



CITY OF MANZANITA

655 Manzanita Avenue – Manzanita Oregon 97130

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STRUCTURAL PERMIT APPLICATION

Applicant:	STAFF USE ONLY				
Name:	547- - -				
Mailing Address:					
Phone:					
Email:					
Signature:					
Property Owner:					
Same as applicant? Yes No					
Name:					
Mailing Address:					
Phone:					
Email:					
Contractor Information:					
Name:					
Mailing Address:					
Phone:					
Email:					
CCB#:	City Business License #:				
Property Information:					
Address:					
Map & Tax Lot(s):					
Zone:	Urban Growth				
Valuation:					
Residential:	Commercial:	Fire & Life Safety:			
Job description:					
Occupancy:					
Construction type:					
Existing:	New:	Garage:	Decks:	Patios:	
Type of work:	New	Alteration	Addition	Demolition	Repair
Total job valuation:					