



**BUILDING PERMIT REQUEST**  
 Columbia County Building Department  
 230 Strand Street  
 St. Helens, OR 97051  
 Ph. 503-397-1501  
 www.columbiacountyor.gov

Date Received: \_\_\_\_\_

For Office Use Only

PERMIT INFORMATION	
Permit No. _____	Date of permit application: _____
Job Address: _____	
Date of expiration: _____	
REASON FOR REQUEST	
Please indicate your request below (please check one):	
<input type="checkbox"/> Withdrawal <input type="checkbox"/> Extension <input type="checkbox"/> Re-Activation	
Please explain below:	
_____	
_____	
_____	
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_____	
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_____	
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_____	
_____	
_____	
APPLICANT/OWNER/AGENT	
Company Name: _____	
Contact Name: _____	
Phone: _____	
E-mail: _____	
Applicant's Signature: _____	
Printed Name: _____	Date: _____

NOTICE
<b>It is at the sole discretion of the Building Official to extend or re-activate permits.</b>
Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work commenced. The building official is authorized to grant, in writing one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.
FEE
Fee Assessed in the amount of: \$ _____
DEPARTMENT USE ONLY
<input type="checkbox"/> Approved
New Expiration Date: _____
Approved by: _____
Date: _____
<input type="checkbox"/> Denied
Reason for Denial: _____ _____
Denied by: _____
Date: _____