



**City of The Dalles**  
**Community Development Department**  
 313 Court Street  
 The Dalles, OR 97058  
 (541) 296-5481, ext. 1125  
 www.thedalles.org

Application #: \_\_\_\_\_  
 Filing Fee: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Deemed Complete: \_\_\_\_\_  
 Ready to Issue: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**Office Hours -**

Monday through Friday: 8:00 am - 5:00 pm

## Land Use Application

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Building Permit          | <input type="checkbox"/> Demolition                  | <input type="checkbox"/> Physical Constraints | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Property Line Adjustment | <input type="checkbox"/> Minor Partition / Tract Map | <input type="checkbox"/> Adjustment           | <input type="checkbox"/> Fence         |

**Applicant**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Legal Owner (if different than Applicant)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Property Information**

Address: \_\_\_\_\_ Map and Tax Lot: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Department Use Only**

City Limits: Yes / No Zone: \_\_\_\_\_ Overlay: \_\_\_\_\_  
 Geohazard Zone: \_\_\_\_\_ Flood Designation: \_\_\_\_\_  
 Historic Structure: Yes / No Current Use: \_\_\_\_\_  
 Previous Planning Actions: \_\_\_\_\_

Erosion Control Issues? Access Issues? Utilities and Public Improvements? Items Needing Attention?  
 \_\_\_\_\_  
 \_\_\_\_\_

Ministerial     Administrative     PC / URA / HLC / CC | Hearing Date: \_\_\_\_\_

# Application Policy

I certify that I am the applicant or owner identified below. I acknowledge that the final approval by the City of The Dalles, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property. I understand that if the property is owned in part or totality by a trust, partnership, corporation or LLC, I will be required to present legal documentation listing all persons that make-up the entity, as well as proof of my authorization to act on the entity's behalf. I consent and hereby authorize City representative(s) to enter upon my property for any purpose of examination or inspection related to this application. I certify that all information provided is true and correct, and consent to the filing of the application, authorized by my original signature below.

*If the undersigned is different from the legal property owner, a notarized letter of authorization signed by the legal property owner must accompany this form.*

Signature of Applicant



Date

Signature of Property Owner



10/14/2024

Date

# Additional Information

## Department Comments

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## Conditions of Approval

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# Decision

Approved

Denied

Community Development Department

Public Works

Date

Date

# Building Permit Application

#: \_\_\_\_\_

- New Construction     Remodel / Addition     Manufactured Home     Accessory Structure

Brief Explanation: \_\_\_\_\_

## INFORMATION REQUIRED

- 1 and 2 Family Residential Development: Scaled plot plan indicating property boundaries, setbacks, building location(s) with orientation(s), garage/carport/parking location and surface material, height of structures, street address, known utility locations, and landscaping detail (section 6.010.020).
- All other development approved through a development review process: a final site plan including construction and landscape detail addressing all conditions of approval.
- Completed Physical Constraints Form (Flood Plain, Cut/Fill, or Geohazard Issues), if applicable
- Completed System Development Charges (SDC) form, if applicable
- Neighbor Compatibility Review (photographs of surrounding buildings, building finish materials, fencing details, material brochures/specs, etc.)
- Completed Design Standards Checklist (below) *All 1 and 2 family dwelling units located on a single tax lot shall utilize six (6) or more of the following design features to provide relief along the front of the residence(s). The RM zone is exempt from this requirement.*

Check all that apply (minimum of 6):

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Attached garage or carport (1 per dwelling) | <input type="checkbox"/> 6. Eaves, minimum 12" projection; front, rear, and sides   |
| N/A <input type="checkbox"/> 2. Roof pitch 4/12 or greater              | <input type="checkbox"/> 7. Bay or bow windows                                      |
| <input type="checkbox"/> 3. Commercially available siding               | <input type="checkbox"/> 8. Exterior window sills; front, rear, and sides           |
| <input type="checkbox"/> 4. Covered porch entry                         | <input type="checkbox"/> 9. Gable in addition to the primary roof pitch             |
| <input type="checkbox"/> 5. Recessed entry                              | <input type="checkbox"/> 10. Other features subject to the approval of the Director |

- Manufactured Dwellings are subject to the provisions of The Dalles Municipal Code Section 6.120.

**Orientation: The front building line, which includes the front door, must be parallel to the street.**

Signature of Applicant



8.27.2024

Signature of Property Owner

Date

Date

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**APPLICATION FOR STRUCTURAL PERMIT**



Building Codes Services  
 2705 E 2nd Street  
 The Dalles, OR 97058  
 Phone: 541-506-2650 ▪ Fax: 541-506-2651  
 Email: [buildingcodes@co.wasco.or.us](mailto:buildingcodes@co.wasco.or.us) ▪ [www.co.wasco.or.us](http://www.co.wasco.or.us)

**DEPARTMENT USE ONLY**

Permit #: \_\_\_\_\_  
 County: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

*This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

**CONSTRUCTION CATEGORY:**  Residential  Government  Commercial

JOB SITE INFORMATION	OWNER INFORMATION
Address:	<i>I am the property owner doing my own work (INT):</i> _____
City:	Name:
Directions to inspection site:	Mailing address:
	City/State/ZIP:
	Phone: <span style="float:right">Mobile:</span>
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:

LOCAL GOVERNMENT APPROVALS		
Zoning	Flood Plain Review	Sanitation
Application #:	<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	Signature:	Signature:
Signature:	Jurisdiction:	Jurisdiction:
Jurisdiction:		Date: <span style="float:right">Tax lot#:</span>
Date: <span style="float:right">Tax lot#:</span>		

VALUATION INFORMATION
Job description:
Occupancy:
Construction type:
Square feet:
Cost per square feet:
New/Alteration/Addition: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition
Is this a foundation ONLY permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a plan review ONLY? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total valuation:

Contractor name:	<b>Building Fees</b>
Mailing Address:	Permit fee
City/State/ZIP:	12% surcharge
Phone:	<b>Plan Review</b>
Email:	Plan review (permit fee x 0.65)
Contractor CCB license #:	Fire and Life Safety (permit fee x 0.40)
BCD license #:	<b>Subtotal:</b> (add up above fees)

*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. I have read and do understand the attached "Information Notice to Property Owners About Construction Responsibilities."*

<b>Miscellaneous Fees</b>
Seismic review (permit fee x 0.01)
Re-inspection fee - \$78.00 each
Investigation fee – actual cost
<b>GRAND TOTAL</b> (fees and surcharges)

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

PAYMENT OPTIONS
<b>If paying by credit card, please provide best contact number below.</b>
_____
Payment can also be made online once permit is created. In most cases, a link to the ePermitting payment portal will be sent to the email on file. If you do not receive this link, please visit <a href="http://www.buildingpermits.oregon.gov">www.buildingpermits.oregon.gov</a> and search for your address or permit number.
<b>Make check or money order payable to Wasco County. DO NOT SEND CASH.</b>

## STRUCTURAL PERMIT FEES – State Permit Fees Adopted for State of Oregon Jurisdictions

The 12% surcharge is not included in any of the fees below



Building Codes Services  
 2705 E 2nd Street  
 The Dalles, OR 97058  
 Phone: 541-506-2650 ▪ Fax: 541-506-2651  
 Email: [buildingcodes@co.wasco.or.us](mailto:buildingcodes@co.wasco.or.us) ▪ [www.co.wasco.or.us](http://www.co.wasco.or.us)

TOTAL VALUATION	FEE
\$1.00 – \$2000.00	\$60.00
\$2001.00 – \$25,000.00	\$60.00 for the first \$2,000.00 plus \$9.40 for each additional \$1,000.00 or fraction thereof, to and including \$25,000.00
\$25,001.00 – \$50,000.00	\$276.20 for the first \$25,000.00 plus \$7.00 for each additional \$1,000.00 or fraction thereof, to and including \$50,000.00
\$50,001.00 – \$100,000.00	\$451.20 for the first \$50,000.00 plus \$4.70 for each additional \$1,000.00 or fraction thereof, to and including \$100,000.00
\$100,001.00 and up	\$686.20 for the first \$100,000.00 plus \$3.90 for each additional \$1,000.00 or fraction thereof.
OTHER INSPECTIONS AND FEES	
Residential Fire Sprinkler 13R (standalone/closed system) – <i>fee includes plan review (13D multipurpose/continuous loop requires Plumbing)</i>	
0 to 2000 sq. ft. area covered	\$98.00
2001 to 3600 sq. ft. area covered	\$103.50
3601 to 7200 sq. ft. area covered	\$139.75
7201 sq. ft. and greater	\$186.25
Prescriptive solar photovoltaic system – <i>fee includes plan review</i>	\$160.00
Non-Prescriptive solar photovoltaic system – <i>requires plan review</i>	Use Structural Permit Fee table above
Phased plan review - \$60.00 application fee plus 10% of the total project building permit fee not to exceed \$1500.00 for each phase ( <i>is in addition to standard structural plan review</i> )	
Deferred plan review - 65% of the building permit fee calculated using the deferred portion valuation with a \$156.00 minimum ( <i>is in addition to standard structural plan review</i> )	
Inspection outside of normal business hours (minimum charge 2 hours)	\$78.00 per hour
Re-inspection fee	\$78.00 per each
Inspections for which no fee is specifically indicated	\$78.00 per hour
Plan review fees	65% of structural permit fee
Fire and Life Safety plan review fees	40% of structural permit fee
Additional plan review required by changes, additions, or revisions to approve plans	\$65.00 per hour Residential \$78.00 per hour Commercial

