

## **Building Permit Application**

City of Seaside
Building and Planning Department
1387 Avenue U \* Seaside, OR 97138
Ph (503) 738-7100 \* Fax (503) 738-8765
Email: cdadmin@cityofseaside.us

DEPARTMENT USE ONLY
REVIEW #:
DATE RECEIVED:

This permit is issued under OAR 918-460-0030. **Permits can expire if work is not started within 180 days of issuance or if work is suspended for 180 days.** All contractors must obtain a City of Seaside Business License prior to performing work.

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TYPE OF WORK		RESIDENTIAL USE	
☐ New Construction	☐ Demolition	Total Valuation of Project:	
☐ Addition/Remodel Alteration	□ Other	\$ Estimated Valuation of Remod	lel:
CATEGORY OF CONSTRUCTION		\$	
☐ 1 & 2 Family Dwelling	☐ Commercial/Industrial	Number of bedrooms:	
D . 11.	□ M 1/: C :1	Number of bathrooms:	
☐ Accessory Building	☐ Multi-family	Existing dwelling area:	square feet
JOB SITE INFORMATION AND LOCATION		New dwelling area:	square feet
Property Owner:		Garage/carport area:	square feet
Job Site Address:		Covered Porch area:	square feet
CONSTRUCTION II	NFORMATION	Deck area:	square feet
☐ Property Owner Construction ☐ Contractor Construction		COMMERCIAL USE	
Name/Business Name:		Valuation of Project:	
Address:		\$	
Email:		Existing building area:	square feet
Phone Number:		New building area:	square feet
CCB #:		DESCRIPTION OF WORK	
This installation is being mad owned by me or a member (Property owner co	of my immediate family.		
Signature:			

DEPARTMENT USE ONLY				
Liv. SF	Gar. SF	Covered Porch SF	Deck SF	
\$148.33	\$59.88	\$44.91	\$29.94	