

City of Umatilla

Building Division 700 6<sup>th</sup> St Umatilla, OR 97882 <u>epermitting@umatilla-city.org</u> (541) 922-3226 x114 Fax (541) 922-5758

## WORK SITE INFORMATION & LOCATION:

ADDRESS:		
PARCEL INF	0:	
MAP NO:		TAX LOT:
CATEGORY (	OF CONST	<b>TRUCTION:</b>
OSingle Family	OMulti-Far	nily
CHECK ALL		
OStreet Paved	∘Sidewa	lk oCurb oDriveway
ELECTRICAL	CONTRAC	CTOR INSTALLATION
Business Name:		
Address:		
City/State/Zip:		
Phone:		Fax:
Email:		
CCB:		BCD:
Signing Supervis	sors Name:	
Lic No:		
MECHANICAI	CONTDA	CTOD INSTALLATION
	L CONTRA	CTOR INSTALLATION
Business Name:	L CONTRA	CTOR INSTALLATION
Business Name: Address:	L CONTRA	CTOR INSTALLATION
Business Name: Address: City/State/Zip:	L CONTRA	CTOR INSTALLATION
Business Name: Address: City/State/Zip: Phone:	L CONTRA	CTOR INSTALLATION
Business Name: Address: City/State/Zip: Phone: Email:	L CONTRA	
Business Name: Address: City/State/Zip: Phone: Email:	L CONTRA	
Business Name: Address: City/State/Zip: Phone: Email: CCB Lic No:		
Business Name: Address: City/State/Zip: Phone: Email: CCB Lic No: PLUMBING CO		Fax:
Business Name: Address: City/State/Zip: Phone: Email: CCB Lic No: PLUMBING CO Business Name:		Fax:
Business Name: Address: City/State/Zip: Phone: Email: CCB Lic No: PLUMBING CO Business Name: Address:		Fax:
Business Name: Address: City/State/Zip: Phone: Email: CCB Lic No: PLUMBING CO Business Name: Address: City/State/Zip:		Fax:
Business Name: Address: City/State/Zip: Phone: Email: CCB Lic No:		Fax: OR INSTALLATION

RESIDENTIAL COMBO BUILDING APPLICATION DEPARTMENT USE ONLY					
Permit No:					
Date Issued:	By:				

## PEOPLE

FEOFLE					
PROPERTY OWNER:					
Name:					
Full Mailing Address:					
City: State: Zip:					
Phone:					
Email:					
CONTRACTOR INSTALLATION					
Same as applicant? •Yes •No					
Business Name:					
Address:					
City/State/Zip:					
Phone: Fax:					
E-mail:					
CCB license no.: City Lic No.:					
Contact Name: Phone #:					
REQUIRED DOCUMENTS FOR APPLICATION					
I have downloaded and reviewed the plans and documents Checklist (Initials):					
SUBMITTAL METHOD FOR PLANS AND DOCS					
• Paper • Electronic					
Moisture Content Acknowledgment submitted? □Yes □No					
Additional Energy Measures submitted? □Yes □No					
Additional Permits listed below need additional permits:					
Right of Way Permit: □Yes □No					
Fence: □Yes □No					
Lawn Sprinklers:  □Yes □No					
Job Description:					

STRUCTURE:		PLUMBING:		
Valuation*:		Water Service Total linear feet:		
Total square footage: (Dwelling & attached garage)		Sanitary Sewer Total linear feet:		
Building Height:		<b>MECHANICAL:</b>		
No of Bathrooms:		Type of fuel:		
No. of Kitchens:		□Boiler □Electric □Natural Gas □LPG □Oil		
Total aguara faataga of		☐Geothermal ☐Other	QTY	
Total square footage of Decks/porches/covered patios:		Air handler unit up to 10,000 cfm	UT	
Living area sq ft:		Air handler unit more than 10,000 cfm		
Basement sq ft:		Furnace up to 100,000 BTU		
Garage sq ft:		Furnace greater than 100,000 BTU		
Carport sq ft:		Suspended heater, recessed wall heater or floor mounted unit heater		
Temporary service 200 amp or less:		Heat Pump		
<b>OTHER FUEL APPLIANCES:</b>		Air Conditioner		
	QTY	Floor Furnace, including vent		
Wood/pellet stove		Evap cooler other than portable		
Gas or wood fire place/insert		Mini Split		
Chimney/liner/flue/vent		EXHAUST AND VEN	<b>FILATION</b>	
Water heater			QTY	
Pool or spa heater, kiln		Range hood/other kitchen equipment	ς	
Oil tank/gas/diesel generators		Appliance vent installation not included in appliance permit		
FUEL PIPINO	J	Attic/Crawl space fans		
	QTY	Flue vent for water heater or gas fireplace		
Gas piping outlets, Four or less connections		Clothes dryer exhaust		
Gas piping outlets, more than four(per outlet)		Other exhaust/ventilation		