## BUILDING PERMIT



STATE OF OREGON

Jurisdiction of

Application for:

No. CC 276-B-78

DEPARTMENT OF COMMERCE BUILDING CODES DIVISION

Plan Review & Building Permit

Plan Review - No Permit

- 1
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Applicant to complete numbered spaces only.	Plan Review — Fire & Lite Satety Only
JOB ADDRESS  1 Capl Ferrelo XX- Cy DIRECTIONS TO JOB SITE	Igan Rhyding within city limits yes (no)
LEGAL LOT NO. BLK TRACT 10 -1	1U ~ / A This See Attached Sheet)
DESCR.	1 10
OWNER 2 MAIL ADDRESS  CONTRACTOR MAIL ADDRESS  MAIL ADDRESS	9 Brookings Orlean 9744  PHONE LICENSE NO.
3 L Richardson	PHONE LICENSE NO.
ARCHITECT OR DÉSIGNER MAIL ADDRESS 4	PHONE LICENSE NO.
ENGINEER MAIL ADDRESS 5	PHONE LICENSE NO.
USE OF BUILDING Single Family D	weling
7 Class of work: NEW   ADDITION   ALTERATION	REPAIR MOVE REMOVE
8 Describe work: Buildnew	2 Bedroom 2/2 Bath
9 Change of use from World	
Change of use to	
10 Declaration of Valuation of work \$ 49776	24 11 60
PLAN CHECK FEE 93,50 PERMIT FEE 187,00	+ 4% SURCHARGE = \$ 287, 98
SPECIAL CONDITIONS:	
	and the
Application Accepted By Initial Date Plans Checked By	Initial Date Approved For Issuance By Initial Date
	PLANS EXAMINER COMPLETES THIS BOX AND CERTIFIES COMPLIANCE WITH LOCAL REGULATIONS
11 NOTICE	Special Approvals
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING.	ZONING
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION	FIRE ZONE
AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT	SANITARY — PUBLIC PRIVATE
ANY TIME AFTER WORK IS COMMENCED.	OTHER (Specify)
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	Type of Const.  Occupancy 7-3  Division
PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.	Size of Bldg. 25 1 4 3 No. of Max. Occ. Load
*	Fire Zone  Use Zone  Fire Sprinklers Required   Yes   N
Signature of Contractor or Authorized Agent (Date)	No. of Dwelling Units / No. of Bedrooms
Signature of Owner (If Owner Buiffler) (Date)	DATE PERMIT ISSUED

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

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CASH

M.O.

PLUMBING PERA  Jurisdiction of CU	er	CC-99-P-	78	OWNER
pplicant to complete numbered spaces only.	- T		.0	200
JOB ADDRESS DI 1	D			
Zggens Rd CAPE Penell	1 /00			
DEGAL DESCR. LOT NO. BLK TRACT 4/1) -/ U		( SEE ATTACHED SHEET)		
MAII ADDRESS	~/0	ZIP PHONE		
CARL LANZPOBOX9, BO	CONT	MAI DR 469,428	0	
ONTRACTOR MAIL ADDRESS	- U/C	PHONE LICENSE NO.		
SELF				
RCHITECT OR DESIGNER MAIL ADDRESS		PHONE LICENSE NO.		
ENGINEER MAIL ADDRESS		PHONE LICENSE NO.		
LENDER MAIL ADDRESS		BRANCH		
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Class of work: NEW ADDITION ALTERATION	☐ RE	PAIR TELEVISION TO THE TELEVISION THE TELEVISION TO THE TELEVISION THE TELEVISION TH	all a select	10 3
Describe work: PLUMB New 2 Br		11		
		PERMIT FEES		
	No.	Type of Fixture or Item		
PECIAL CONDITIONS:	3	Type of Fixture or Item WATER CLOSET (TOILET)	95	00
PECIAL CONDITIONS:	3	Type of Fixture or Item  WATER CLOSET (TOILET)  BATHTUB	10	•
PECIAL CONDITIONS:	3	Type of Fixture or Item  WATER CLOSET (TOILET)  BATHTUB  LAVATORY (WASH BASIN)	95	
PECIAL CONDITIONS:	3	Type of Fixture or Item  WATER CLOSET (TOILET)  BATHTUB  LAVATORY (WASH BASIN)  SHOWER	10	
PECIAL CONDITIONS:	3	Type of Fixture or Item  WATER CLOSET (TOILET)  BATHTUB  LAVATORY (WASH BASIN)  SHOWER  KITCHEN SINK & DISP.	10	0000
	323	Type of Fixture or Item  WATER CLOSET (TOILET)  BATHTUB  LAVATORY (WASH BASIN)  SHOWER	10	000
PPLICATION ACCEPTED BY: PLANS CHECKED BY APPROVED FOR ISSUANCE BY	323	Type of Fixture or Item  WATER CLOSET (TOILET)  BATHTUB  LAVATORY (WASH BASIN)  SHOWER  KITCHEN SINK & DISP.  DISHWASHER	10	000
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SIGNATURE OF OWNER (F. OWNER BUYCHER)

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

PLAN CHECK VALIDATION

CK. M.O. CASH PERMIT VALIDATION

CO. CASH PERMIT VALIDATION

M.O.

CASH

INSPECTOR

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**Curry County, Oregon Building Inspection Request** Name Location

Date 10/16/18 am pm
Name Cerl Lary
Location EdgaN PA.

Location Angle

By CC 276-18-18

Curry County Exporter, Gold Beach, Ore. 437918-6

Curry County, Oregon
Building Inspection Request

Date 3-24-79 am pm

Name CARL LANZ

Location LANZ LANE

SEGGARS RA

CC-2-76-B-78

MASTAIRS

DURY County Misporter, Loth Beach, One 10487111148

Lang

PLUMBING PERMIT #

BUILDING PERMIT #

DATE 10/30/78

CC276-8-78 CC-99-0-78

ZONE BLDG TYPE SONE S.F. D 2 Led 21/2 back	
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LOCATION .	ST. & # & LEGAL		ZONE	BLDG TYPE	L. 3//2		VALUATION OT STATES	8
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PLUMBING F	'EE 63.50	GEN. CONTRACTOR		PHONE #			0	
OTHER		ARCH./ENG.		PHONE #		ADDRESS		
TOTAL FEES		PLUMBING CONT.		PHONE #		ADDRESS		
74 1500	10-14-10	10	REMARKS	ARKS				
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DATE	INSPECTION		BY	DATE	INSPECTION			BY
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	FOOTINGS				VENTS - ROOF			
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10-16-78	SLABS OKTS A	רשטנ	9.7%		SEWER			
12-7	PLUMBING R. I		HE		WATER			
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