



**Linn County**  
 PO Box 100 Rm 114  
 300 SW 4th ST Rm 114 Albany, OR  
 97321  
 Phone: 541-967-3816  
 Web: co.linn.or.us  
 Email: planoffice@co.linn.or.us

<b>APPLICATION FOR DECOMMISSION PERMIT</b>	<b><u>DEPARTMENT USE ONLY</u></b>	
	Permit #:	
	By:	Date:

*This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

JOB SITE INFORMATION	OWNER INFORMATION	
Address:	<i>I am the property owner doing my own work (initial):</i> _____	
City:	Owner Name:	
Parcel #:	Mailing address:	
Planning Approval: Yes No Conditions: Yes No	City/State/ZIP:	
Is property in a flood plain : Yes No	Phone:	Cell:
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No City:	Email:	

Removal of plumbing:	Removal of 240 volt plugs and wires:	Special Inspection date:
Kitchen                  Bathroom	-	

**(1) Job description:**


<b>(2) Building Fees</b>		Contractor:	
(a) Minimum Permit fee:	\$150.00	Address:	
(b) Additional hours:		City/State/ZIP:	
(c) 12% surcharge		Phone:	
		Email:	
		BCD license:	
		CCB license:	
<b>Subtotal of fees above:</b>			
<b>(4) Miscellaneous Fees</b>			
<b>Total Due:</b>			

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Applicant name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Signature:	Date:

Planning conditions	

Fire department conditions	

EH Conditions	

Roads Dept. Conditions	