

Building Permit Application

Lane County Land Management Division

3050 N. Delta Hwy, Eugene, OR 97408 Phone: (541) 682-3754 Fax: (541) 682-3947

	DEPARTMENT USE ONLY
ermit #:	

Building permits are issued under Oregon Authority Rule (OAR) 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days. **Applications are only accepted in person after a LMD Tech consultation.**Customers may track the status of their permit application online at: www.lanecounty.org/LMDOnline

JOB SITE INFORMATION	SCOPE OF WORK				
Job Site Address:	New construction	on	Addition/Alteration/Remodel		
City/State/Zip:	Demolition		Other:		
Directions to Job Site:	PROJECT TYPE				
	1 – and 2- family dwelling		Manufactured dwelling		
	Residential accessory		Commercial/Industrial		
Tax/Map/Parcel #:	Government		Other:		
DESCRIPTION OF WORK		FUE	L SOURCE		
	Electric	Oil		Wood/Pelle	et
	Natural Gas	l .	Liquefied	Propane Gas (I	LPG)
	Fire Marshall ID				,
DEODEDTY OWNED INCODMATION	(required for LPG projects only): SITE-BUILT CONSTRUCTION				
PROPERTY OWNER INFORMATION			CONSTRUC	IION	
Name:	Valuation of propos		DWELLING F	N A OFMENT	
Address:	_	ACTURED	DWELLING F	LACEMENT	
City/State/Zip:	Brand:				
Phone:	Model year:				
Email: Signature Required for Owner-Performed Residential Work: This	Size (width x length):				
installation is being made on residential or farm property owned by me or	Number of bedrooms:				
a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.	License # (starts with X or L):				
and an anias and an analysis and an analysis and an anias and an analysis and	Foundation type:		Engineered		
	If you are placing a pro owned m		Prescriptive anufactured structure, please provide copy of		
Sign at use.	ownership do	cument from N	lanufactured Struct	ures Services desk	
Signature:	DEMOL	ITION/REM	OVAL OF STR	RUCTURE(S)	
CONTRACTOR INFORMATION	Number of structur				
Business Name:	SOLAR ENERGY SYSTEMS				
Address:	System type:	Solar photovoltaic energy system			
City/State/Zip:		Solar thermal energy system			
Phone:	Configuration:	Roof mounted Ground moun		unted	
Email:	Design:	Engineered by a registered design professional			
CCB License #:		Meets Prescrip Installation Ch	Meets Prescriptive Standards of Oregon Solar Code (Must Submit Prescriptive Installation Checklist with Application		criptive
Contact Name:	Valuation of propos	sed work:			
PAYMENT LMD staff will contact you via email for payment or you can make a payment	Land Use Review: To demonstrate the proposed installation is permitted outright and is not subject to land use review, please complete and submit a "Self-Certification of Outright Permitted Use for Energy System".				
in person at the Customer Service Center at 3050 N. Delta Hwy, Eugene OR.	TRADE PERMITS				
APPLICANT STATEMENT	In addition to this application, please submit separate electrical, mechanical and/o plumbing permit applications as applicable.				
hereby certify that: 1) The foregoing statements and other information attached hereto are			ES (DEPARTM		ILY)
true and accurate to the best of my knowledge and belief; 2) I understand that fees paid in	(A) Building Permit Fee (See Fee Schedule)				
association with this application may not be refunded even if a permit is not ultimately ssued for the project; 3) I am either the owner of the property for which this permit is being	(B) Investigative Fee, if applicable (Equal to [A])				
applied or am an authorized agent of the owner; and 4) The owner of record is knowledgeable of this application if I am not the owner.	(C) Plan Review Fee, if required (65% of [A])				
Applicant Name:	(D) Fire Life Safety Plan Review Fee, If Required (40% of [A])				
Applicant Phone:	(E) Damage Assessment Surcharge (1% of [A])				
Applicant Email:	(F) State Surcharge (12% of [A+B])				
Applicant is: Property Owner Agent of Owner	(G) Long-Range Planning Surcharge (13% of [A+B+C+D])				
Agent of Owner	(H) LMD Admin Surc			, . D])	
	, ,	· ·	<u>.</u>	max)	
Applicant	(I) Technology Assessment (8% of [A+B+C+D], \$140 max) TOTAL FEES AND SURCHARGES (A through I):				
Signature:	IOIAL PEES AND S	OUNCHARGE	o (A unougnii):		