

Fire Protection Permit Application

City of Wood Village

23335 NE Halsey St. Wood Village, OR 97060

Phone: 503-489-6861 or 503 489-6859 Fax: 503-669-8723

www.Woodvillageor.gov Email: Building@woodvillageor.gov

TYPE OF WORK	
<input type="checkbox"/> Automatic Fire Sprinkler	
<input type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Other Fire Suppression (Hood, Duct, etc.)	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2-Family Dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family (Apts. & Condos)	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job Site Address:	
Suite #:	Bldg./Apt.#:
Project Name:	
Directions to Job Site:	
Cross Street Name:	
Subdivision:	Lot #:
Tax Map/Parcel#:	Block:
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
<input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
CONTRACTOR	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Cell:
*CCB Lic. #:	
Metro or City Lic. #	

*Permit will not be processed without valid CCB#

Authorized Signature: _____

Print Signer's Name: _____

Date: _____

FOR OFFICE USE ONLY	
Application #:	Issued Permit #
Receipt #	Receipt #
Date Issued:	Date Issued:
Received by:	Issued by:

REQUIRED DATA: DWELLING	
Square Feet:	
REQUIRED DATA: COMMERCIAL	
Note: Permit fees are based on the total value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and profit for the work indicated on this application.	
Valuation: \$	
PERMIT FEES (OFFICE USE ONLY)	
Permit Fee	\$
Fire/Life/Safety	\$
State Surcharge (12% of Permit Fee)	\$
Total Fee	\$