



Department of Public Works

Plan Check No. _____

Fee _____

3/4% of Improvement Cost

Time (\$___/hr) & Material

Billing Number _____

**MAJOR CONSTRUCTION PLAN CHECK
PURSUANT TO MARION COUNTY ORDINANCE 671**

DEVELOPER:

OWNER(S) OF PROPERTY:

Name Phone

Name Phone

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

ENGINEER:

Name Phone

Mailing Address

City, State, Zip Code

Description and Location of Improvements (Address, Property Description, Accessor's Number or Subdivision Name):

I have submitted two sets of plans for the above described improvements and hereby make application for a plan check.

Signature (Indicate: Owner, Developer or Engineer)

Approved by _____ Date _____ Expiration Date _____

(24 months after approval)

Special conditions attached hereto: Yes No

A CONSTRUCTION PERMIT IS REQUIRED PRIOR TO THE START OF CONSTRUCTION.

Visit us at <http://publicworks.co.marion.or.us/>