



Where Life is Sweet

CITY OF HERMISTON
 Building Department
 215 E Gladys Avenue
 Hermiston, OR 97838
 PH: 541-667-5025 FAX: 541-567-6731
 Email: building@hermiston.or.us

**NEW SINGLE FAMILY DWELLING
 COMBINATION PERMIT APPLICATION**

DEPARTMENT USE ONLY	
PERMIT NO:	
DATE ISSUED:	BY:

APPLICANT INFORMATION		
Name:		
Mailing address:		
City/State/Zip:		
Phone:		
Email:		
JOB SITE INFORMATION & LOCATION		
Job Site Address:		
City/State/Zip:		
Project Name:		
Parcel Info:	Map No:	Tax Lot:
Check all that apply: Street Paved? <input type="checkbox"/> Sidewalks? <input type="checkbox"/> Curb? <input type="checkbox"/>		
ELECTRICAL CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB No:	BCD Lic No:	
Signing Supervisor Name:		
License No:		
MECHANICAL CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB Lic no:		
PLUMBING CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB Lic No:	BCD Lic No:	

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.

CONTRACTOR INSTALLATION		
Business name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:		
CCB Lic no:		
Signature:		
PROPERTY OWNER INFORMATION		
Name:		
Mailing address:		
City/State/Zip:		
Phone:		
Email:		
OWNER INSTALLATION		
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This installation is being made on residential or farm property owned by me or a member of my immediate family.		
Sign here:		
PRIMARY CONTACT		
Name:		
Phone:		
Email:		

The City Building codes Department does not survey parcels. Approval granted for the placement of structures is subject to modification by actual surveyed location of easements, rights of way and lot lines. The owner/contractor is responsible for ensuring the accuracy of setbacks.

VALUATION INFORMATION

Job description:	Total square footage(dwelling & attached garage):		
	Building height	No of bathrooms:	No. of kitchens:
	Decks/porches/covered patios:		Total sq ft.
	Living area sq ft:	First Floor:	Second Floor:
	Bonus Rm sq ft:		Basement sq ft:
	Garage sq ft:		Carport sq ft:
Declared job value: \$	Temporary service 200 amp or less: <input type="checkbox"/>		

PLUMBING

Water service: total linear feet:	Sanitary sewer: total linear feet:
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HEATING/COOLING

Type of fuel:

Boiler: <input type="checkbox"/>	Electric: <input type="checkbox"/>	Geothermal <input type="checkbox"/>	LPG: <input type="checkbox"/>	Natural Gas: <input type="checkbox"/>	Oil: <input type="checkbox"/>	Other:
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	Qty			Qty	
Air handler unit of up to 10,000 cfm-		9.50	Air Conditioner		11.00
Air handler unit greater than 10,000 cfm		12.50	Furnace- up to 100,000 BTU		11.00
Furnace- greater than 100,000 BTU		12.50	Floor Furnace, including vent		11.00
Heat pump		11.00	Evap cooler other than portable		9.50
Suspended heater, recessed wall heater, or floor mounted unit heater		11.00	Mini split		11.00

OTHER FUEL APPLIANCES

Wood/pellet stove		9.50	Water heater		9.50
Gas or wood fireplace/insert		9.50	Pool or spa heater, kiln		11.00
Chimney/liner/flue/vent		9.50	Oil tank/gas/diesel generators		12.50

EXHAUST AND VENTILATION

Range hood/other kitchen equipment		11.00	Attic/crawl space fans		8.00
Appliance vent installation not included in Appliance permit		8.00	Flue vent for water heater or gas fireplace		8.00
Other exhaust/ventilation		8.00	Clothes dryer exhaust		8.00

FUEL PIPING

Gas piping outlets, Four or less connections		7.00	Gas piping outlets, more than four(per outlet)		5.50
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