For SI: 1 square foot = 0.0929 m<sup>2</sup>

# Physical Constraints Form

#: \_\_\_\_\_

**INFORMATION REQUIRED** *(Check the following boxes that apply to this permit)*

- 100 year flood plain boundary
- A1 or A2 Geohazard area
- Natural Drainage Way(s) (identified)
- Slopes greater than 25%, or greater than 20% where utility extensions are required
- Cuts and/or fills greater than 50 cubic yards
- Cuts and/or fills greater than 250 cubic yards (must be engineered)
- Erosive lands, vegetation removal, disturbed top soil at slope of 50% (2:1) or more
- Ground water table less than 10 feet below grade
- Army Corps of Engineers flowage easement
- Developments of one acre or more require DEQ Construction Stormwater Permit 1200-C

**EROSION CONTROL**

*No material shall leave the site due to erosion caused by wind or rain.*

*No material from the site shall be tracked on to a public right-of-way.*

Signature of Applicant

Signature of Property Owner



8.27.2024

Date

Date

**Department Use Only:**

- Site Plan provided determined complete (reference The Dalles Municipal Code [TDMC], Chapter 10.8)
- Other required studies and information determined complete (reference TDMC, Chapter 10.8)
- All certifications and inspections determined complete (reference TDMC, Chapter 10.8)
- All pertinent review criteria met (reference TDMC, Chapter 10.8)

Comments: \_\_\_\_\_

Community Development Department

Public Works

Date

Date

*(This page intentionally left blank.)*

See attached site plans



# Plot Plan

City of The Dalles  
Community Development  
Department

Map, Tax Lot: \_\_\_\_\_

Applicant: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Scale: (select one)

One Inch = 10 Feet

One Inch = 20 Feet

One Inch = ~~50~~<sub>40</sub> Feet

Planning Department Only:

