



Building Permit Application

City of Portland

1900 SW 4th, Ste 5000, PO Box 8120, Portland, OR 97201
 Phone: (503) 823-7310
 TDD: (503) 823-6868, Website: www.opdr.ci.portland.or.us

OFFICE USE ONLY

Date received:	Permit no.:
By:	

TYPE OF PERMIT

- 1 & 2 family dwelling or accessory
 Commercial/industrial
 Multi-family
 New construction
 Demolition
 Addition/alteration/replacement
 Tenant improvement
 Fire sprinkler/alarm
 Other: Site development

JOB SITE INFORMATION

Job address: <u>Smith and Bybee Lakes Wildlife Area</u>		Bldg. no.:	Suite no.:
Lot:	Block:	Subdivision:	Tax map/tax lot/account no.:
Project name: <u>Smith and Bybee Lakes Water Control Structure</u>			
Description and location of work on premises/special conditions: <u>Replace existing dam and decrepit structure with new water control structure.</u>			

OWNER

Name: <u>Metro</u>			
Mailing address: <u>600 NE Grand Ave.</u>			
City: <u>Portland</u>	State: <u>OR</u>	ZIP: <u>97232</u>	
Phone: <u>503-797-1515</u>	Fax: <u>797-1849</u>	E-mail: <u>stewart@</u>	
Owner's representative: <u>Elaine Stewart</u> metro.dst.or.us			
Phone: <u>same</u>	Fax: <u>same</u>	E-mail: <u>same</u>	

FOR SPECIAL INFORMATION, USE CHECKLIST (Floodplain, septic capacity, solar, etc.)

1 & 2 family dwelling:	
Valuation of work	\$ _____
No. of bedrooms/baths	_____
Total number of floors	_____
New dwelling area (sq. ft.)	_____
Garage/carport area (sq. ft.)	_____
Covered porch area (sq. ft.)	_____
Deck area (sq. ft.)	_____
Other structure area (sq. ft.)	_____
Commercial/industrial/multi-family:	
Valuation of work	\$ _____
Existing bldg. area (sq. ft.)	_____
New bldg. area (sq. ft.)	_____
Number of stories	_____
Type of construction	_____
Occupancy group(s):	Existing: _____ New: _____

APPLICANT

Name: <u>Metro</u>			
Mailing address: <u>see above</u>			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	

CONTRACTOR

Business name: <u>Ducks Unlimited (construction mgr)</u>			
Address: <u>1101 SE Tech Center Dr, Suite 115</u>			
City: <u>Vancouver</u>	State: <u>WA</u>	ZIP: <u>98683</u>	
Phone: <u>360-885-2011</u>	Fax: <u>885-2088</u>	E-mail:	
CCB no.: <u>TBD - when contractor hired</u>			
City/metro lic. no.: <u>TBD</u>			

Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed. If the applicant is exempt from licensing, the following reason applies:

ARCHITECT/DESIGNER

Name: <u>Ducks Unlimited</u>			
Address: <u>see above</u>			
City:	State:	ZIP:	
Contact person: <u>Gus Williams</u>	Plan no.:		
Phone: <u>885-2011</u>	Fax: <u>885-2088</u>	E-mail:	

ENGINEER

Name: <u>Gus Williams</u>		Contact person:	
Address: <u>Ducks Unlimited; see above</u>			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	

OFFICE USE ONLY

Fees due upon application	\$ _____
Date received: _____	
Amount received	\$ _____
<i>Please refer to fee schedule.</i>	

I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.

Authorized signature: Elaine M. Stewart 6-16-04
 Print name: ELAINE M. STEWART

