



City / County BUILDING PERMIT APPLICATION

CROOK COUNTY BUILDING DEPARTMENT
 300 NE THIRD STREET PRINEVILLE, OR 97754
 PH: (541) 447-3211 FAX: (541) 416-2139
 www.co.crook.or.us

Application Submittal Date Stamp
FOR OFFICE USE ONLY

Site Information

Job Site Address:		<input type="checkbox"/> CITY	<input type="checkbox"/> COUNTY
Is there a green reflective "fire marker" with your address number posted at the entrance to your driveway?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tax Map #:	Subd:	Phase:	Block: Lot:

DESCRIPTION of Improvement:

Owner Information

Property Owner Name:		Mailing Address:	
Phone:	Mobile:	City	State Zip

Contractor Information

<input type="checkbox"/> Property Owner doing his/her own work ** I attest this property is not intended for sale, lease or rent ** Owner initial:	
Contractor & License #:	Phone: Mobile:
Plumbing Contractor & License #:	Mechanical Contractor & License #:

Proposed Construction Type

Job Type	Please check ONLY what you are proposing to do NOW		
Please check one	SQ FT	SQ FT	SQ FT
<input type="checkbox"/> New	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Deck/Porch/Patio Cover
<input type="checkbox"/> Remodel	<input type="checkbox"/> Replacement Dwelling	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Commercial Structure
<input type="checkbox"/> Addition	<input type="checkbox"/> Duplex	<input type="checkbox"/> Carport	<input type="checkbox"/> Comm. Tenant Improvement
<input type="checkbox"/> Conversion/Alteration	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Pole Building	<input type="checkbox"/> Fire Sprinkler System
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Stick Frame Shop	<input type="checkbox"/> Other (specify)

If you are building a new dwelling or altering an existing dwelling please answer the following regarding bedrooms:

New: Proposed Total Number of Bedrooms: _____ Addition/Alteration to Existing: # before alteration _____ # after alteration _____

Plumbing & Heat Source Information

No. full baths:	No. 1/2 baths:	Back Flow/Underground Sprinkler:	Water line total feet:	Sewer line total feet:
Please check all that you will be installing NOW with THIS permit request				
<input type="checkbox"/> Electric Water Heater	<input type="checkbox"/> Gas Water Heater	<input type="checkbox"/> Gas Fireplace Insert	<input type="checkbox"/> Fireplace Insert	
<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Gas Furnace	<input type="checkbox"/> Monitor/Oil Stove	<input type="checkbox"/> Other:	
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Gas Stove	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Solar Structural	
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Gas Piping	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Valuation \$	

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction shall conform to the regulations in the Building Code, the County Code, and all other codes and regulations or private building restrictions, if any, which may be imposed on the above property by deed. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I understand that the Building Official reserves the right to enter the construction premises at will during reasonable working hours. Furthermore, I understand that should I decide to withdraw my application prior to issuance of a permit, I will be charged, at a minimum, the plan review fee and any applicable administrative fees.

Applicant's Name (Please print) _____ Title _____

X
 Signature of Applicant _____ Date _____ EMail _____ Phone # to call when permit is ready _____

FOR OFFICE USE ONLY BELOW THIS LINE

Permit No.:	Single Family Dwelling:	Commercial or Industrial:	Flood Zone:	Cert Req'd:
Zone:	Replacement Dwelling:	Medical Hardship:	Access::	
Corner Lot:	Barn/Shop/Access. Bldg:	Road Approach Approved:	Bldg Height:	
Setbacks: Front: Rear: Left: Right:	Change of use:	Park & Rec Fee Required () Yes () No		
Addressing	Date	Planning	Date	
Env. Health	Date	Permit #	Plans Examiner	Date

Planning Approval Attached _____ Septic _____ Plot Plan _____ City Planning: Ready for Issuance _____ Hold for Additional Approval/Fees _____