



LANE COUNTY PUBLIC WORKS

Building/Sanitation Permit Application



LAND MANAGEMENT DIVISION 125 E 8th AVENUE, EUGENE OR 97401

BUILDING PROGRAM: (541) 682-4651 | SANITATION PROGRAM: (541) 682-3754 | DIVISION FAX: (541) 682-3947

Please complete all information listed below. (Incomplete requests will be rejected.)

e-pay: You may pay for your permit on-line and have your plans mailed to you or come pick up. The person designated below will be contacted by email when the permit has been approved. Check the boxes in front of the email address for notification.

Owner of Property Phone

Owner Address Zip

email Address:

Your Name (The person signing this form) Phone

Your Address Zip

email Address:

Contractor/Installer/Builder Name CCB License # Phone

email Address:

Please indicate all other structures that now exist on the property:

- None, House/Mobile Home, Garage/Shed/Storage, Barn, Industrial Building(s), Commercial Bldg, Religious Building, Public Building, Other, please describe on line below:

Please describe if/how water and sanitary services will be provided.

WATER

- none / not applicable, well, water district*

District Name: *Proof of service may be required prior to building permit issuance.

SEPTIC INSTALLED

- Yes, No, BP/SP#, SI#

Proposed work and use:

Valuation of proposed work:

MAP/PARCEL NUMBER:

(Found on tax maps in the Assessment & Taxation Dept.)

Township Range Section 1/4 Section Tax lot

Applications made w/in the last 30 days:

Planning fees will be determined on the content of this line.

Mail Permit To:

Name

Address

City/State Zip

Site Address:

For Mobile Home Placement Only:

Brand: Year:

Size (W&L): No. of Bedrooms:

License # (Starts with either X or L):

(If pre-owned, provide copy of ownership document from Manufactured Structures Desk, located across the hall from Land Management)

Distance in feet from MH to: Water: Septic/Sewer:

Directions to site from nearest major intersection:

By signing this form the applicant authorizes the applicable programs to review this application and assess fees as determined by Lane Code. An application is not considered complete until all Lane County programs and applicable state divisions have reviewed the submittal and determined that the requisite information has been provided. The applicant acknowledges that false information submitted is grounds to deny the application.

I hereby certify that: 1) the foregoing statements and other information attached hereto are true and accurate to the best of my knowledge and belief; 2) I understand that fees paid in association with this application may not be refunded even if a permit is not ultimately issued for the project; 3) I have the following legal interest in the property: owner of record, authorized agent of the owner and 4) the owner of record is knowledgeable of this application if I am not the owner.

Owner Signature (If authorized agent, sign here and provide owner statement of authorization) Date:

Address:

LMD staff can NOT be held responsible for evaluations based on false, inaccurate or incomplete information.