



Fire Prevention Permit Application

City of Wood Village

2055 NE 238th Dr., Wood Village OR 97060

Permit Specialist 503.489.6861 or 503.489.6859

Application No.	Permit No.
Date Received	Date Issued
Received By	Issued By
Receipt No.	Receipt No.

Inspection requests: Phone: 503.489.6860 Fax: 503.669.8723 E-mail: city@ci.wood-village.or.us

TYPE OF WORK		Permit fees are based on the value of the work performed.	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/remodel	Indicate the value of all equipment, materials, labor, overhead, and profit for the work indicated on this application. Valuation \$_____	
CATEGORY OF CONSTRUCTION			
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial/Industrial		
JOB SITE INFORMATION AND LOCATION		SCOPE OF WORK	Check
Job site address:		Fire Detection/Alarm System	<input type="checkbox"/>
Project name:		Fire Sprinkler System	<input type="checkbox"/>
DESCRIPTION OF WORK		Hood & Duct Fire Suppression System	<input type="checkbox"/>
		Paint Booth Fire Suppression System	<input type="checkbox"/>
		Flammable/Combustible Liquid Storage Tanks	<input type="checkbox"/>
CONTRACTOR		Other- Describe	<input type="checkbox"/>
Business name:		DEPARTMENT APPROVAL	
Contractor Contact:		Building Dept (sign/date):	
Contact Phone:		Fire (sign/date):	
Address:			
City:		PERMIT FEES	
State:			
Zip:			
Phone:	Fax:	Permit Fee	\$
CCB License no.:	City or Metro License No.:	12% State Surcharge Fee	\$
Authorized signature:		65% Plan Review Fee	\$
Print name:	Date:	Deposit	\$
This permit application expires if a permit is not obtained within 180-days after it has been accepted as complete. Permits are non-transferable and expire 180-days from issuance or last inspection.		Total Due	\$
Submit three (3) sets of plans for review			