



Structural Permit Application

Marion County Public Works
5155 Silverton Rd NE, Salem, Oregon 97305
Phone: (503) 588-5147 Fax: (503) 588-7948
Email: Building@co.marion.or.us
Internet address: www.co.marion.or.us

CATEGORY OF CONSTRUCTION

☐ Residential ☐ Government ☐ Commercial

JOB SITE INFORMATION AND LOCATION

Septic tank or system on this property: ☐ Yes ☐ No

Well on this property: ☐ Yes ☐ No

Job site address:

City: State: ZIP:

Subdivision: Lot no.:

PROPERTY OWNER INFORMATION

Name:

Mailing Address:

City: State: ZIP:

Phone: Fax :

E-mail:

For Homeowner Installations:

This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.

Signature:

Date:

CCB form is required for homeowner permits

[Click for CCB Form](#)

CONTRACTOR INFORMATION

Business name:

Mailing Address:

City: State: ZIP:

Phone: Fax:

E-mail:

CCB license no.:

Print name:

Signature: Date:

APPLICANT

☐ Owner ☐ Contractor ☐ Other

If other, specify:

Signature: Date:

PLAN REVIEW CONTACT PERSON

Contact Name:

Contact Address:

City: State: ZIP:

Phone:

Email:

FOR CITY USE ONLY

Required Setbacks

Front: 20' Rear: 15'

Left: 5' Right: 5'

Special:

Property located in flood plain: ☐ Yes ☐ No

Zoning by: Received by:

On County Road: ☐ Yes ☐ No

FEE SCHEDULE

1 a. Valuation information

Job description:

Occupancy:

Construction type:

Square feet:

Cost per square foot:

Other information:

1 b. Check all that apply

☐ new ☐ addition ☐ alteration ☐ Change of Occupancy/Use

Other:

Foundation-only permit: ☐ Yes ☐ No

Plan review only: ☐ Yes ☐ No

Total valuation: \$

2. Building fees

(a) Permit fee (use valuation table): \$

(b) Investigative fee (if applicable): \$

(c) Reinspection (\$52.00): \$

(d) Enter 12% surcharge (.12 x [2a+2b+2c]): \$

(e) Subtotal of fees above (2a through 2d): \$

3. Plan review fees

(a) Plan review (65% x permit fee [2a]): \$

(b) Fire and life safety (40% x permit fee [2a]):** \$

(c) Subtotal of fees above (3a and 3b): \$

4. Miscellaneous fees

(a) Seismic fee, 1% (.01 x permit fee [2a]):** \$

(b) Septic Record Review fee (\$47.00)** \$

(c) Zoning review fee (% x permit fee [2a])** \$

(d) Subtotal of fees above (4a through 4c) \$

TOTAL fees and surcharges (2e+3c+4d): \$

** if applicable, see other side for details

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

| Building Permit Fee Table** | | | |
|------------------------------------|--------|-----------|--|
| \$1 | to | \$2000 | \$60.00 |
| \$2,001 | to | \$25,000 | \$60.00 for the first \$2000 plus \$8.00 for each additional \$1000, or fraction thereof, to and including \$25,000 |
| \$25,001 | to | \$50,000 | \$244.00 for the first \$25,000 plus \$6.25 for each additional \$1000, or fraction thereof, to and including \$50,000 |
| \$50,001 | to | \$100,000 | \$400.25 for the first \$50,000 plus \$4.75 each additional \$1000, or fraction thereof, to and including \$100,000 |
| \$100,001 | and up | | \$637.75 for the first \$100,000 plus \$3.95 for each additional \$1000, or fraction thereof |

** Does not apply to New Single Family Dwellings - See Building Inspection Website for Fee Schedule

Fire-Life Safety plan review is required for the following:

