

520 E. Cascade St. PO Box
39 Sisters, OR 97759
541-549-6022

Community Development and Public Works Building Permit Review

Building Permit #: _____ **City file # (if applicable):** _____

Owner Name: _____ **Phone Number:** _____

Mailing Address: _____ **City:** _____

State: ____ **Zip:** _____ **Email Address:** _____

Contractor/Consultant: _____ **Phone Number:** _____

Mailing Address: _____ **City:** _____

State: ____ **Zip:** _____ **Email Address:** _____

PROJECT DESCRIPTION

Property Address: _____ **Sq. Ft.** _____

Present Use: Commercial ____ Industrial ____ Residential ____ Vacant ____ Other ____

Subdivision: _____ **Lot #:** _____ **Tax Map ID:** T15 R10 S____ **Lot** _____

Brief description:

Applicant Signature

Date

Property Owner Signature (if different)

Date

FOR OFFICE USE ONLY

Date Received: _____ Rec'd By: _____

FOR OFFICE USE ONLY

APPROVAL TO RELEASE FOR BUILDING PLAN REVIEW

CDD Approval: _____ Date: _____ Public Works Approval: _____ Date: _____

Notes:

Notes:

SDC = Water: \$ _____ Sewer: \$ _____ Parks: \$ _____ Transportation: \$ _____

Total SDC due at permit issuance: \$ _____

APPROVAL TO ISSUE PERMIT

CDD Approval: _____ Date: _____ Public Works Approval: _____ Date: _____

Notes:

Notes:

SDC amount paid: \$ _____ Receipt #: _____ Rec'd By: _____

APPROVAL TO ISSUE CERTIFICATE OF OCCUPANCY

CDD Approval: _____ Date: _____ Public Works Approval: _____ Date: _____

Notes:

Notes: