

**LINN COUNTY
RESIDENTIAL MECHANICAL & PLUMBING PERMIT**

FLOOD PLAIN: Yes ___ No ___

FLOOD ZONE: _____

Date: _____

Permit #: _____

Property Owner/Applicant Information:

A. Applicant(s) Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (home) _____ (work) _____

B. Property Owner _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (home) _____ (work) _____

C. Contractor Name _____ CCB# _____ Expiration: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (home) _____ Cell _____

Property Information:

Map Number: _____ Twp. _____ Range _____ Section _____ TaxLot _____

Site Address (if any): _____ City: _____

Permit Information:

Please give a description of the proposed work:

_____ Valuation \$ _____

What type of work will be done?

_____ Structural
_____ Plumbing
_____ Mechanical

Permit Fees: _____
12% State Surcharge: _____
Total Fees Collected: _____

I agree to build according to the submitted plans and specifications, the laws of the State of Oregon and the Ordinances of Linn County.

Permit expires if work not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I further expressly warrant that I comply with the provisions of ORS 701.005 to 701.125 because:

- I am performing work on a property I own or occupy.
 I am a registered contractor **OR** The authorized representative of a registered builder
 The work will be performed by a registered builder.
 Registration is not required to erect this structure.

I have read this permit and certify that the stated information is true and correct to the best of my knowledge

SIGNED: _____ DATE: _____