1. Group A Occupancies.
2. Group B Occupancies over 4,000 square feet (372m2), or more than 20 feet (6096mm) in height, or with a basement.
3. Group E Occupancies
4. Group F Occupancies over 4,000 square feet (372 m2) or more than 20 feet (6096mm) in height, or with a basement.
5. Group H Occupancies of 1,500 square feet (139 m2) or more than 20 feet (6096 mm) in height, or with a basement.
6. Group I Occupancies.
7. Group M Occupancies over 4,000 square feet (372 m2) or more than 20 feet (6096mm) in height, or with a basement.
8. Group R, Divisions 1, 2, and 4 Occupancies over 4,000 square feet (372 m2) or more than 20 feet (6096 mm) in height, or with a basement over 1,500 square feet (139 m2).
9. Group S, Division 1, 2, 3, and 4 Occupancies over 4,000 square feet (32 m2) or more than 20 feet (6096 mm) in height, or with a basement.
10. Group U, division 1 Occupancies over 4,000 square feet (372 m2) or more than 20 feet (6096 mm) in height, or with a basement.

A Seismic Surcharge is required for the following:

For new structures that are essential facilities, hazardous facilities, major structures and special occupancy structures as defined in ORS 455.447

Septic Record Review:

Required in those instances when a septic permit is not required AND the structural permit is for a new structure or an addition that changes the footprint of the structure AND there is a septic system on the property.

Zoning Review Fee:

Zoning review fees are required for all new structures, additions to structures, and changes of occupancy. The zoning review fees vary depending on the city.

| | | | |
|------------------------------|-------------------|----------------------|-----|
| Unincorporated Marion County | 20% | City of Jefferson | 20% |
| City of Aumsville | 20% | City of Keizer | 20% |
| City of Detroit | 20% | City of Mount Angel | 25% |
| City of Donald | 20% | City of Saint Paul | 25% |
| City of Gates | 20% | City of Scotts Mills | 20% |
| City of Gervais | 15%, min. \$10.00 | City of Stayton | 15% |
| City of Hubbard | 20%, min. \$25.00 | City of Sublimity | 25% |
| City of Idanha | 15% | City of Turner | 20% |



Information Notice to Owners About Construction Responsibilities

(ORS 701.325 (3))

Homeowners acting as their own general contractors to construct a new home or make a substantial improvement to an existing structure, can prevent many problems by being aware of the following responsibilities:

- Homeowners who use labor provided by workers not licensed by the Construction Contractors Board, may be considered an employer, and the workers who provide the labor may be considered employees. **As an employer, you must comply with the following:**
- **Oregon's Withholding Tax Law:** Employers must withhold income taxes from employee wages at the time employees are paid. You will be liable for the tax payments even if you don't actually withhold the tax from your employees. For more information, call the Department of Revenue at 503-378-4988.
- **Unemployment Insurance Tax:** Employers are required to pay a tax for unemployment insurance purposes on the wages of all employees. For more information, call the Oregon Employment Department at 503-947-1488.
- **Oregon's Business Identification Number (BIN):** is a combined number for both Oregon Withholding and Unemployment Insurance Tax. To file for a BIN, go online to the Oregon Business Registry. For questions, call 503-945-8091.
- **Workers Compensation Insurance:** Employers are subject to the Oregon Workers Compensation Law, and must obtain Workers Compensation Insurance for their employees. If you fail to obtain Workers Compensation Insurance, you could be subject to penalties and be liable for all claim costs if one of your workers is injured on the job. For more information, call the Workers Compensation Division at the Department of Consumer and Business Services at 800-452-0288.
- **Tax Withholding:** Employers must withhold Social Security Tax and Federal Income Tax from employee wages. You may be liable for the tax payment, even if you didn't actually withhold the tax. For a Federal EIN number, go online to www.irs.gov.

