



Community Development

**Coos County Community Development**

Mailing Address: 250 N. Baxter, Coquille, Oregon  
 60 E. Second St., Coquille OR 97423  
 Planning, Building, Onsite and Enforcement  
 Phone: 541-396-7770  
 Fax: 541-266-1146

Permit #  
 Date:  
 Staff

[www.co.coos.or.us](http://www.co.coos.or.us)

TDD (800) 735-2900

**APPLICATION FOR COMMERCIAL STRUCTURAL PERMIT**

*This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

JOB SITE INFORMATION		OWNER INFORMATION	
Address:		I am the property owner doing my own work (initial): _____	
City:		Owner Name:	
Map/Account#:		Mailing address:	
Directions to work site:		City/State/ZIP:	
		Phone:	Cell:
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:	
OTHER APPROVALS			
Zoning	Floodplain	Onsite	
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	Approval: <input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	
Approval:		Approval:	
Date:		Date:	
<b>(1) Valuation Information</b>			
(a) Job description:			
(b) Intended use of building:			
(c) Construction type:			
(d) Square feet:	Height:	Number of stories:	
(e) Fire protection: <input type="checkbox"/> Existing Fire Sprinklers <input type="checkbox"/> Existing Fire Alarm System <input type="checkbox"/> Included in project			
(f) Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Repair			
(g) Is this a foundation ONLY permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(h) Is this a plan review ONLY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(i) Total valuation:			
<b>(2) Building Fees</b>		Contractor:	
(a) Permit fee calculated at submittal		Address:	
(b) 12% surcharge:		City/State/ZIP:	
(c) 5% Community Development Fee		Phone:	
<b>(3) Plan Review</b>		Email:	
(a) Plan review (permit fee x 0.65)		BCD license:	
(b) Fire & Life Safety (permit fee x 0.40)		CCB license:	
(c) Seismic Essential Facilities (permit fee x 1%)			
I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.			
Applicant name:			
Mailing Address:			
City/State/ZIP:			
Phone:			
Email:			
Signature:		Date:	