



**City of Aurora**  
 21420 Main St. NE, Aurora, OR 97002  
 503-678-1283

PERMIT NUMBER

## CONSTRUCTION PERMIT APPLICATION

This permit is issued under OAR 918-460-0030, 918-780-0060, 918-440-0050. This permit becomes null and void if work is not commenced within 180 days, or if construction or work is suspended for a period of 180 days.

ALL CONTRACTORS AND SUBCONTRACTORS ARE REQUIRED TO BE LICENSED WITH THE OREGON CONSTRUCTION CONTRACTORS BOARD UNDER ORS 701.

CATEGORY		JOB SITE INFORMATION	
<input type="checkbox"/> 1 and 2 family Dwelling	<input type="checkbox"/> Commercial / Industrial	Project Name:	
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Multi Family	Address:	
<input type="checkbox"/> Other:		MAP & TAX NO.:	
TYPE OF WORK		VALUATION / CONSTRUCTION INFORMATION	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Fire Alarm	<b>1-2 Family Dwelling:</b>	
<input type="checkbox"/> Add / Alter / Replace	<input type="checkbox"/> Fire Sprinkler	Valuation of Project: \$	# of Floors:
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Plumbing	# of Bedrooms:	# of Baths:
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	New Dwelling Sq. Footage:	
Other:		Garage / Carport sq. Footage:	
DESCRIPTION OF WORK		Deck / Covered Porch Sq. Footage:	
		New Building Height:	
		Other Structure Sq. Footage:	
		Commercial:	
		Valuation of Project: \$	# of Stories:
		New Building Sq. Footage:	
PROPERTY OWNER		Existing sq. footage:	
Name:		New Building height:	
Address:		Occupancy Group:	
City/State/Zip:		Permit fees are based on the value of the work performed (rounded to the nearest dollar), of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Phone:			
Email:			
APPLICANT /PRIMARY CONTACT			
Business Name:		To apply using Oregon e-permitting go to: <a href="https://aca-oregon.accela.com/oregon/">https://aca-oregon.accela.com/oregon/</a>	
Name:			
Address:			
City/State/Zip:		FOR OFFICE USE ONLY - DEPT. REVIEWS	
Phone:		Dept.	Date Sent
Email:		Approved	
CONTRACTOR INFORMATION		Planning:	
Business Name:		Public Works:	
Contact Name:		Engineering:	
Address:		Building:	
City/State/Zip:		Fire:	
Phone:		FEES DUE WITH APPLICATION	
Email:		Plan Review Deposit: \$	
Aurora BL #:		Paid:	
CCB#:		Date:	Ck#

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of an other state or local law regulating construction or the performance of construction.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Dated: \_\_\_\_\_