

BUILDING PERMIT



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

No. CC-162-B-79

Jurisdiction of CURRY
State _____ County Curry 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 1 <u>HWY 101 N + Eggers</u>		Is building within city limits yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
DIRECTIONS TO JOB SITE <u>1ST ON DRIVE ON LEFT OFF 101 ON Eggers Rd.</u>			
LEGAL DESCR.	LOT NO. <u>301</u>	BLK	TRACT <u>40-14-10A</u> <input type="checkbox"/> See Attached Sheet
OWNER 2 <u>KEITH DOWNBUSCH, Rt 4, Box 501, Brookings OR</u>	MAIL ADDRESS	ZIP	PHONE <u>469-5741</u>
CONTRACTOR 3 <u>SELF -</u>	MAIL ADDRESS	PHONE	LICENSE NO.
ARCHITECT OR DESIGNER 4 _____	MAIL ADDRESS	PHONE	LICENSE NO.
ENGINEER 5 _____	MAIL ADDRESS	PHONE	LICENSE NO.
USE OF BUILDING 6 <u>RV Storage Bldg -</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>CONS 24' X 36' Storage Bldg -</u>			
9 Change of use from _____			
Change of use to _____			
10 Declaration of Valuation of work \$ <u>24x36 = 864 x 8.74 = 7551.36</u>			
PLAN CHECK FEE <u>0</u>	PERMIT FEE <u>44</u>	+ 4% SURCHARGE = \$ <u>1.76</u> <u>45.76</u>	

SPECIAL CONDITIONS:

Application Accepted By Amsey 7-16-79 Initial _____ Date _____ Plans Checked By _____ Initial _____ Date _____ Approved For Issuance By Amsey 7-16-79 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) _____
Keith Downbusch 7-16-79

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. <u>II</u>	Occupancy Group <u>M-3</u>	Division
Size of Bldg. (Total) Sq. Ft. <u>864</u>	No. of Stories <u>1</u>	Max. Occ. Load
Fire Zone <u>3</u>	Use Zone <u>RA</u>	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Dwelling Units <u>1</u>	No. of Bedrooms <u>3</u>	
DATE PERMIT ISSUED <u>7-17-79</u>		

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

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