

Structural Permit Application

WALLOWA COUNTY BUILDING CODES

101 S. River St. Room 106

Enterprise, OR 97828

541.426.4543 x 1166

bcodes@co.wallowa.or.us



DEPARTMENT USE ONLY

PERMIT #:

DATE ISSUED:

Permit expires if work is not started within 180-days of permit issuance or if work is suspended for 180-days

PROPERTY OWNER INFORMATION		LOCAL GOVERNMENT APPROVAL	
NAME:			
ADDRESS:		This project has LAND-USE/ZONING approval	
CITY/STATE/ZIP:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE:			
EMAIL:		This project has DEQ approval	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB SITE INFORMATION			
JOB SITE ADDRESS:		(Please Attach Signed Approvals w/Application)	
CITY/STATE/ZIP:			
CATEGORY OF CONSTRUCTION		JOB DESCRIPTION DETAIL (Please Complete)	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> GOVERNMENT			
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER			
CONTRACTOR INSTALLATION			
CONTRACTOR NAME:			
BUSINESS NAME:			
ADDRESS:		CONSTRUCTION COSTS	
CITY/STATE/ZIP:		(Please Provide Sq. Ft. Cost or Finished Value)	
PHONE:			
EMAIL:		COST PER SQ FT:	
CCB LICENSE #:			
PRINT NAME:		COMPLETED VALUE:	
SIGNATURE:			
PROPERTY OWNER INSTALLATION		OTHER	
I WILL BE MY OWN GENERAL CONTRACTOR		FOUNDATION ONLY PERMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature:		PLAN REVIEW ONLY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date:			

(Please Attach a Self-Construction Form to the Structural Application)

BUILDING FEES		OTHER FEES	
Permit Fee	\$	Investigative Fee	\$
Plan Review Fee	\$	Reinspect Fee	\$
State Surcharge	\$	Fire/Life Safety Fee	\$
TOTAL	\$	TOTAL	\$
DEPARTMENT USE ONLY			

A copy of the Planning/Zoning approval documents are required to be submitted with your application

DEQ approval documents are required (if applicable)