

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360723BA000100
SITUS: 499 WOODLAKE DR
ACRES: 2.65

PERMIT NUMBER: PL-2023-01191
ZONE: RR5
SCHOOL DISTRICT: 3 RIVERS SCHOOL DISTRICT

APPLICANT:	SCHAEFER FAMILY TRUST	APPLICANT PHONE #:	303-204-5477
APPLICANT ADDRESS:	499 WOODLAKE DR GRANTS PASS, OR 97527		
OWNER:	SCHAEFER FAMILY TRUST		
OWNER ADDRESS:	499 WOODLAKE DR GRANTS PASS, OR 97527		

SPECIAL REQUIREMENTS

- Wetland - Division of State Lands Authorization in File X NA Reason:
- Enterprise Zone
- Stream Name _____ Class 1 Stream 50 ft setback required.

Mademois Creek

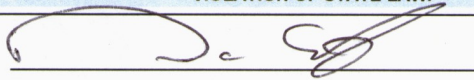
EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: Residence, Garage attached	Revised SFD - 720 sq. ft. office, storage, rec room, and 1/2 bath upstairs; 2,462 sq. ft.; 3 bedroom, 2 bath downstairs w/ 867 sq. ft. attached garage and covered front/back porches	Front Setback: 30 ft. Side Setback: 10 ft. Rear Setback: 25 ft. Stream Setback: 50 ft. Height: 35 ft.

ADDITIONAL TERMS:

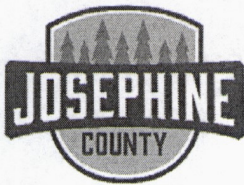
- Refer to Section 19.43.030.B, JCC - Detached Living Space (DLS) to see if existing dwelling can meet the terms and standards for a DLS. Otherwise, the existing dwelling must be removed from the property or converted to an accessory structure within 90 days of occupying the new dwelling.
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.
- Note: Septic System to be connected to authorized structures/uses only.
- Electrical service to be connected to authorized structures/uses only.
- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:		DATE:	<u>2-27-24</u>
CONTRACTOR NAME:	<u>David Smith</u>	LICENSE#:	
APPROVED:		DATE:	<u>2-27-24</u>

NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.



Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@josephinecounty.gov

PLANNING APPLICATION FORM

Property Address: 499 Woodlake Dr, Grants Pass, OR 97527

Assessor's Map & Tax Lot:

36 - 07 - 23 - BA Tax Lot(s) 100

- - - Tax Lot(s)

Zoning: RR-5

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

2,462 sq ft

Application/Permit Type: (Please Check All Applicable)

- ☐ Address Assignment
 - ☐ New Address
 - ☐ Change of Address
 - ☐ Additional Address
- ☐ Annual Compliance Certificate (See Form A)
- ☐ Appeal (See Sec.19.33.040)
- ☐ Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- ☐ Conditional Use Application (Chapter. 19.45)
- ☐ Determination of Nonconforming Use (See Sec.19.13.060)
 - ☐ Marijuana Prod. Site on RR (Attach License and Premise Sketch)
 - ☐ Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- ☐ Final Plat (See Sec.19.56.030)
- ☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- ☐ Partition (See Sec.19.52.040)
- ☐ Planned Unit Development (See Sec.19.55.030)
- ☐ Pre-Application (See Chapter. 19.21)
- ☐ Property Line Adjustment or Vacation (See Sec.19.54.040)
- ☐ Replat (See Sec.19.53.040)
- ☐ Riparian Landscape Plan (Attach Plan or Use Form B)
- ☒ Site Plan Review (See Chapter 19.42)
- ☐ Subdivision (See Sec.19.51.040)
- ☐ Text Amendment (See Sec.19.46.030)
- ☐ Variance (See Chapter.19.44)

- ☐ Conditional Use Permit (Chapter. 19.92)
- ☐ Development Permit (See Sec.19.41.020)
- ☐ Temporary Dwelling (See Chapter. 19.43)
 - ☐ Detached Living Space
 - ☐ Medical Hardship
- ☐ Other:

Attachments:

- ☐ (2) Folded Maps/Site/Tentative Plan to Scale
- ☒ (1) 8 1/2x 11" Site/Tentative/Plot Plan
- ☐ Written Narrative/Response to Criteria
- ☐ Power of Attorney
- ☐ Statement of Intended Water Use