Other Responsibilities of Homeowners:

- **Code Compliance:** As the permit holder for a construction project, the homeowner is responsible for notifying building officials at the appropriate times, so that the required inspections can be performed. Homeowners are also responsible for resolving any failure to meet code requirements that may be found through inspections.
- **Property Damage and Liability Insurance:** Homeowners acting as their own contractors should contact their insurance agent to ensure adequate insurance coverage for accidents and omissions, such as falling tools, paint overspray, water damage from pipe punctures, fire, or work that must be redone. Liability Insurance must be sufficient to cover injuries to persons on the job site who are not otherwise covered as employees by Workers Compensation Insurance.
- **Expertise:** Homeowners should make sure they have the skills to act as their own general contractor, and the expertise required to coordinate the work of both rough-in and finish trades.

CONSTRUCTION CONTRACTORS BOARD
PO Box 14140, Salem, OR 97309-5052
Telephone: 503-378-4621 – Fax: 503-373-2007
Website Address: www.oregon.gov/cch

Property Owner Statement Regarding Construction Responsibilities

Oregon Law requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. (ORS 701.325 (2))

This statement is required for residential building, electrical, mechanical, and plumbing permits. Licensed architect and engineer applicants, exempt from licensing under ORS 701.010 (7), need not submit this statement. This statement will be filed with the permit.

Please check the appropriate box:

☐ I own, reside in, or will reside in the completed structure and my general contractor is:

Name

CCB#

Expiration Date

☐ I will inform my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.

or

☐ I will be performing work on property I own, a residence that I reside in, or a residence that I will reside in. If I hire subcontractors, I will hire only subcontractors licensed with the Construction Contractors Board. If I change my mind and hire a general contractor, I will select a contractor who is licensed with the CCB and will immediately give the name of the contractor to the office issuing this Building Permit.

I have read and understand the Information Notice to Homeowners About Construction Responsibilities, and I hereby certify that the information on this homeowner statement is true and accurate.

Print Name of Permit Applicant

Signature of Permit Applicant

Date

Permit #:

Address: _____

Issued by: _____

Date: _____



Land Use Fee Schedule Acknowledgement and Agreement

A deposit is required for land use applications. The deposit is due at the time of the application and is nonrefundable.

Costs are paid out of the deposit first, any fees that are incurred will be billed as they come in. Payments of these fees is due within 10 days of the billing date. A \$50 late fee will be assessed on the 11th day after billing and again every 10 days thereafter until the bill is paid in full. Failure to pay the bill could result in a stop work order and/or a lien on the property.

By signing below, you acknowledge that you have read, understand, and agree to stipulations explained above.

Applicant's Signature

Date

Applicant's Printed Name

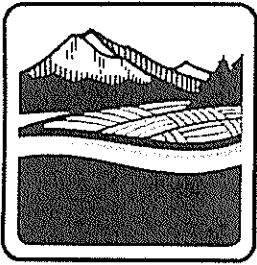
Type of land use application included with agreement: _____

For City Use Only

Type of land use application included with agreement: _____

Application and agreement accepted by: _____

Date of acceptance of application and agreement: _____



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BUILDING INSPECTION DIVISION
5155 Silverton RD NE
Salem OR 97305
(503) 588-5147 Fax (503) 588-7948
<http://www.co.marion.or.us>

SEPTIC SYSTEM CERTIFICATION for RECORD REVIEW

PROPERTY OWNER: _____

SITE ADDRESS: _____

DATE: _____

FILE NUMBER: _____

I certify that I have personally investigated the existing septic system on the above property and have identified the exact location of all parts of the septic system, including the septic tank, distribution box or drop boxes, drainfield lines and future septic system replacement area. The attached site plan is an accurate representation of the location of the septic system and proposed structure(s) on the property, and the proposed development meets all minimum setback requirements from the existing septic system, and the future septic system replacement area. In addition if there isn't a septic system serving the property, this document is to certify that a full investigation has been made to determine that the parcel is not being served by a septic system.

I further certify that I have, to the best of my abilities, thoroughly inspected the septic system and found no evidence of any failure. The system appears to be functioning in a satisfactory manner at this time.

SIGNATURE: _____
(Property Owner or the Owner's Authorized Agent)

Name (please print): _____

Company Name: _____

Mailing Address: _____

Phone Number: _____