



Structural Permit Application

CITY OF SCAPPOOSE

Building Department

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www.scappoose.gov/building

DEPARTMENT USE ONLY

Permit no.:

This project has final land-use approval:

Signature:

Other approvals:

Signature:

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.

Is building located in Floodplain?

CATEGORY OF CONSTRUCTION

☐ **RESIDENTIAL BUILDING**

☐ **COMMERCIAL**

☐ Detached accessory structure building

☐ Accessory

☐ Manufactured dwelling

☐ Industrial

☐ Single-family dwelling

☐ Mixed use

☐ Two-family dwelling

☐ Multifamily 3+

☐ Townhouses

☐ Other

☐ Other

Change of Use-Occu

TYPE OF CONSTRUCTION

☐ Addition

☐ Alteration

☐ Other

☐ Move

☐ New

☐ Tenant improvement

☐ Repair

☐ Replacement

APPLICANT INFORMATION

Name:

Mailing address:

City/state/ZIP:

Phone:

Mobile phone:

Email:

JOBSITE INFORMATION AND LOCATION

Jobsite address:

City/state/ZIP:

Project name:

Directions to jobsite/cross street(s):

Assessors Tax lot:

PROPERTY OWNER INSTALLATION

Name:

Mailing address:

City/state/ZIP:

Phone:

Mobile phone:

Email:

This installation is being made on residential or farm property owned by me or a member of my immediate family.

Sign here: _____

CONTRACTOR/APPLICANT (responding party)

Business name:

Address:

City/state/ZIP:

Phone:

Cell:

:CCB#

Fax:

EMAIL:

Signature: _____

LOCAL GOVERNMENT APPROVAL

Zoning approval
verified?

☐ Yes

☐ No

VALUATION INFORMATION

Job description:

Declared job value: \$ _____

Occupancy type:

Occupancy load:

Number of housing units:

Number of buildings:

Publicly owned: ☐ Yes ☐ No

New building square footage:

Existing building square footage:

Number of stories:

Building height: _____ feet _____ inches

Existing fire sprinklers: ☐ Yes ☐ No

Fire sprinklers included in project: ☐ Yes ☐ No

Existing fire alarm system: ☐ Yes ☐ No

Fire alarms included in project: ☐ Yes ☐ No