

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

Planning Office -- PO Box 638, Pendleton, Oregon, 97801 -- 541/276-3099

**DEVELOPMENT/BUILDING INSPECTION:
APPLICANT'S NOTICE:**

This permit application includes the land use/zoning and building inspection reviews.

The applicant is responsible for providing all the appropriate information (**site plans, architectural drawings, plans, and elevations**) necessary for the Planning Office to complete an analysis of the request. The applicant shall be responsible for obtaining all other necessary permits prior to final authorization of the application (i.e. water, septic system, roads). If a violation of the Tribal Land Development Code exists on the property, in question, the plan check review may be stopped until all violations are alleviated.

Also, it is the responsibility of the applicant to see to it that the required inspections are made. Failure to notify this office that construction has progressed to a point where inspection is required may necessitate the removal of certain parts of the construction at the owner's expense. At a minimum, the following inspections are required for new construction:

1. **Footing / Foundation** -- when forms and re-bar are in place and prior to placement of concrete for footings. (Blocking for a manufactured home is required to be inspected prior to the installation of skirting.)
2. **Electrical** -- after rough-in, before covering, and final.
3. **Plumbing** -- after rough-in, before covering, and final.
4. **Mechanical** -- rough-in of piping, before covering, metal chimneys before concealment and final.
5. **Under Floor / Under Slab** -- after all inslab or under floor accessories or equipment is in place, and before concrete or floor sheeting is in place.
6. **Framing** -- after all framing, bracing and blocking are in place, prior to concealing, and after all plumbing, mechanical, etc., are installed.
7. **Insulation** -- when insulation is in place with vapor barrier installed.
8. **Drywall / Lath**
9. **Final** -- when complete and prior to occupancy and/or use.

In addition to the above inspections, any plumbing or mechanical systems or materials, which would be concealed by framing, drywall, concrete, etc., must be inspected prior to cover.

