Existing:
Phone: Fax:	New:
APPLICANT	Code edition:
Business name:	Sprinkler system:
Contact Name:	
Address:	
Phone: Fax:	
E-mail:	
CONTRACTOR	DEPARTMENT APPROVAL - INITIAL & DATE
Business name:	Fire Marshal:
Address:	Building Dept.:
City/State/Zip:	Planning Dept.:
Phone: Fax:	Public Works Chief Engineer:
E-mail:	
CCB license no.: City or Metro license no.:	
Authorized Signature:	Deposit \$
Print name: Date	Total Due \$

This permit application expires if a permit is not obtained within 180-days after it has been accepted as complete. Permits are non-transferable and expires 180-days from issuance or last inspection.