



CITY OF TALENT • COMMUNITY DEVELOPMENT

PO Box 445, Talent, Oregon 97540
 Phone: (541) 535-7401 Fax: (541) 535-7423 www.cityoftalent.org

BUILDING CONSTRUCTION REVIEW

This is an application form for BUILDING CONSTRUCTION REVIEW. It is **not** a building permit or permission to construct. The purpose of this permit is to assure compliance with development regulations.

Property Owner	Mailing Address (include city, zip)	Phone
Street Address or Property Location	Email Address	
Applicant/Consultant (if not owner)	Mailing Address (including city, zip)	Phone

Assessor's Map Number (Township, Range, Section, Quarter Section)	Tax Lot Number	Acres	Zone
38-1W-			
38-1W-			

Use Type (circle one):	Commercial	Residential: SFR / duplex / multifamily / manufactured home		
Building Coverage	please provide the total exterior square footage for each structure (as applicable)			
Primary Structure:	Garage: (if separate)	Covered Decks/Patios:	TOTAL:	
Total amount of impervious surface:	Site Plan submitted?			Yes No

Is there TID, a well, or irrigation on the property?	Yes No	Are there any of the following environmental features? Please provide details on site plan		
Is there septic on the property?	Yes No	Trees greater than 1.5 inches diameter at breast height	Yes No	
Does the Contractor have a current City of Talent Business License?	Yes No	Wetland (stormwater protection plan required)	Yes No	
Will you bring in more than two (2) cubic yards of fill?	Yes No	Floodplain (stormwater protection plan required)	Yes No	
Temporary storage of materials in ROW? (if yes, ROW Construction Permit Required)	Yes No	Streams (stormwater protection plan required)	Yes No	
Changes made to adjacent street curbs or driveway apron (if existing)?	Yes No	Other (specify):		
New sidewalk?	Yes No	Is there a parkrow (planting strip) along the street frontage(s)?	Yes No	

I hereby certify that the statements and information contained in this application, including the enclosed drawings and the required findings of fact, are in all respects, true and correct. Further, I understand that issuance of a permit based on this application will not excuse me from complying with effective codes, ordinances and resolutions of the City of Talent and the statutes of the State of Oregon, despite any errors on the part of the issuing authority in reviewing the application.

Applicant's Signature: _____ **Date:** _____

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.

The City of Talent is an Equal Opportunity Provide

THIS SIDE FOR OFFICE USE ONLY

Bldg. coverage: bldg. footprint: ÷ Lot size: = coverage:

Conditions of Approval

Staff Checklist & Notes

Elevation certificate required	Yes	No	n/a	<input type="checkbox"/> Drainage (PW/ENG)
Backflow prevention assembly required	Yes	No	n/a	<input type="checkbox"/> Service connection locations (PW/ENG)
Easement/Encroachment Permit required	Yes	No	n/a	<input type="checkbox"/> Sidewalk location
Non-Remonstrance agreement required	Yes	No	n/a	<input type="checkbox"/> Setbacks
ROW Construction Permit required	Yes	No	n/a	<input type="checkbox"/> Building Height
Front yard landscaping <i>prior to CofO</i>	Yes	No	n/a	<input type="checkbox"/> Lot Coverage
Street trees required (<i>one per 30 ft.</i>)	Yes	No	n/a	<input type="checkbox"/> Fences/Walls (not required)
If double-frontage, Transition Buffer required	Yes	No	n/a	<input type="checkbox"/> Access Point(s)

Corrections Required

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Further Conditions of Approval

This permit expires after six months if building plans have not been submitted

I have read and understand the above corrections and/or conditions of approval and agree to comply with them. I understand that non-compliance with the conditions of approval or conditions in the approved land use permit may delay a certificate of occupancy. Further, I acknowledge that occupancy of a structure is prohibited without a certificate of occupancy issued by the Building Official and that a violation of occupancy is subject to the provisions of Section 8-3J.162.

Applicant's Signature: _____ **Date:** _____

<i>FOR OFFICE USE ONLY</i>			
Date Approved:	Community Development Approval:	Public Works/Engineering Review:	File Number: