

BUILDING PERMIT



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

No. CC-180-B-79

Jurisdiction of CURRY
State County City

Application for:
 Plan Review & Building Permit
 Plan Review - No Permit
 Plan Review - Fire & Life Safety Only

Applicant to complete numbered spaces only.

JOB ADDRESS <u>12.5 miles up N BANK Chasco River Rd on RT.</u>		Is building within city limits yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
DIRECTIONS TO JOB SITE			
LEGAL DESCR.	LOT NO. <u>700</u>	BLK	TRACT <u>40-13-33AD</u> <input type="checkbox"/> See Attached Sheet
OWNER <u>2 ROBERT + SANDRA ELLIOTT</u>	MAIL ADDRESS <u>P.O. Box 1843, Brookings, OR</u>	ZIP <u>97513</u>	PHONE <u>(503) 458-3132</u>
CONTRACTOR <u>3 SELF</u>	MAIL ADDRESS	PHONE	LICENSE NO.
ARCHITECT OR DESIGNER <u>4</u>	MAIL ADDRESS	PHONE	LICENSE NO.
ENGINEER <u>5</u>	MAIL ADDRESS	PHONE	LICENSE NO.
USE OF BUILDING <u>6 MOBILE HOME PADS -</u>			
7 Class of work: <input checked="" 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>CONST 3 MOBILE HOME PADS.</u>			
9 Change of use from			
Change of use to			
10 Declaration of Valuation of work \$ <u>4000 X 3 = 12000</u> <u>12000</u>			
PLAN CHECK FEE	PERMIT FEE	+ 4% SURCHARGE = \$ <u>62.40</u>	
SPECIAL CONDITIONS: <u>PADS TO BE CONSTRUCTED IN ACCORDANCE WITH EXISTING FLOOD PLAIN REQUIREMENTS TO BE DETERMINED BY CURRY CO BUILDING OFFICIAL.</u>			
Application Accepted By <u>[Signature]</u> Initial Date		Plans Checked By Initial Date	
		Approved For Issuance By <u>[Signature]</u> Initial Date	
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.			
Signature of Contractor or Authorized Agent		(Date)	
<u>[Signature]</u>		<u>11-31-79</u>	
Signature of Owner (If Owner Builder)		(Date)	
<u>[Signature]</u>		<u>11-31-79</u>	
PLANS EXAMINER COMPLETES THIS BOX AND CERTIFIES COMPLIANCE WITH LOCAL REGULATIONS			
Special Approvals			
ZONING			
FIRE ZONE			
SANITARY - PUBLIC		PRIVATE	
OTHER (Specify)			
Type of Const.	Occupancy Group	Division	
Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load	
Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Dwelling Units	No. of Bedrooms		
DATE PERMIT ISSUED <u>11-31-79</u>			

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

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH