## **BUILDING PERMIT**



STATE OF OREGON

No. CC269-B-78

DEPARTMENT	OF	COMM	\ERC

BUILDING CODES		
Jurisdiction of	cury	
	City City	

Application for:

Plan Review & Building Permit

Plan	Review	_	Fire	&	Life	Safety	Only
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10. <u></u>	4010	/
a Pormit	1	

Applicant to complete numbered	spaces only.	Plan Revie	w — Fire & Lite Satety	Only []
JOB ADDRESS 1 Camele	ia Park.	Is building	within city limits yes	no
DIRECTIONS TO JOB SITE Play	0/ South			
LEGAL DESCR. LOT NO. 702	BLK 41+13-1	90	See Attached Sheet)	
2 Herman	Highlay Po.	BOX 1/19 9	Brooking	of Ore.
3	MAIL ADDRESS	PHONE	HELIODA O.	
ARCHITECT OR DESIGNER 4	MAIL ADDRESS	PHONE	LICENSE NO.	
ENGINEER 5	MAIL ADDRESS	PHONE	LICENSE NO.	
USE OF BUILDING	(al			
7 Class of work: NEW	ADDITION ALTERATION	REPAIR MOVE	REMOVE	
8 Describe work: Buil	Inew 24	X 36 Sa	rage	
9 Change of use from				
Change of use to				
10 Declaration of Valuation of work \$ 639	3.60	160		2
PLAN CHECK FEE	PERMIT FEE 4 0.00	+ 4% SURCHARG	E=\$ 41.66	
SPECIAL CONDITIONS:	7		N	n
	1		- /1/2	
Application Accepted By	Plans Checked B	Initial Date	Approved For Issuand	MU A (7)
J		PLANS EXAMINER CO	MPLETES THIS BOX AND C	ERTIFIES COMPLIANCE
11 NOTI	CE	Special Approvals		
SEPARATE PERMITS ARE REQUIRED FOR		ZONING		
THIS PERMIT BECOMES NULL AND V	OID IF WORK OR CONSTRUCTION	FIRE ZONE		
AUTHORIZED IS NOT COMMENCED WITH OR WORK IS SUSPENDED OR ABANDON	NED FOR A PERIOD OF 120 DAYS AT	SANITARY - PUBLIC	PRIVAT	E
ANY TIME AFTER WORK IS COMMENCE	D.	OTHER (Specify)		
I HEREBY CERTIFY THAT I HAVE READ AND KNOW THE SAME TO BE TRUE AND AND ORDINANCES GOVERNING THIS TYP WHETHER SPECIFIED HEREIN OR NOT. THE PRESUME TO GIVE AUTHORITY TO VIOL ANY OTHER STATE OR LOCAL LAW REGERNMENTS OF CONSTRUCTION.	O AND EXAMINED THIS APPLICATION CORRECT. ALL PROVISIONS OF LAWS OF OF WORK WILL BE COMPLIED WITH BE GRANTING OF A PERMIT DOES NOT	Type of Const.	Occupancy M /	Division
PRESUME TO GIVE AUTHORITY TO VIOL ANY OTHER STATE OR LOCAL LAW REG FORMANCE OF CONSTRUCTION.	ATE OR CANCEL THE PROVISIONS OF ULATING CONSTRUCTION OR THE PER-	Size of Bldg. 844 (Total) Sq. Ft. 24136	No. of Stories	Max. Occ. Load
		Fire Zone	Use Zone 22	Fire Sprinklers Required   Yes   No
Signature of Contractor or Authorized Agen	(Date)	No. of Dwelling Units	No. of Bedrooms	
Signature of Owner (If Owner Builder)	(Date)	DATE PERMIT ISSUED		
	WHEN PROPERLY VALIDATED (IN	THIS SPACE) THIS IS YOUR	PERMIT	

PLAN CHECK VALIDATION

PERMIT VALIDATION

M.O.

CASH

Ligday

CC-269-8-78

DATE 10-17-78

BUILDING PERMIT #

PLUMBING PERMIT #

	lam	eleas vanto		.0	24-36 Hay		6, 393.60	9
PERMIT FEE	40.00	PERMIT FEE 40.00 Herman) His day	7	PHONE #	PHONE # ADDRESS   Set	19 BM	chinas	
PLUMBING FEE	1	GEN. CONTRACTOR O C	4	PHONE #		ADDRESS	0	
OTHER		ARCH./ENG.		PHONE #		ADDRESS		
TOTAL FEES		PLUMBING CONT.		PHONE #		ADDRESS		
			REMARKS	ARKS				
702 41-	41-13-15-C	ې						
			INSPECTIONS	TIONS				
DATE INSPEC	INSPECTION		BY	DATE	INSPECTION			BY
SETBACKS	CKS				VENTS - FOUNDATION	TION		
FOOTINGS	NGS				VENTS - ROOF			
FORMS	(A)				MASONRY/FLUES/DAMPER	3/DAMPER		
REINF	REINFORCING STEEL				PARKING			
SLABS					SEWER			
PLUM	PLUMBING R. I				WATER			
FRAMI	FRAME - COVER				STORM DRAINS			
HEATING	DN				PLUMBING FINAL	1		
OTHER	~	1-1-1			BUILDING FINAL			