City of Veneta
88184 Eighth Street
P.O. Box 458
Veneta, OR 97487
541-935-2191
www.venetaoregon.gov
twarrick@ci.veneta.or.us

APPLICATION FOR STRUCTURAL PERMIT	**DEPARTMENT USE ONLY**	
	Permit #:	
	By:	Date:

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:	
Parcel #:	Mailing address:	
Directions to work site:	City/State/ZIP:	
	Phone:	Cell:
Is property inside city limits: ☐ Yes ☐ No	Email:	

OTHER APPROVALS

Zoning	**Floodplain**	**Onsite**
Information verified/approved? ☐Y ☐N	☐Y ☐N	Information verified/approved? ☐Y ☐N
Approval:	Approval:	Approval:
Date: Parcel #:		Date: Parcel #:

(1) Valuation Information				
(a) Job description:				
(b) Occupancy:				
(c) Construction type:				
(d) Square feet:				
(e) Cost per square foot (April ICC):				
(f) Type of Work: ☐ New ☐ Alteration ☐ Addition ☐ Demolition ☐ Repair				
(g) Is this a foundation ONLY permit? ☐ Yes ☐ No				
(h) Is this a plan review ONLY? ☐ Yes ☐ No				
(i) Total valuation:				
(2) Building Fees			Contractor:	
(a) Permit fee:			Address:	
(b) 12% surcharge:			City/State/ZIP:	
(3) Plan Review			Phone:	
(a) Plan review (permit fee x)			Email:	
(b) Fire & Life Safety (permit fee x)			BCD license:	
Subtotal of fees above:			CCB license:	
(4) Miscellaneous Fees				
(a) Seismic review – permit fee x 0.01				
Total Due:				

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: