



DEPARTMENT OF COMMUNITY DEVELOPMENT
94235 MOORE STREET SUITE 113 • GOLD BEACH, OREGON 97444
Phone (541) 247-3226 FAX (541) 247-4579

REQUEST FOR RE-ROOF PERMIT

Date: _____ Permit # _____

Contractor Name: _____

Phone: _____ CCB # _____

Job Site Address:

Owner/Business: _____

Estimated Cost: \$ _____ Number of squares: _____

TYPE OF WORK/DESCRIPTION: Flat or Pitch, Material type(s), etc.

TYPE OF STRUCTURE:

Residential _____ Commercial _____

The undersigned agrees to:

- 1) Provide manufacturer's specifications and installation instructions of materials to be used prior to start.
- 2) **Request inspections of:**
 - a. Existing roof decking/sheathing
 - b. New decking/sheathing and nailing prior to covering.
 - c. Other _____
 - d. Final

BUILDING PERMIT APPLICATION

CURRY COUNTY – GOLD BEACH – PORT ORFORD

DEPARTMENT USE ONLY	
Permit No:	
Office:	
By:	Issue Date:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: : ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	

Authorized signature:

Print name:	Date:
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DEPT. USE ONLY	
1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
State surcharge (12% of permit fee)	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Curry County Department of Community Development
94235 Moore St. Suite 113
Gold Beach, OR 97444
Phone: 541-247-3304
Fax: 541-247-4579
e-mail: buildingpermits@co.curry.or.us



DECLARATION OF VALUE

The value of a building project is the total actual construction cost for all classes of work. An accurate estimate of value must include all costs for architectural, structural, electrical, plumbing, heating, and ventilation devices and equipment, and the contractor's profit – even if he or she has a financial interest in the project.

I hereby certify the estimated value of the construction project described herein to have been prepared consistent with the above description, and declare it to be

\$ _____.

I understand that the Building Division is not bound by this estimate for establishing permit fees.

Project Identification:

Type of Structure _____

Township _____ Range _____ Section _____ Tax Lot _____

Street Address _____

Owner Name _____

Signature of Declarant _____

Please Check One:

Owner

Builder

Representative with Written Authorization

AVAILIBLTY OF POWER - ELECTRIC COORDINATION



1. THE SUBJECT PROPERTY IS WITHIN THE SERVICE TERRITORY OF COOS CURRY ELECTRIC AND CAN BE PROVIDED ELECTRIC POWER ONCE THE ROUTE HAS BEEN DETERMINED, EASEMENTS AND/OR PERMITS OBTAINED, AND ALL FEES PAID.
2. UTILITY NOTIFICATION CENTER SHOULD BE CALLED BEFORE ANY TRENCHING OR EXCAVATION.
3. STRUCTURES ARE NOT ALLOWED UNDERNEATH OR ON TOP OF ANY COOS CURRY FACILITIES.
4. NATIONAL ELECTRIC SAFETY CODE CLEARANCE REQUIREMENTS SHALL BE FOLLOWED

Situs address –

Township

Range

Section

Taxlot (s)

CCEC Representative _____ Date _____

Owner/ Representative _____ Date _____

Mailing Address for all Coos-Curry Electric Co-op offices: P.O. Box 1268, Port Orford OR 97465-1268

Port Orford Office: 43050 Hwy 101 Port Orford OR 97465 · Phone: 541-332-3931 Fax: 541-332-3501

Brookings Office: 815 Railroad St Brookings OR 97415 · Phone: 541-469-2103 Fax: 541-469-3193

Gold Beach Office: 29439 Ellensburg Gold Beach OR 97444 · Phone: 541-247-6638 Fax: 541-247-6630

Coquille Office: 220 S Mill Ave Coquille OR 97423 · Phone: 541-396-3118 Fax: 541-396-3119

www.ccec.coop

After Hours Outage Number 866-352-9044