

PLUMBING PERMIT APPLICATION

Jurisdiction of Curry County

Applicant to complete numbered spaces only.

JOB ADDRESS: Bathiany Lane - Ocean View Dr.

1 LEGAL DESCR. LOT NO. 2000 BLK 41-13-9CB TRACT (SEE ATTACHED SHEET)

2 OWNER Jim Corson MAIL ADDRESS 7449 Applegate Rd Jacksonville, OR ZIP PHONE

3 CONTRACTOR Bob Wren MAIL ADDRESS PHONE LICENSE NO.

4 ARCHITECT OR DESIGNER MAIL ADDRESS PHONE LICENSE NO.

5 ENGINEER MAIL ADDRESS PHONE LICENSE NO.

6 LENDER MAIL ADDRESS BRANCH

7 USE OF BUILDING Single Family Dwelling

8 Class of work: NEW ADDITION ALTERATION REPAIR

9 Describe work: New Garage with 2 bedrooms & Bath 1/2 Utilities

JOB ADDRESS: Bathiany Lane - Ocean View Dr.

OWNER: Jim Corson

CC-59-P

SPECIAL CONDITIONS:		PERMIT FEES		
No.	Type of Fixture or Item	Fee		
2	WATER CLOSET (TOILET)	\$ 4 00		
1	BATHTUB	2 00		
1	LAVATORY (WASH BASIN)	2 00		
	SHOWER			
1	KITCHEN SINK & DISP.	2 00		
	DISHWASHER			
1	LAUNDRY TRAY	2 00		
1	CLOTHES WASHER	2 00		
1	WATER HEATER	3 00		
	URINAL			
	DRINKING FOUNTAIN			
	FLOOR--SINK OR DRAIN			
1	SLOP SINK	2 00		
	GAS SYSTEMS: NO. OUTLETS			
1	WATER PIPING & TREATING EQUIP.	3 50		
	WASTE INTERCEPTOR			
	VACUUM BREAKERS			
	LAWN SPRINKLER SYSTEM			
1	SEWER <u>Workup</u>	1 00		
	CESSPOOL			
	SEPTIC TANK & PIT			
1	<u>Water Workup</u>	5 00		
APPLICATION ACCEPTED BY: _____ PLANS CHECKED BY: _____ APPROVED FOR ISSUANCE BY: <u>James F. Corson</u>		PERMIT	\$	
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE) <u>James F. Corson</u> <u>12/18, 1974</u>		TOTAL FEE	\$	<u>37 50</u>
SIGNATURE OF OWNER (IF OWNER BUILDER) _____ (DATE) _____				

NOTICE

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.

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

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