File #: \_\_\_\_\_

Approval Date: \_\_\_\_\_

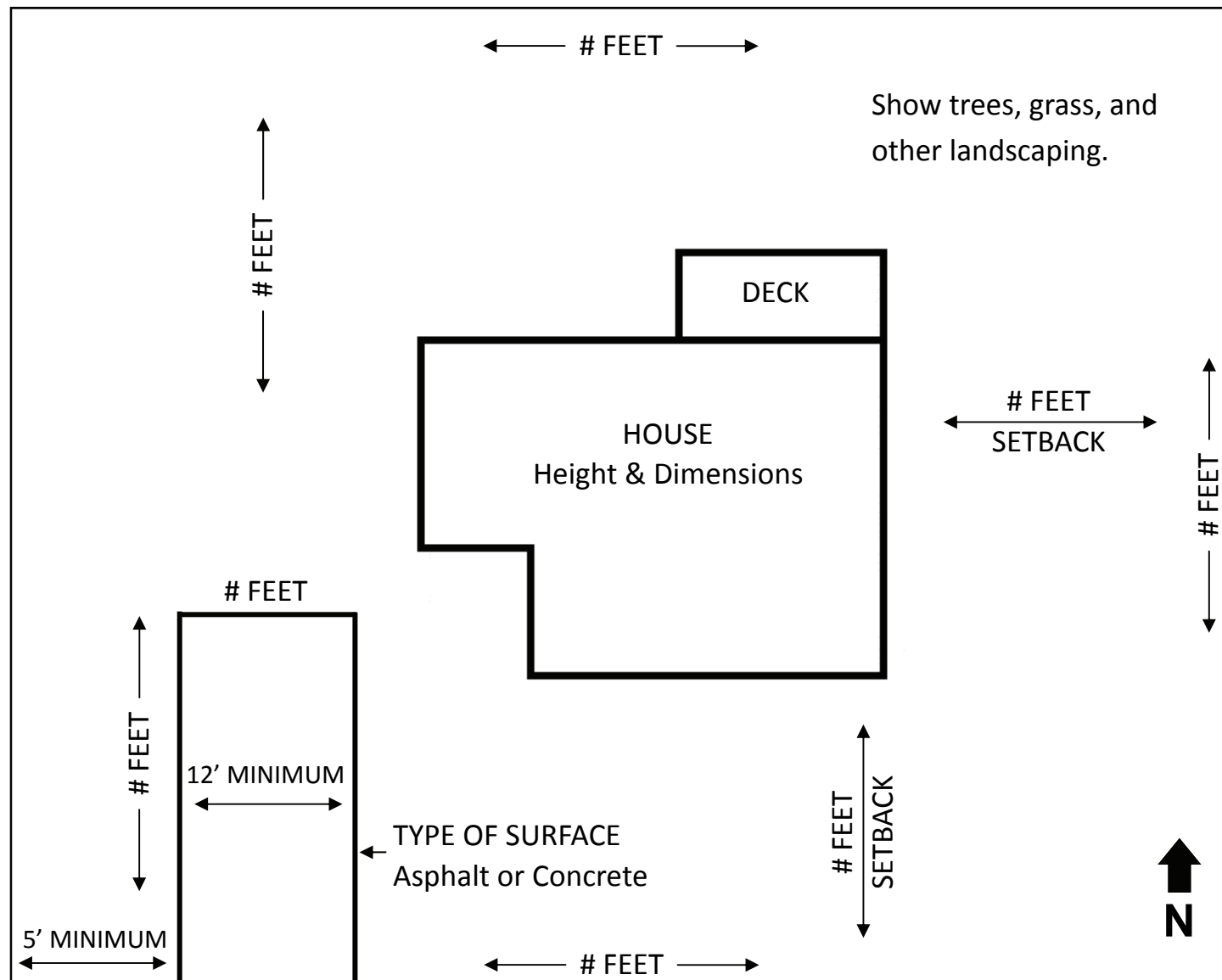
Signature: \_\_\_\_\_



6.010.020 Definition

- A. For the purposes of this Section and this Ordinance, unless otherwise specified, 'landscaping' shall mean a minimum of 40% of the required landscape area be planted with live plant material. Trees on the recommended tree list, which are 2.5 inch caliper 5 feet above the ground at time of planting shall each be considered to cover 250 square feet. Trees smaller than 2.5 inch caliper shall be considered to cover the area under the tree's drip line. Dry landscaping may cover up to 60% of the required landscape area. Dry landscaping shall not include crushed rock, pea gravel, or similar material as determined by the approving authority. Parking areas may require additional landscaping. See Article 10.7.030.040.
- B. Single family dwellings, including manufactured homes, shall landscape the undeveloped portions of the front yard, as defined in this Ordinance, within the first 6 months after occupancy. For purposes of this subsection, landscaping may be live plant material, dry landscaping, or a combination of live plant material and dry landscaping.

**SAMPLE PLOT PLAN**



PLOT PLAN CHECKLIST

All Plot Plans must show:

- Legal Description (Map and Tax Lot Number)
- Applicant and/or Owner name and address
- Scale of site plan (select one)
- Property dimension in feet
- Setback distances to all:
  - Side, front and rear property lines
  - Roadways or easements
  - Waterways, irrigation ditches

ON SITE DEVELOPMENT

- Existing structures with location, size and height
- Proposed structures with location, size and height  
Include all porches, decks, and landings for entrances/exits
- Utilities (proposed and existing)
- Driveway length, width and surface type: asphalt, concrete, or pavers  
Minimum width 12' — Maximum width 24' Residential. Shall not be closer than 5 feet to any property line.

OTHER PLAN VIEWS

- Landscaping Plan (See Article 10.6.010.020 B. and show on plot plan)
- Elevation Drawing (for all buildings over 400 sq. ft.)



**CITY of THE DALLES**

313 COURT STREET  
THE DALLES, OREGON 97058

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(541) 296-5481 ext. 1125  
COMMUNITY DEVELOPMENT DEPARTMENT

**LAND USE APPLICATION - 6409(a) "Spectrum Act"**  
**Exemption Eligible Facilities**

**General Submittal Information:**

**Applicant** (print name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Agent** (print name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ *V. Holt*

**Landowner** (print name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax lot(s) \_\_\_\_\_

**Proposal** (Describe the work that is being proposed)



- Any other significant features of the property; e.g., steep slopes, water bodies, etc.:

## **SPECTRUM ACT ELIGIBILITY REVIEW**

**Equipment specifications:** Provide documentation describing the following:

1. Installation status (e.g., removing, updating, collocating) (See attached plans)
2. Type of equipment involved (description) (See attached plans)
3. Proposed equipment specifications (dimensions and weight) (See attached plans)
4. Tower or base station specification (dimensions prior to collocation) (See attached plans)
5. Tower or base station specifications (design dimensions after proposed to collation)(See attached plans)
6. Equipment mount type (See attached plans)
7. FCC antenna structure registration number (if applicable)
8. Will collocation equipment require lighting? \_\_\_ Yes \_\_\_ No
9. Is the facility proposed on a tower within a public right of way? \_\_\_ Yes \_\_\_ No
10. Has the tower or base station been lawfully permitted by the City of the Dalles?  
\_\_\_ Yes \_\_\_ No
11. If the answer to question 10 is yes, then provide the approved building permit number:  
\_\_\_\_\_

## **ELIGIBILITY REVIEW**

Provide a detailed narrative describing how the proposed modification does not constitute a substantial change as that term is defined by the Federal Communications Commission Ruling (FC14-145). Specifically state how the proposal will or will not trigger the six substantial change thresholds listed below. Where necessary attach additional supporting documentation:

1. For towers other than towers in the public rights-of-way, will the proposal increase the height of the tower by more than 10% or by the height of one additional antenna array with separation from the nearest existing antenna not to exceed twenty feet, whichever is greater? For other eligible support structures, will the proposal increase the height of the structure by more than 10% or more than ten (10) feet, whichever is greater?

2. For towers other than towers in the public rights-of-way will the proposal involve adding an appurtenance to the body of the tower that would protrude from the edge of the tower more than twenty (20) feet, or more than the width of the tower structure at the level of the appurtenance, whichever is greater? For other eligible support structures, will the proposal involve adding an appurtenance to the body of the structure that would protrude from the edge of the structure by more than six feet?
  
3. For any eligible support structure, will the proposal involve the installation of more than the standard number of new equipment cabinets for the technology involved, but not to exceed four cabinets; or, for towers in the public rights-of-way and base stations, will the proposal involve the installation of any new equipment cabinets on the ground if there are no pre-existing ground cabinets associated with the structure, or else will the proposal involve the installation of ground cabinets that are more than 10% larger in height or overall volume than any other ground cabinets associated with the structure?
  
4. Does the proposal entail any excavation or deployment outside of the current site?
  
5. Will the proposal defeat the effect of existing concealment elements? Concealment elements include, but are not limited to, artificial tree branches or painting to match a supporting facade.

6. Will the proposal fail to comply with conditions associated with the siting approval of the construction or modification of the eligible support structure or base station equipment, provided however, that this limitation does not apply to any modification that is a **substantial change** as that term is defined in the October 21, 2014 Federal Communications Commission (FCC) ruling FCC14-153.

## Application Policy

I certify that I am the applicant or owner identified below. I acknowledge that the final approval by the City of The Dalles, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property. I understand that if the property is owned in part or totality by a trust, partnership, corporation or LLC, I will be required to present legal documentation listing all persons that make-up the entity, as well as proof of my authorization to act on the entity's behalf. I consent and hereby authorize City representative(s) to enter upon my property for any purpose of examination or inspection related to this application. I certify that all information provided is true and correct, and consent to the filing of the application, authorized by my original signature below.

*If the undersigned is different from the legal property owner, a notarized letter of authorization signed by the legal property owner must accompany this form.*

Signature of Applicant

  
\_\_\_\_\_ 8.27.2024  
Date

Signature of Property Owner

\_\_\_\_\_  
Date

## Additional Information

Department Comments

**Conditions of Approval**

<b>Decision</b>	Approved	Denied
Community Development Department	Public Works	
_____ Date	_____ Date	