**TO INSURE PROMPT SERVICE, PLEASE GIVE 24-HOUR NOTICE.
FOR INSPECTION CALL**

541/276-3099

24-HOUR NOTICE REQUIRED

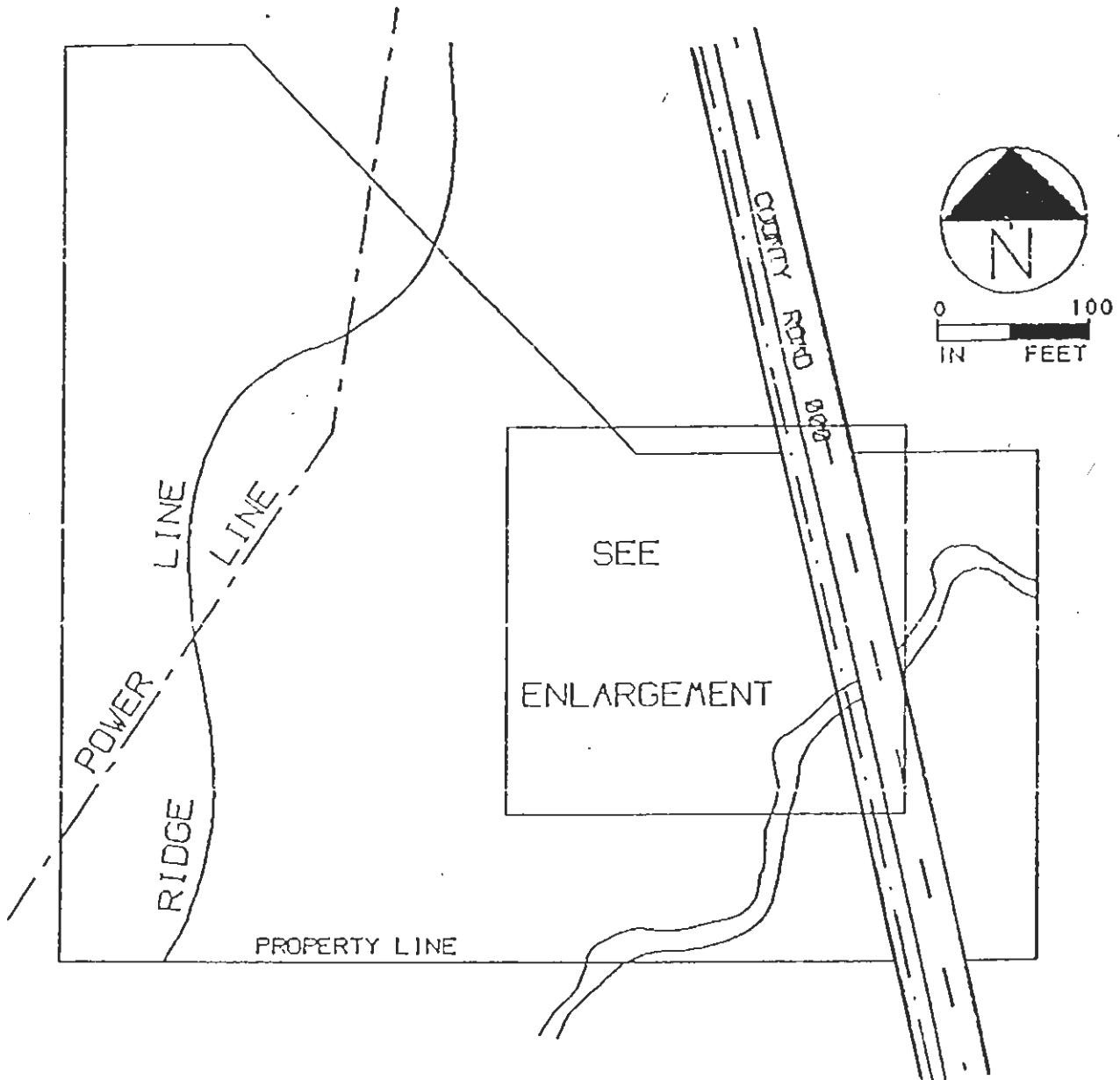
Mon. thru Fri. -- 7:30 a.m. to Noon : 1 p.m. to 4:00 p.m.

When calling for an inspection, we must have the following information:

1. *Permit number;*
2. *Applicant / Owner(s) name;*
3. *Address of the job site;*
4. *Type of inspection requested; and*
5. *Day of the week you wish the inspection.*

