COMMERCIAL BUILDING PERMIT APPLICATION

Community Development – Building Division
333 Broadalbin Street SW • Albany, OR 97321
(541) 917-7553 • Fax (541) 917-7598
permits@cityofalbany.net

Permits may be obtained online at:

http://www.cityofalbany.net/aca

If your project affects the building envelope, mechanical systems, and/or interior or exterior lighting, you must complete the appropriate COMcheck forms.

Job Site Information and Location (where the work is taking place):

Job Site Address: _____

Business Name: _____

Property Owner: _____

Owner Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Applicant/Contact Information (permit owner):

Name of Applicant: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

E-mail: _____

Contractor Information:

Name of Contractor: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

E-mail _____

Oregon CCB # (required): _____

Project Description:

_____

_____

_____

_____

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not.

Authorized Signature: _____

Print Name: _____ Date: _____

Office Use Only:
Permit #:

CATEGORY OF CONSTRUCTION	
☐ Commercial	☐ Multi-family
TYPE OF WORK	
☐ Accessory Structure	☐ Change of Use/Occupancy* (fee not based on valuation)
☐ New ☐ Addition	☐ Alteration/Repair

REQUIRED DATA

Is the property in a Floodplain or Natural Resource Overly District?
☐ Yes ☐ No ☐ Do not know

Building permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Permit fees will be calculated using valuation table (see fee schedule), or stated value, whichever is greater.

Valuation: _____

Type of Construction: _____

Occupancy Groups

Existing: _____

New: _____

Number of Stories: _____

Number of Buildings: _____ Number of Units: _____

Existing Building Area (square feet): _____

New Building Area (square feet): _____

Finished Square Feet: _____

Unfinished Square Feet: _____

NOTICES

Permits become void if work or construction authorized is 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.

LICENSING: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.

ASSOCIATED PERMITS: All commercial building permits that will require associated plumbing, mechanical, electrical, fire sprinkler and/or fire alarm permits are applied for separately.

FIRE DEPARTMENT: See Fire Plan Review Checklist
Fire Department Site Plan Review Checklist

THE REQUIREMENTS ON THE FRONT AND BACK OF THIS PAGE MUST BE MET OR THE APPLICATION WILL BE REJECTED.

(Additional information may be requested during review)
SEPARATE PERMITS are required for fill permits, signs, fire sprinklers/fire suppression systems, electrical work, alarms, and smoke detection. Boiler and Elevator Permits are required to be obtained from the State of Oregon. Various operating permits are required from the Albany Fire Department. State Licensing review and permits may be required to be obtained from the Oregon Health Authority. Local health review and inspections are required from Linn County Health Department for food service operations.
REQUESTED DEFERRED SUBMITTALS (Additional fees will apply.) Please list all deferred submittals for this project. _____ _____ _____ _____ _____ _____ _____ _____