



Mack Arch on the Curry Coast

Applicants to complete numbered spaces only

# CURRY COUNTY

## BUILDING PERMIT & OCCUPANCY APPLICATION

|               |                 |
|---------------|-----------------|
| PERMIT NUMBER |                 |
| B             | <i>SV</i>       |
| P             | <i>BK 12544</i> |
| M             |                 |

|                     |  |                |
|---------------------|--|----------------|
| JOB ADDRESS         |  | DATE ISSUED    |
| 1 543 Hemlock       |  | <i>10/7/94</i> |
| Brookings, OR 97415 |  | RECEIPT NO.    |
|                     |  | <i>10131</i>   |

|                |   |   |   |         |                            |
|----------------|---|---|---|---------|----------------------------|
| 2 LEGAL DESCR. | T | R | S | LOT NO. | 3 OWNER                    |
|                |   |   |   |         | Bob Dune (First Mark Inc.) |

|                                |     |          |
|--------------------------------|-----|----------|
| 4 MAIL ADDRESS                 | ZIP | PHONE    |
| P.O. Box 2416 Harbor, OR 97415 |     | 469-9047 |

|                         |          |                      |                 |                               |
|-------------------------|----------|----------------------|-----------------|-------------------------------|
| 5 CONTRACTOR            | REG. NO. | TYPE OF CONSTRUCTION | OCCUPANCY GROUP | SIZE OF BLDG. (TOTAL SQ. FT.) |
| Pacific Shores Plumbing |          |                      |                 |                               |

|             |          |          |       |
|-------------|----------|----------|-------|
| 6 ARCHITECT | DESIGNER | ENGINEER | VALUE |
|             |          |          |       |

|                                                |      |
|------------------------------------------------|------|
| 7 DESCRIBE WORK                                | FEES |
| Replace one water heater and bring up to code. |      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                       |
| THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.                                                                                                                                                                                                      |
| I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS 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 OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. |
| <i>Raymond M. Grant 9/30/94</i>                                                                                                                                                                                                                                                                                                                                                                                                |
| SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE                                                                                                                                                                                                                                                                                                                                                                               |
| SIGNATURE OF OWNER (IF OWNER BUILT) DATE                                                                                                                                                                                                                                                                                                                                                                                       |

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| FLOOD PLAIN                                                | AS BUILT FLOOR ELEV. |
| ELEV. _____                                                | REQUIRED _____       |
| FLOOD PLAIN LEVEL TO BE STAKED AT BUILDING SITE.           |                      |
| FINISHED FLOOR TO BE ONE (1) FOOT ABOVE FLOOD PLAIN LEVEL. |                      |

|        |
|--------|
| OTHER: |
|        |

IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR INSPECTIONS.

Gold Beach 247-7011 Ext. 285  
Brookings 469-7274  
Port Orford 332-9191

|                         |
|-------------------------|
| Plans reviewed by _____ |
|-------------------------|

|                      |                 |                               |
|----------------------|-----------------|-------------------------------|
| TYPE OF CONSTRUCTION | OCCUPANCY GROUP | SIZE OF BLDG. (TOTAL SQ. FT.) |
|                      |                 |                               |

|                           |  |  |
|---------------------------|--|--|
| BUILDING PERMIT           |  |  |
| PLAN CHECK                |  |  |
| FIRE & LIFE SAFETY REVIEW |  |  |
| STATE SUR TAX             |  |  |
| SUB TOTAL                 |  |  |

|                             |       |  |
|-----------------------------|-------|--|
| PLUMBING PERMIT FEES        |       |  |
| Water heating systems       |       |  |
| connected to potable water. | 54.00 |  |
|                             |       |  |
|                             |       |  |
|                             |       |  |
| PLAN CHECK FEE              |       |  |
| STATE SUR TAX               | 2.70  |  |
| SUBTOTAL                    |       |  |

|                        |  |  |
|------------------------|--|--|
| MECHANICAL PERMIT FEES |  |  |
|                        |  |  |
|                        |  |  |
|                        |  |  |
|                        |  |  |
|                        |  |  |
| PLAN CHECK FEE         |  |  |
| STATE SUR TAX          |  |  |
| SUBTOTAL               |  |  |

|       |       |
|-------|-------|
| TOTAL | 56.70 |
|-------|-------|

WHEN PROPERLY VALIDATED ( IN THIS SPACE) THIS IS YOUR PERMIT.

|      |          |       |                 |
|------|----------|-------|-----------------|
| CASH | CHECK    | OTHER | AMOUNT RECEIVED |
|      | <i>✓</i> |       | <i>56.20</i>    |

|                        |
|------------------------|
| RECEIVED BY <i>pls</i> |
|------------------------|



CURRY COUNTY  
BUILDING, PLUMBING, MECHANICAL INSPECTION

Today's Date 10/16/94

Permit Number ~~1013~~ BK 12SP94

Owner's Name Dunn

Contractor Pacific Shores

Phone Number 4469-9047

Date Requested 10/17/94-Friday

Type of Inspection Water Heaters

Location/Directions 543 Mendocino

South

Approved ( ☒ )  
Disapproved ( )

Inspector DJH



CURRY COUNTY  
BUILDING, PLUMBING, MECHANICAL INSPECTION

Today's Date 2/23/95

Permit Number CC 125 P 94

Owner's Name Coleman

Contractor Matlock

Phone Number 469-6212

Date Requested 2/24/95

Type of Inspection Final

Location/Directions 15445 Hwy 101

South

Corner of Raymond Dr  
& 10th

Approved ( A )  
Disapproved ( )

Inspector KE