

City of Carlton

BUILDING COMPLIANCE APPLICATION

Site Address:						
Property Owner Name:				Email:		
Mailing Address:				_ Phone:		
Applicant/Contractor Name	9:					
Mailing Address:				Phone:		
E-Mail Address:				Fax:		
Description Of Project:						
TYPE OF CONSTRUCTION:	□ Building	□ Plumbing	🗆 Mechanie	cal 🗆 Demolitio	on 🗆 Manuf. Hor	me Placement
Applicant shall prepare, and s applicable requirements of the					n drawn to scale sł	nowing how all
I hereby certify that the a application will not excuse despite any errors on the pa	ne from comp	lying with effe	ctive ordinar	ices of the City of s application.		
SIGNATURE				$\stackrel{\text{DATE}}{=} = =$		
		FOR OFFI	CIAL USE O	<u>NLY</u>		
TAX LOT:		ZONING:	SE'	ГВАСКЅ:(front)(back	x)(side)
SPECIAL CONDITIONS:						
	Require	d	Paid			
WATER HOOK-UP	YES D NO		ES 🗆 NO 🗆		APPLICATION	FEE - \$100
SEWER HOOK-UP			ES 🗆 NO 🗆		Required	
OTHER FEES The above request:	YES□ NO		ES 🗆 NO 🗆		Paid	
is in conformance wi	th the compr	ehensive plan a	and zoning o	rdinances.		
is not in conformanc					ission action:	
	e from plan or					
		t				
Approv						
Other						

Applicant _____May _____May not apply for a building permit

Approved by: _____

Date: _____

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THIS PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUANCE

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SUBMIT FORM FOR APPROVAL TO – City of Carlton 191 E Main St – Carlton, OR 97111 503-852-7575/Fax 503-852-7761

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