



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

**104 SE Kibling Avenue, Troutdale, OR 97060-2099**

**Phone (503) 674-7228 Fax (503) 667-0524**

Permit No.: \_\_\_\_\_

Date Rec'd.: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Request:  Shed  Deck  Patio Cover  Other

(Attach a plot plan (map) and dimensional details of shed, deck or patio cover)

Please print or type the information below

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail or FAX: \_\_\_\_\_

Proposed Setbacks: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Street Side \_\_\_\_\_

Required Setbacks: (staff only): Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Street Side \_\_\_\_\_

Height of Structure to Peak: \_\_\_\_\_. Staff Only: Complies  Yes or  No

Square Footage (floor area) of Structure \_\_\_\_\_. Staff Only: Complies  Yes or  No

Other (describe) \_\_\_\_\_

*I will comply with all provisions of the Troutdale Development Code relating to the installation of this structure and further agree to place all structures outside the boundaries of any setback or easement of record. I certify that all information herein is true and correct and further certify that all work performed shall be in accordance with the ordinances of the City of Troutdale and the laws of the State of Oregon pertaining to the work described herein.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CITY APPROVAL: