

(For office use only)  
Permit #:



**Building and Safety Division/Permit Application Center**  
City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513  
503-588-6256 \* [plans@cityofsalem.net](mailto:plans@cityofsalem.net)

ACCREDITED  
Building Department

If you need the following translated in Spanish, please call 503-588-6256.  
Si usted necesita lo siguiente traducido en español, por favor llame 503-588-6256.

**Work site location and information**

<b>Street address of work site</b>	
<b>Lot number and subdivision name</b>	
<b>Category of construction</b>	Single family      Duplex      Accessory Dwelling Unit
<b>Type of work</b>	New Addition (adding square footage) Accessory structure (garage, carport, sheds, etc.) Alteration (no change to square footage) Other (pools, retaining walls, solar, driveways, etc.)
<b>Project description</b>	

**People information**

	Same as Applicant?	Name	Full Mailing Address	Phone Number and Email address
<b>Applicant</b> (person responsible for the permit)				
<b>Property owner</b>	Yes No			
<b>Designer</b> (person responsible for the plans)	Yes No			
<b>Contact</b> (person receiving correspondence)	Yes No			
<b>Contractor</b> (person or company doing the work)	Yes No			

**Oregon Construction Contractors Board (CCB) Number:** \_\_\_\_\_

**Required documents for application**

<b>Review of plans and documents checklist</b>	I have <a href="#">downloaded and reviewed the plans and documents checklist</a> (Initials) _____
<b>Agreement to submit payment</b>	I will pay the review fee and upload plan documents within 72 hours of application acceptance (Initials) _____

## Project information

<b>Valuation*</b>	
<b>Project square footage</b> (additions/alterations)	
<b>New Construction Questions</b>	
<b>Square feet - 1st Floor</b>	
<b>Square feet - 2nd Floor</b>	
<b>Square feet - Unfinished living space</b>	
<b>Square feet - Basement</b>	
<b>Square feet - Covered porch/deck</b>	
<b>Square feet - garage or carport</b>	
<b>Garage or carport orientation</b>	Right      Left
<b>Number of bedrooms</b>	
<b>Number of bathrooms</b>	
<b>Number of floors</b>	
<b>Fire Sprinkler Installed?</b>	Yes      No

\*The value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and profit for the work described.

## Notices

**Associated permits:** Separate permit applications are required for plumbing, mechanical, electrical, fire sprinkler, fire alarm and/or fire line permits associated with this building permit.

**Expiration of application:** This application is valid for 180 days after it has been accepted as complete.

**Inspections required:** Approved city inspections must be completed before the work performed is enclosed.

## Terms and conditions

**Correct information:** 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.

**Copyright release for government entities:** I hereby grant permission to the City of Salem to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

**Indemnity:** I, the permit applicant, shall indemnify, defend and hold harmless the City of Salem, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit.

**Owner permission:** I have the legal right or permission from any property owner whose property is affected by the work covered under this permit to: 1) enter the property; 2) perform the work covered under this permit; 3) leave structures on or in the affected property. The issuance of this permit shall not be construed as permission or a grant of a legal right to enter upon or remain on any property affected by the work covered under this permit.

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Not using Internet Explorer (IE 11)?**

Save the file to your computer and email to [eplans@cityofsalem.net](mailto:eplans@cityofsalem.net).