

Fire Protection Permit Application

Gresham/East Multnomah County

1333 NW Eastman Parkway Gresham, OR 97030

Phone: 503-618-2845 Fax: 503-618-2224

www.GreshamOregon.gov

FOR OFFICE USE ONLY	
Application #:	

TYPE OF WORK	
<input type="checkbox"/> Automatic Fire Sprinkler	
<input type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Other Fire Suppression (Hood, Duct, etc.)	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2-Family Dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family (Apts. & Condos)	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job Site Address:	
Suite #:	Bldg./Apt.#:
Project Name:	
Subdivision:	Lot #:
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Name:	
Address:	
City/State/Zip:	
Phone:	Email:
CONTRACTOR	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Cell:
*CCB Lic. #:	

REQUIRED DATA: DWELLING	
Square Feet:	
REQUIRED DATA: COMMERCIAL	
Note: Permit fees are based on the total value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and profit for the work indicated on this application.	
Valuation: \$	
PERMIT FEES (OFFICE USE ONLY)	
Permit Fee	\$
Fire/Life/Safety	\$
State Surcharge (12% of Permit Fee)	\$
Total Fee	\$

*Permit will not be processed without valid CCB#

Authorized Signature: _____

Print Signer's Name: _____

Date: _____