



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

Jurisdiction of Curry
STATE - COUNTY - CITY

CC-29B-78
BUILDING PERMIT

Application for:

Plan Review & Building Permit ☒
Plan Review - No Permit ☐
Plan Review - Fire & Life Safety Only ☐

Applicant to complete numbered spaces only.

JOB ADDRESS 1 <u>STAFFORD Rd off Park View Dr.</u>		Is building within city limits		yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
LEGAL DESCR.	LOT NO. 900	BLK 40	TRACT 13-31B	(SEE ATTACHED SHEET)
BUILDING KNOWN AS:				
OWNER 2	MAIL ADDRESS <u>Greg Gowman Rt 2 Box 68 S Brookings Ore.</u>		ZIP	PHONE
CONTRACTOR 3	MAIL ADDRESS		PHONE	LICENSE NO.
ARCHITECT OR DESIGNER 4	MAIL ADDRESS		PHONE	LICENSE NO.
ENGINEER 5	MAIL ADDRESS		PHONE	LICENSE NO.
USE OF BUILDING 6	<u>Single Family Dwelling & Garage</u>			
7	Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
8	Describe work: <u>Build 6x50 Porch on House</u> <u>Build new Garage 36x40</u>			
9	Change of use from			

Change of use to		DATE PERMIT ISSUED <u>2/20/78</u>	
10 Declaration of Valuation of work \$ <u>11,785⁰⁰</u>		PLAN CHECK FEE	PERMIT FEE <u>74.00</u>
SPECIAL CONDITIONS:		Type of Const. <u>R</u>	Occupancy Group <u>J</u>
		Size of Bldg. <u>6x50</u> (Total) Sq. Ft. <u>300</u>	No. of Stories <u>1</u>
		Fire Zone <u>3</u>	Use Zone <u>R2</u>
APPLICATION ACCEPTED BY		No. of Dwelling Units	No. of Bedrooms
PLANS CHECKED BY		Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPROVED FOR ISSUANCE BY <u>Hanell</u>			
11 NOTICE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 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.		Special Approvals ZONING HEALTH DEPT. FIRE DEPT. SOIL REPORT OTHER (Specify)	
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT <u>X Greg Gowman</u>		Required	
(DATE) <u>2-16-78</u>		Received	
SIGNATURE OF OWNER (IF OWNER BUILDER)		Not Required	
(DATE)			

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

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CK. M.O. CASH

