BUILDING PERMIT

STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

Jurisdiction of Curry Co. (State / County / City)

No. CC-120-B-79

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

Applicant to complete numbered spaces only.

1 JOB ADDRESS: 2nd house off Cornett Rd Cave Jct — Is building within city limits: yes (no)

DIRECTIONS TO JOB SITE:

LEGAL DESCR. — LOT NO. 903 — BLK 40 — TRACT 14-14B — (☐ See Attached Sheet)

2 OWNER: Derald Moen — MAIL ADDRESS: Box 1086 Be. — ZIP — PHONE

3 CONTRACTOR: Same — MAIL ADDRESS — PHONE — LICENSE NO.

4 ARCHITECT OR DESIGNER: — MAIL ADDRESS — PHONE — LICENSE NO.

5 ENGINEER: — MAIL ADDRESS — PHONE — LICENSE NO.

6 USE OF BUILDING: Private Garage

7 Class of work: ☑ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE

8 Describe work: Const of Private garage

9 Change of use from

Change of use to

10 Declaration of Valuation of work $ 7392

PLAN CHECK FEE — PERMIT FEE 44 — + 4% SURCHARGE = $ 1.76 45.76

SPECIAL CONDITIONS:

Application Accepted By: MW (Initial) — (Date)

Plans Checked By: — (Initial) — (Date)

Approved For Issuance By: MW 6-7-79 (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)

Derald Moen
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 M	Division
Size of Bldg. (Total) Sq. Ft. 960	No. of Stories 1	Max. Occ. Load
Fire Zone 3	Use Zone RA	Fire Sprinklers Required ☐ Yes ☐ No
No. of Dwelling Units 0	No. of Bedrooms 0	
DATE PERMIT ISSUED 6-8-79		

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