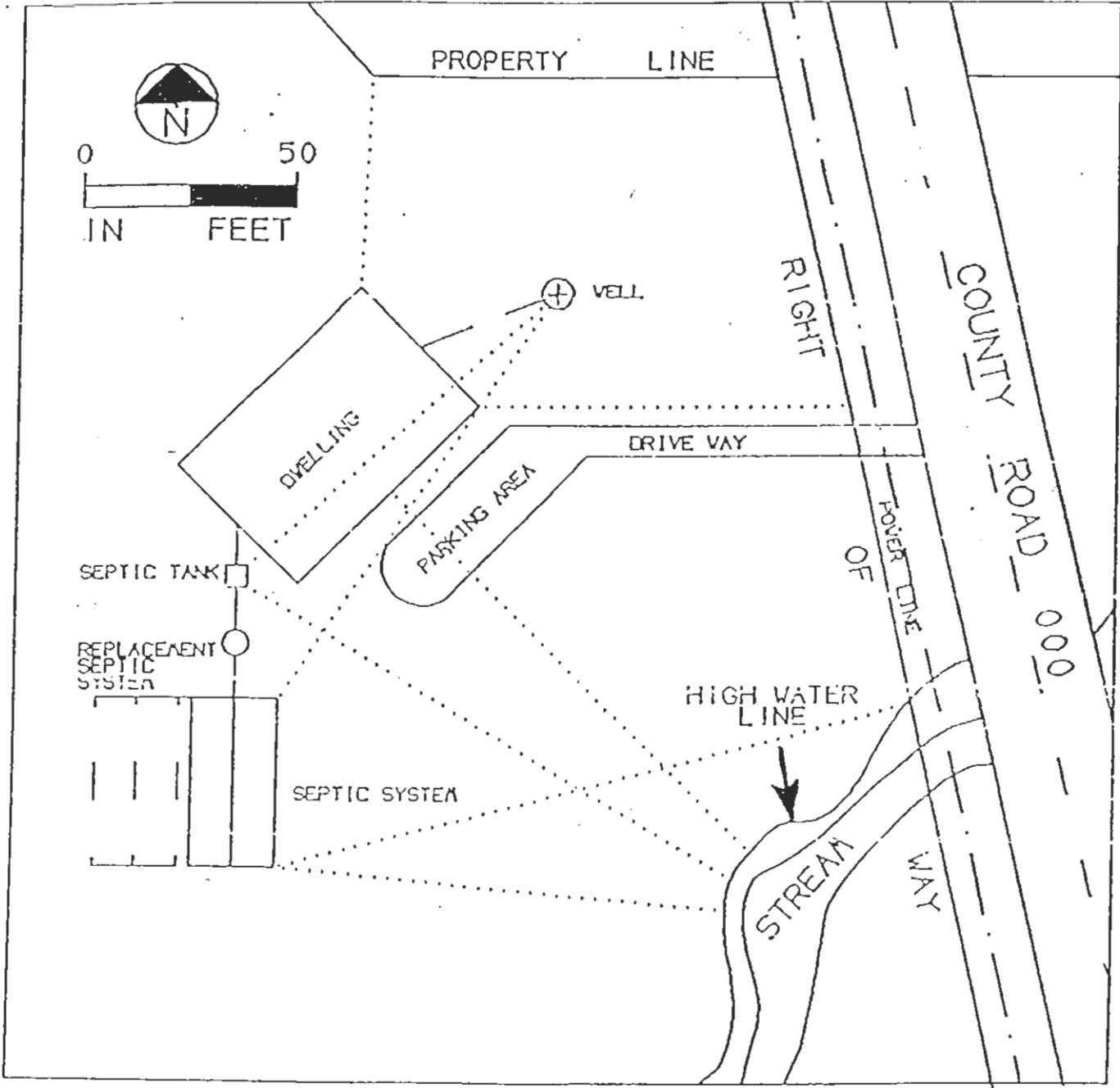
EXAMPLE SITE PLAN

NOTE: PLEASE INCLUDE ON SITE PLAN YOUR NAME, ADDRESS, TAX LOT OR ALLOTMENT NO.,
LEGAL DESCRIPTION OF PROPERTY AND PROPERTY ACREAGE.



ENLARGEMENT MAP

NOTE: DOTTED LINES REPRESENT REQUIRED SEPARATION DISTANCES; CHECK CODE REQUIREMENTS FOR SPECIFICATIONS.



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DEVELOPMENT/BUILDING PERMIT APPLICATION

Please Print

Section A -- General Information:

Applicant's Name: _____
Address: _____ Phone: _____

Lot Owner's Name: _____
Address: _____ Phone: _____
of Allotment Owners: _____ Signed BIA Lease: _____

Contractor's Name: _____
Address: _____ Phone: _____

Section B -- Property Information:

Description: _____, Section _____, Twnp _____ Rng _____
Tax Lot () or Allot. () #: _____ Acreage: _____
Subdivision/Partition: Yes () No () If yes, indicate the name of the subdivision/partition and
the specific Lot and Block #: _____
Planned Unit Development: Yes () No () If yes, indicate the specific name and parcel # _____

URHA Project #: _____ URHA Unit #: _____
Site Address: _____

Legal Access: _____
Directions to Job Site: _____

Section C -- Description of Work and Inspections Requested:

Type of Work: New Construction () Addition () Remodel () Access. Building ()
Electrical () Plumbing () Mechanical () Mobile Home Placement ()
Pre Fab () Other (specify): _____

Occupancy: _____ Construction Type: _____ Total Sq. Ft: _____

Describe the Proposed Request: _____

Section D -- Mobile Home Placement (if applicable):

Make: _____ Dimensions: _____
Year: _____ # of Bedrooms: _____ # of Bathrooms: _____
Is this replacing and existing Mobile/Manufactures Home? _____
Serial #: _____ HUD/State of Oregon Inspection #: _____
Valuation of Mobile Home: _____
Mobile Home park Description (Name & Lot #): _____

Section E -- Plan Review Section:

The applicant is responsible for providing all the appropriate information (site plans, architectural drawings, plans, and elevations) necessary for the Building Inspector to complete an analysis of the request. **The CTUIR reserves the right for a plan review period in order to evaluate and determine the inspection fees.**

Section F -- Note:

This permit will be considered null and void by limitation if the work authorized by the permit is not commenced or is stopped for a period of 180 days, unless a written request for an extension of the permit is received and approved by the building inspector prior to the expiration. At a minimum, an inspection should be requested at least once every 180 days to insure the validity of the permit.

I hereby certify that I understand that by signing this permit application, I am giving the CTUIR Tribal Planning Office the authorization to conduct the necessary inspections needed for evaluating compliance of this application with Tribal laws.

I certify that I have examined this permit and state that the information contained in it and submitted by me or my agent to compile said permit is true and correct. In addition, I have read and understand the NOTICE provisions included herein and agree to comply with same. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any laws regulating construction or the performance of construction on the Umatilla Indian Reservation.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

Date: _____ Applicant: _____
Agent: _____

I am the (Circle One): Owner/owner's authorized representative (If authorized representative, attach letter signed by owner)

TRIBAL PLANNING OFFICE USE ONLY

Date Filed: _____ Received By: _____

PLAN REVIEW CHECKLIST

Land Use Standards (if applicable):

Land Use Zone: _____ Intended Use: _____ Map #: _____

Legal Lot of Record: Yes () No () ; Within the Flood Hazard Subdistrict: Yes () No ()

Current Zoning Violation on Property: Yes () No () ; if yes specify: _____

Findings: _____

Setbacks:	FRONT	BACK	SIDE LEFT	SIDE RIGHT
Required:	_____	_____	_____	_____
Actual:	_____	_____	_____	_____

Conditions (please specify conditions): _____

Reviewed and Approved By: _____ Date: _____

Other Permit Requirements:

All necessary permits shall be obtained with a sign-off, if required for your type of project, **before a permit will be issued!!**

Water Use: Permit # _____ Date Issued: _____

Approved By: _____

Septic System: Permit # _____ Date Issued: _____

Approved By: _____

Tribal Public Works: Permit # _____ Date Issued: _____

Approved By: _____

Road Access: Permit # _____ Date Issued: _____

Approved By: _____

TERO: Permit # _____ Date Issued: _____

Approved By: _____

Cultural Resources: Permit # _____ Date Issued: _____

Approved By: _____

PERMIT INFORMATION & VALUATION

Total Area: _____

Occupancy: _____ Construction: _____ Sq. Ft.: _____

Occupancy: _____ Construction: _____ Sq. Ft.: _____

Valuation: _____ Building Permit Fee: _____

Plan Review Fee (includes zoning fee): \$ _____

Building Permit Fee: \$ _____

Plumbing Permit Fee: \$ _____

Mechanical Permit Fee: \$ _____

Electrical Permit Fee: \$ _____

Violation Fee: \$ _____

Surcharge: \$ _____

TOTAL: \$ _____

Development Permit Approved By: _____ Date: _____

Date Paid: _____

Check # / PO #: _____

Paid By: _____

Received By: _____