



SIGN / STRUCTURAL PERMIT

FOR DEPARTMENT USE ONLY

Project:			
TaxMap:		Tax lot:	
Subdivision:		Lot:	
		Block:	

Plan Review#:	
Application Date:	
Permit#:	
Issue Date:	
Assoc. Permits:	

JOB SITE INFORMATION

OWNER INFORMATION

Address:			Name:		
City:	SEASIDE	State:	OREGON	Address:	
Directions to jobsite:				Cty/St/Zip:	
				Phone:	
				FAX:	

<input type="checkbox"/>	I am the property owner hiring a construction contractor	License #:	_____	Expires:	_____
<input type="checkbox"/>	I am licensed with the Building Codes Division	License #:	_____	Expires:	_____
<input type="checkbox"/>	I am registered with the Construction Contractors Board	Registration #:	_____	Expires:	_____
<input type="checkbox"/>	Contractor's Seaside Business License	License #:	_____	Expires:	_____
<input type="checkbox"/>	I am the property owner doing my own work				

Contractor's Name: _____
 Address: _____
 Telephone: _____ Cell Phone: _____ Fax: _____

ZONING		FLOOD PLAIN		SANITATION	
Zone:		Flood:	Req.Elev.	City Sewer	[X] Septic []
Initials		Initials		Initials	

(1) Class of Work
 New Repair Replace
 Move Other _____

(2) Plans Submitted Yes No
(3) Plot Plan Submitted Yes No

(4) Sign Type
 Pole Sign Wall Sign Monument
 Banner Awning Other

(5) Sign Height

(6) Linear Bldg. Frontage	_____	0
(7) Maximum Allowed s.f.	_____	0
(8) Current Signage (s.f.)	_____	0
(9) Requested Signage(s.f.)	_____	0
(10) Total Signage (s.f.)	_____	0
(11) Sq.Ft.Remaining for Site	_____	0
Total Valuation	_____	

Description of Work/Comments:

(13) Building Fees (Based on valuation)	SUM
a. Permit Fee (Minimum Fee \$84.00)-----	0.00
b. 12% State Surcharge (Permit Fee x .12)-----	0.00
Enter total of fees above -----	0.00
(14) Plan Review Fees	
a. Plan Review Fees (Required when a foundation is needed)	0.00
(15) Planning Fees	
a. 0 - 25 sq ft. \$50.00	0.00
b. 25 + sq. ft. \$100.00	0.00
(16) Fees Paid In Advance	0.00
GRAND TOTAL -----	\$0.00

APPLICANT'S SIGNATURE: APPLICANT'S NAME (please print):	FOR INSPECTIONS CALL 503-738-7100
	DATE SIGNED: