



# City of Dallas BUILDING PERMIT APPLICATION



187 SE Court Street, Dallas, Oregon 97338 • 503.831.3571 • Fax 503.623.2339 • www.dallasor.gov

<b>Site Address:</b>
<b>Map &amp; Tax Lot Number:</b>
<b>Project:</b>
<b>Valuation:</b>

**Required Information and Attachments:**

- \_\_\_\_\_ (Initial) 3 sets of construction plans for a commercial project.
- \_\_\_\_\_ (Initial) 3 sets of construction plans for one and two family residential projects.
- \_\_\_\_\_ (Initial) Bracing method, location and length of wall panels including foundation requirements (residential).
- \_\_\_\_\_ (Initial) Engineering specs, if applicable.

**Project Description:** \_\_\_\_\_

## Applicant Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ email: \_\_\_\_\_

## Owner Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ email: \_\_\_\_\_

## Architect/Designer Information:

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ email: \_\_\_\_\_

## General Contractor Information:

Business Name: \_\_\_\_\_ CCB# \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ email: \_\_\_\_\_

# BUILDING PERMIT APPLICATION – Contractor Information

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## Plumbing Contractor Information:

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ email: \_\_\_\_\_

## Mechanical Contractor Information:

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ email: \_\_\_\_\_

## Electrical Contractor Information:

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ email: \_\_\_\_\_

## Authorization:

I hereby certify the statements contained herein, along with the evidence submitted, are in all respects true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

