

FOR OFFICE USE ONLY – SITE ADDRESS: _____

This form is recognized by most building departments in the Tri-County area for transmitting information. Please complete this form when submitting information for plan review responses and revisions. This form and the information it provides helps the review process and response to your project.



City of Tigard • COMMUNITY DEVELOPMENT DEPARTMENT

Transmittal Letter

13125 SW Hall Blvd. • Tigard, Oregon 97223 • 503.718.2439 • www.tigard-or.gov

TO: _____

DEPT: BUILDING DIVISION

FROM: _____

COMPANY: _____

PHONE: _____

RE: _____

(Site Address)

DATE RECEIVED:

By: _____

(Permit Number)

(Project name or subdivision name and lot number)

ATTACHED ARE THE FOLLOWING ITEMS:

Copies:	Description:	Copies:	Description:
_____	Additional set(s) of plans.	_____	Revisions: _____
_____	Cross section(s) and details.	_____	Wall bracing and/or lateral analysis.
_____	Floor/roof framing.	_____	Basement and retaining walls.
_____	Beam calculations.	_____	Engineer's calculations.
_____	Other (explain): _____		

REMARKS: _____

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Routed to Permit Technician:	Date:	Initials:	
Fees Due: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Description:	Amount Due:	
		\$	
		\$	
		\$	
		\$	
Special Instructions:			
Reprint Permit (per PE):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Done
Applicant Notified:	Date:	Initials:	