

BUILDING PERMIT

No. OC-36-B-79



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

Jurisdiction of Cussey
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 1 <u>Ref 101 South Harbor</u>		Is building within city limits		yes	<input checked="" type="radio"/>	no	<input type="radio"/>								
DIRECTIONS TO JOB SITE															
LEGAL DESCR.	LOT NO. <u>111</u>	BLK <u>41-13-15D</u>	TRACT <u>41-13-15D</u>					<input type="checkbox"/> See Attached Sheet							
OWNER 2	MAIL ADDRESS <u>Don Horton Box 31 Brookings, OR, 97415</u>		ZIP	PHONE											
CONTRACTOR 3	MAIL ADDRESS <u>Horton Box 31 Brookings, OR, 97415</u>		PHONE	LICENSE NO.											
ARCHITECT OR DESIGNER 4	MAIL ADDRESS		PHONE	LICENSE NO.											
ENGINEER 5	MAIL ADDRESS		PHONE	LICENSE NO.											
USE OF BUILDING 6 <u>Garage</u>															
7 Class of work: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE															
8 Describe work: <u>Build new 24x40 Garage</u>															
9 Change of use from															
Change of use to															
10 Declaration of Valuation of work \$ <u>7,104.00</u>															
PLAN CHECK FEE		PERMIT FEE <u>44.00</u>		+ 4% SURCHARGE = \$ <u>1.76</u>		= \$ <u>45.76</u>									
SPECIAL CONDITIONS:															
Application Accepted By _____		Plans Checked By <u>Janelle</u>		Approved For Issuance By <u>Janelle</u>											
Initial _____		Initial _____		Initial _____											
Date _____		Date _____		Date _____											
<p>11 NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING.</p> <p>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.</p> <p>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.</p> <p><u>Michelle Horton, Sec.</u> <u>2/15/79</u> Signature of Contractor or Authorized Agent (Date)</p> <p>_____ Signature of Owner (If Owner Builder) (Date)</p>				<p>PLANS EXAMINER COMPLETES THIS BOX AND CERTIFIES COMPLIANCE WITH LOCAL REGULATIONS</p>											
				<p>Special Approvals</p> <p>ZONING</p> <p>FIRE ZONE</p> <p>SANITARY -- PUBLIC PRIVATE</p> <p>OTHER (Specify)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Type of Const. <u>II</u></td> <td>Occupancy Group <u>M-1</u></td> <td>Division</td> </tr> <tr> <td>Size of Bldg. (Total) Sq. Ft. <u>24x40 960</u></td> <td>No. of Stories <u>1</u></td> <td>Max. Occ. Load</td> </tr> <tr> <td>Fire Zone <u>3</u></td> <td>Use Zone <u>R</u></td> <td>Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>No. of Dwelling Units <u>-</u></td> <td>No. of Bedrooms <u>-</u></td> <td></td> </tr> </table> <p>DATE PERMIT ISSUED</p>				Type of Const. <u>II</u>	Occupancy Group <u>M-1</u>	Division	Size of Bldg. (Total) Sq. Ft. <u>24x40 960</u>	No. of Stories <u>1</u>	Max. Occ. Load	Fire Zone <u>3</u>	Use Zone <u>R</u>
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WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

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

Don Horton

CC-36-B-79

BUILDING PERMIT #

DATE 2-16-79

PLUMBING PERMIT # CC-36-B-79

LOCATION - ST. & # & LEGAL		ZONE	BLDG. - TYPE	VALUATION	
Hwy 101 South Harbor Tl 111		41-13	-15D Garage	7,104.00	
PERMIT FEE	4400	OWNER Don Horton	PHONE #	ADDRESS Box H. Brookings	
PLUMBING FEE		GEN. CONTRACTOR Horton Bros	PHONE #	ADDRESS Box H. Brookings	
OTHER	1.76	ARCH./ENG.	PHONE #	ADDRESS	
TOTAL FEES	45.76	PLUMBING CONT.	PHONE #	ADDRESS	
REMARKS					
INSPECTIONS					
DATE	INSPECTION	BY	DATE	INSPECTION	BY
	SETBACKS			VENTS - FOUNDATION	
	FOOTINGS			VENTS - ROOF	
	FORMS			MASONRY/FLUES/DAMPER	
	REINFORCING STEEL			PARKING	
	SLABS			SEWER	
	PLUMBING R. I			WATER	
	FRAME - COVER			STORM DRAINS	
	HEATING			PLUMBING FINAL	
	OTHER			BUILDING FINAL	