



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

Version: 07/01/16

Community Development and Public Works Building Permit Review

Building Permit #: 247 - 16 - 0000 -DWL or STR 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 S03 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: