



**CITY OF TROUTDALE
COMMUNITY DEVELOPMENT DEPARTMENT
DEVELOPMENT PERMIT APPLICATION**

**104 SE Kibling Avenue, Troutdale, OR 97060-2099
Phone (503) 674-7228 Fax (503) 667-0524**

Permit No.: _____
Date Rec'd.: _____
Fee: \$ _____
Receipt: No. _____

Please print or type the information for areas with asterisk.

***Request:** Shed Deck Patio Cover Other

Attach a plot plan (map) and dimensional drawings or photos/pictures of the shed, deck or patio cover showing height, width, depth, and floor area. Include the location and square footage of any/all existing detached accessory structures on the property.

*PROPERTY OWNER _____

*APPLICANT (if different than owner) _____

*SITE ADDRESS _____

*MAILING ADDRESS, IF DIFFERENT _____

*PHONE NUMBER: _____ *E-MAIL: _____

*PROPOSED SETBACKS as measured from the property line to the overhang or eave, if any.

*FRONT _____ *SIDE _____ *REAR _____ *STREET SIDE (if a corner lot) _____

*HEIGHT OF STRUCTURE as measured from average adjacent grade to highest point of the roof and includes footings: *Height _____ *Square Footage (floor area) of Structure _____

*CUMULATIVE AREA OF EXISTING DETACHED ACCESSORY STRUCTURES: _____

*OTHER (DESCRIBE):

*APPLICANT'S SIGNATURE: _____ *DATE: _____

STAFF ONLY

ZONING DISTRICT or PLANNED DEVELOPMENT: _____

MAP AND TAX LOT NUMBER: _____

R NUMBER FROM ASSESSOR'S RECORDS: _____

LOT SQUARE FOOTAGE: _____