BUILDING PERMIT



STATE OF OREGON

DEPARTMENT OF COMMERCE

BUILDING CODES DIVISION

Jurisdiction of

No. 0 -258-B-29

Application for:

Plan Review & Building Permit

Plan Review - No Permit

Plan Review - Fire & Life Safety Only

"A

Applicant to complete numbered spaces only.	Plan Review — Fire & Life Safety Only				
JOB ADDRESS			1		
1 LOTS LUCKS ESTATES.	Is buildin	g within city limits yes	no)		
DIRECTIONS TO JOB SITE					
			V		
LEGAL LOT NO. BLK TRACT	5 cm 50 . C	(See Attached Sheet)			
DESCR. Lucas	LUCAS ESTATES SUBSee Attached Sheet)				
OWNER MAIL ADDRESS ZIP PHONE					
2 BONNIE RAITER, RT 1, BOX 5, LUCASESTATES BROOKINGS, OR-					
CONTRACTOR MAIL ADDRESS PHONE LICENSE NO.					
3 SELF.	PHONE	LICENSE NO.			
ARCHITECT OR DESIGNER MAIL ADDRESS	PHONE	LICENSE NO.	-		
	PHONE	LICENSE NO.			
ENGINEER MAIL ADDRESS 5	FIIONE	EICENOL NO.			
USE OF BUILDING					
6 PORSUNAL STORAGE -					
7 Class of work: NEW ADDITION ALTERATION	REPAIR MOVE	REMOVE			
8 Describe work: Canso 34 XZY Storag & Bldg					
9 Change of use from					
Change of use to					
10 Declaration of VX2 (5 x 8.7) Valuation of work \$ 5034,24					
PLAN CHECK FEE PERMIT FEE 36 9 + 4% SURCHARGE = \$ 37, 44					
SPECIAL CONDITIONS:					
			200767		
10-26-19					
Application Accepted By Initial Date	Initial Date	Approved For Issuance By =	Initial Date		
	PLANS EXAMINER CO	OMPLETES THIS BOX AND CI			
11		WITH LOCAL REGULATIONS			
1 NOTICE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING.	Special Approvals				
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION	ZONING FIRE ZONE				
AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION	SANITARY — PUBLIC PRIVATE				
OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.					
	OTHER (Specify)	Occupancy			
AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH	Type of Const.	Group M 3	Division		
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.	Size of Bldg. (Total) Sq. Ft. 576	No. of Stories	Max. Occ. Load		
	Fire Zone 3	Use R-Z	Fire Sprinklers Required Yes No		
Signature of Contractor or Authorized Agent (Date)	No. of Dwelling Units	No. of Bedrooms			
Signature of Owner (If Owner Builder) (Date)	DATE PERMIT ISSUED	10-29-19			
WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT					

PLAN CHECK VALIDATION

CASH

PERMIT VALIDATION

CASH

Part I-OFFICE COPY-White

Part 2-APPLICANT-Canary

Part 3-INSPECTOR-Blue

Part 4-LOCAL GOVERNMENT-Green

Part 5-LOCAL GOVERNMENT-G-rod

SP*62378-814