



City of Brookings

(503) 469-2163

PERMIT NUMBER

B-94-27

BUILDING, PLUMBING, MECHANICAL PERMIT APPLICATION

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

DATE REC'D 3/16/94

DATE ISSUED 3/16/94

JOB ADDRESS 907 Barbara Ln				DATE REC'D 3/16/94	
1 LEGAL DESC.	LOT NO. 1405	BLK	TRACT 41-13-3AB	DATE ISSUED 3/16/94	
2 OWNER Jim CONGER		MAIL ADDRESS Box 6522 Brkngs OR		ZIP 97415-0282	PHONE 469-6349
3 CONTRACTOR LOREN STONEBRINK	REG. NO. 64959		PLUMBER	REG. NO.	
4 ARCHITECT OR DESIGNER Jim CONGER / LOREN STONEBRINK			ELECTRICIAN	REG. NO.	
5 USE OF BUILDING					
6 CLASS OF WORK: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE ☐ OTHER					
7 DESCRIBE WORK: 4' x 66' AWNING / ROOF EXTENSION WITH MATCHING COMPOSITION 3 TAB SHINGLES Deck & Corner					
VALUATION OF WORK: \$ 1300.00					
TYPE OF CONST. ☒ NEW		OCCUPANCY GROUP		NO. OF DWELLING UNITS	
SIZE OF BLDG. (TOTAL) SQ. FT.		NO. OF STORIES		MAX. OCC. LOAD	
USE ZONE		OFF STREET PARKING SPACES COVERED		UNCOVERED	
FEES			FEES		
PLUMBING PERMIT FEES			BUILDING PERMIT		
NO.	TYPE OF FIXTURE OR ITEM	FEE	22 00		
	NA	\$			
TOTAL FEE \$			SUR CHARGE 1 10		
MECHANICAL PERMIT FEES			PLAN REVIEW		
NO.	TYPE OF EQUIPMENT	FEE	MECHANICAL PERMIT		
	NA	\$	SUR CHARGE		
TOTAL FEE \$			PLUMBING PERMIT		
			SUR CHARGE		
			WATER SERVICE		
			SEWER SERVICE R# 18138		
			MANUFACTURED BLDG.		
			SURCHARGE		
			STATE FEE		
			SYSTEMS DEVELOPMENT Existing		
			TOTAL ALL SUR-CHARGE 1 10		
			TOTAL 23 10		
			PERMIT VALIDATION		
			M.C. CASH		

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT THE ABOVE IS CORRECT. I AGREE TO COMPLY WITH ALL APPLICABLE CITY ORDINANCES AND/OR STATE LAWS, AND MY STATE REGISTRATION IS IN FULL FORCE AND EFFECT.

X Jimmy N. Conger
SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT

APPROVED BUILDING OFFICIAL

PERMIT VALIDATION

M.C.

CASH

Exced