



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: MCC-106-79

COUNTY: CURRY

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

Address of Proposed Mobile Home Installation: _____ City BROOKINGS County CURRY Zip 97415

1. COLEMAN'S COVE SPACE 58

2. JOSEPH Directions to Mobile Home Installation: _____ Legal Description if on Private Property _____

3. Is Mobile Home W/In City Limits Yes No 4. On Private Property Yes No 5. In a Mobile Home Park Yes No

6. JOSEPH DAVIS PO-Box 419 BROOKINGS ORE 469-6528 Owner Address City Phone No.

7. CAL ORE Homes RT 1 Box 49 BROOKINGS ORE 469-3611 2550900 Dealer-Installer Address City Phone No. Bldr. Bd. Reg. No.

8. Stevens Mobile Home Serv HARBOR 469-5475 Accessory-Installer Address City Phone No. Bldr. Bd. Reg. No.

9. Describe Work: Install Mobile Home 10. Install Awning or Carport 11. Install Cabana

12. * Date Inspection Is Requested 1974 Manufacturer of Mobile Home PORT ROYAL Size of Mobile Home 14x56

13. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING MOBILE HOME INSTALLATIONS.

_____ Signature of Owner (Date) or Bill Robert 5/23/79 Signature of Dealer-Installer or (Accessory-Installer) (Date)

APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE:

ZONING APPROVAL: Required Yes No Received _____ Date _____

SANITATION APPROVAL: Required Yes No Received _____ Date _____

PARK LICENSE NUMBER _____ NUMBER OF APPROVED PARK SPACES _____ SPACE WHERE MH WILL BE LOCATED _____

* CALL FOR INSPECTION: PHONE NO. _____ TIEDOWNS REQUIRED Yes No

SPECIAL CONDITIONS:

1. <input checked="" type="checkbox"/> SINGLE WIDE (Inc. Tip-Out) \$25	5. <input type="checkbox"/> AWNING OR CARPORT \$5
2. <input type="checkbox"/> DOUBLE WIDE \$40	6. <input type="checkbox"/> ELECTRICAL _____
3. <input type="checkbox"/> EACH ADDITIONAL WIDTH \$15	7. <input type="checkbox"/> PLUMBING _____
4. <input type="checkbox"/> CABANA (Factory Built) \$15	8. <input type="checkbox"/> MECHANICAL _____
TOTAL <input checked="" type="checkbox"/> CASH M.O. \$ <u>25⁰⁰</u>	

APPLICATION APPROVED BY: Harrell

DATE PERMIT ISSUED: 5/24/79



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

OK
2-18-79 [Signature]

PERMIT NO: MCC-106-79
COUNTY: CURRY

APPLICANT TO COMPLETE NUMBERED SPACES ONLY.

Address of Proposed Mobile Home Installation: 39 City BROOKINGS County CURRY Zip 97415

1. COLEMAN'S COVE SPACE Legal Description if on Private Property

2. JOSEPH 2a.

3. Is Mobile Home W/In City Limits Yes No 4. On Private Property Yes No 5. In a Mobile Home Park Yes No

6. Owner Address City Phone No. JOSEPH DAVIS PO-Box 419 BROOKINGS ORE 469-6528

7. Dealer-Installer Address City Phone No. Bldr. Bd. Reg. No. CAL ORE Homes RT 1 Box 49 BROOKINGS ORE 469-3611 2550900

8. Accessory-Installer Address City Phone No. Bldr. Bd. Reg. No. STEVE'S MOBILE HOME SERV HARBOR 469-5475

9. Describe Work: Install Mobile Home 10. Install Awning or Carport 11. Install Cabana

* Date Inspection Is Requested Manufacturer of Mobile Home Size of Mobile Home

12. 1974 PART ROYAL 14x56

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APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE:

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TOTAL <u>CK</u> CASH M.O. \$ <u>25.00</u>	

APPLICATION APPROVED BY: Harrell DATE PERMIT ISSUED: 5/24/79