BUILDING PERMIT

STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

No. C-179-B-79

Jurisdiction of ____ State ____ County (Curry) ____ City

Application for:
- Plan Review & Building Permit [X]
- Plan Review — No Permit [ ]
- Plan Review — Fire & Life Safety Only [ ]

Applicant to complete numbered spaces only.

JOB ADDRESS 1	~~Jerry's Flat~~ Squaw Valley		Is building within city limits	yes (no)
DIRECTIONS TO JOB SITE				
LEGAL DESCR.	LOT NO. 1303	BLK 37	TRACT ~~6-5 35-14-33~~ (See Attached Sheet)	
OWNER 2	Tony Ragone	MAIL ADDRESS Box 287	ZIP G.B.	PHONE 97444
CONTRACTOR 3	Summer's Day Const.	MAIL ADDRESS Box 109	PHONE G.B. 97444	LICENSE NO.
ARCHITECT OR DESIGNER 4		MAIL ADDRESS	PHONE	LICENSE NO.
ENGINEER 5		MAIL ADDRESS	PHONE	LICENSE NO.

USE OF BUILDING 6: Single Family Dwelling

7 Class of work: [ ] NEW [ ] ADDITION [X] ALTERATION [ ] REPAIR [ ] MOVE [ ] REMOVE

8 Describe work: Change Roof from Flat Roof to

9 Change of use from 4 9 12

Change of use to

10 Declaration of Valuation of work $ 5000.00

PLAN CHECK FEE | PERMIT FEE 36.00 + 4% SURCHARGE (1.44) = $ 37.44

SPECIAL CONDITIONS:

Application Accepted By ____ Initial ____ Date | Plans Checked By ____ Initial ____ Date | Approved for Issuance By ____ Initial 7/26/79 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)

Signature of Owner (If Owner Builder) (Date)

PLANS EXAMINER COMPLETES THIS BOX AND CERTIFIES COMPLIANCE WITH LOCAL REGULATIONS

Special Approvals

ZONING

FIRE ZONE

SANITARY — PUBLIC PRIVATE

OTHER (Specify)

Type of Const. V	Occupancy Group R-3	Division
Size of Bldg. (Total) Sq. Ft. —	No. of Stories 1	Max. Occ. Load
Fire Zone 3	Use Zone R-1	Fire Sprinklers Required [ ] Yes [ ] No
No. of Dwelling Units —	No. of Bedrooms —	

DATE PERMIT ISSUED 7-30-79

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

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION (CK.) M.O. CASH

Part 1—OFFICE COPY—White Part 2—APPLICANT—Canary Part 3—INSPECTOR—Blue Part 4—LOCAL GOVERNMENT—Green Part 5—LOCAL GOVERNMENT—G-rod

Form BCD-1 Reorder from: Department of Commerce—Building Codes Division—Salem, OR 97310 SP*62378-814