- ☐ Statement of Understanding
- ☒ Floor Plan/Elevations
- ☐ Access Permit
- ☐ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan
- Other:

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

Main House

Property Owner: Darien Schaefer

Address: 499 Woodlake Dr, Grants Pass, OR 97527

Phone: 303-204-5477

Email: darien@aergonia.com

Applicant: Darien Schaefer

Address: 499 Woodlake Dr, Grants Pass, OR 97527

Phone: 303-204-5477

Email: darien@aergonia.com

Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Address:

Phone:

Email: 09/13/2023

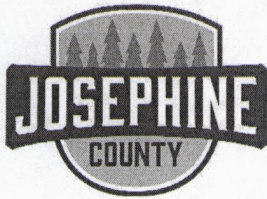
CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached)

Darien Schaefer 09/13/2023
(Signature of Owner or Attorney-in-Fact) Date

09/13/2023
(Signature of Owner or Attorney-in-Fact) Date

(For Office Use)

Fees Paid: \$360 Initials: *aw*



Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

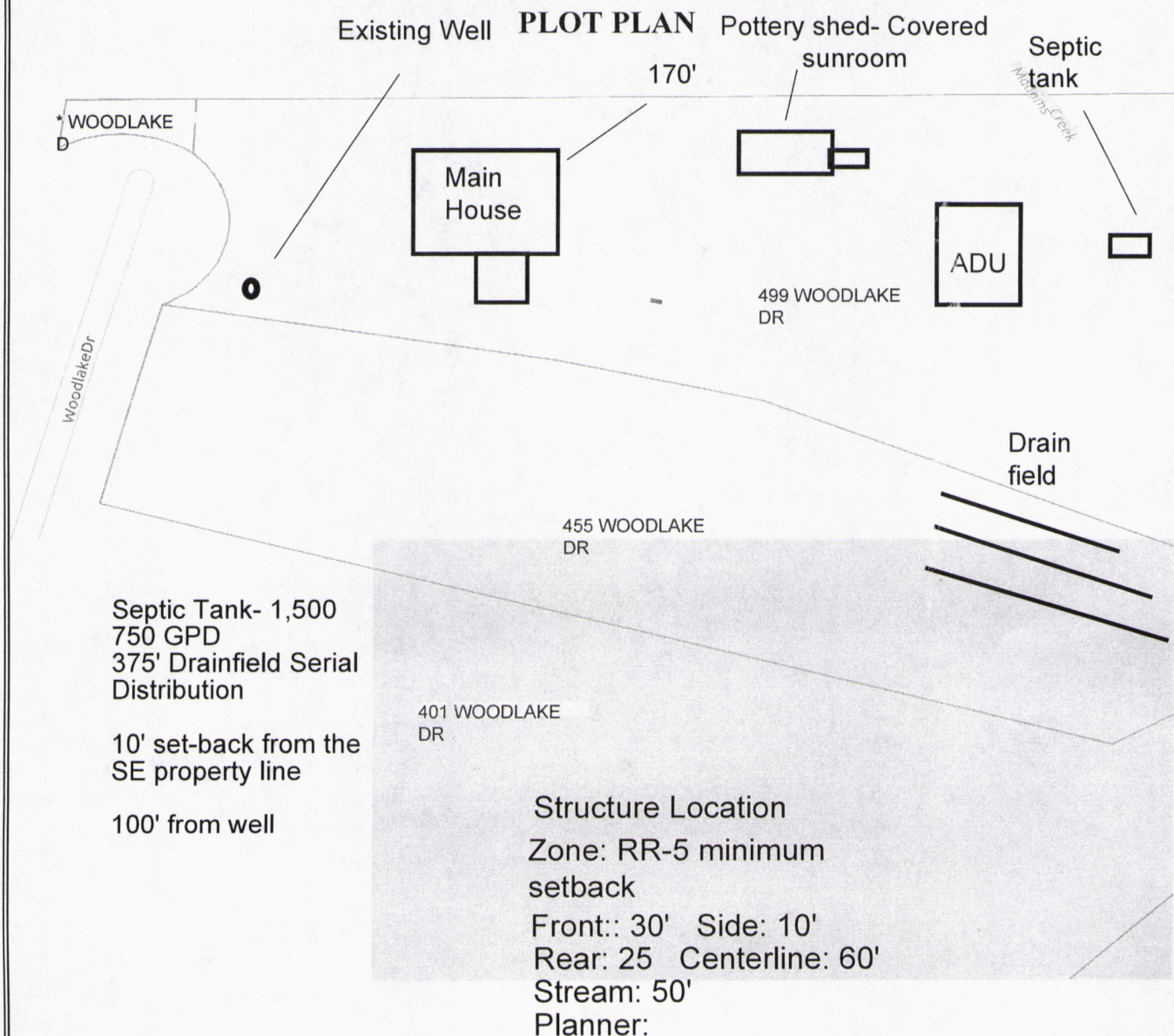
(541) 474-5421 / Fax (541) 474-5422

E-mail: planning@josephinecounty.gov

DATE: 09/13/2023 TWN _____ RNG _____ SEC _____ QQ _____ TL _____

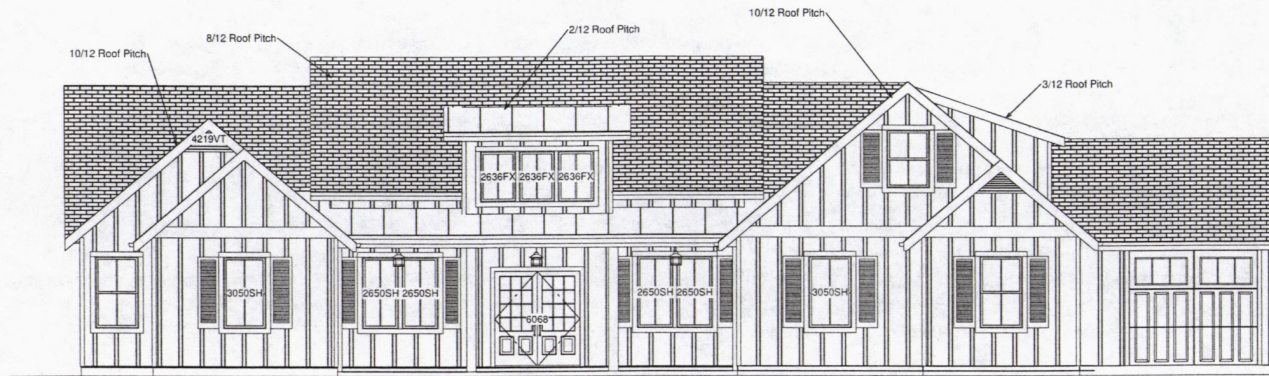
OWNER'S NAME: Darien Schaefer

ADDRESS: 499 Woodlake Dr, Grants Pass, OR 97527

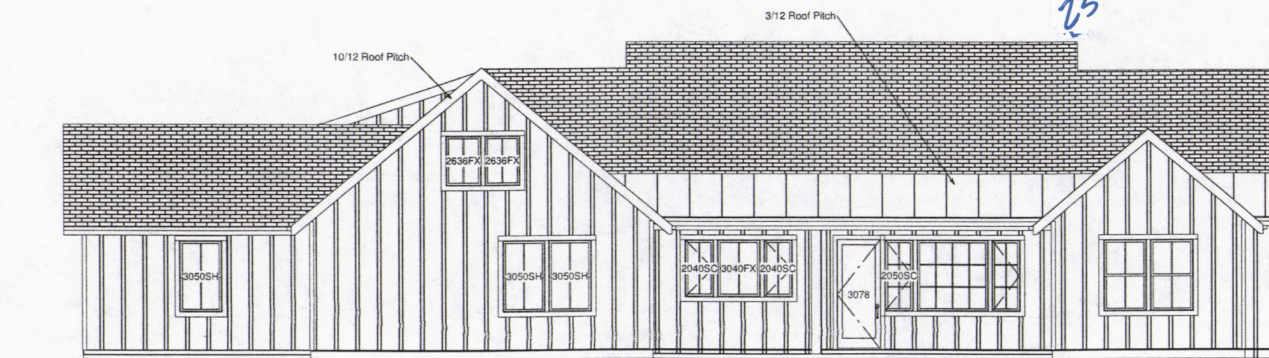


SIGNATURE: Darien Schaefer

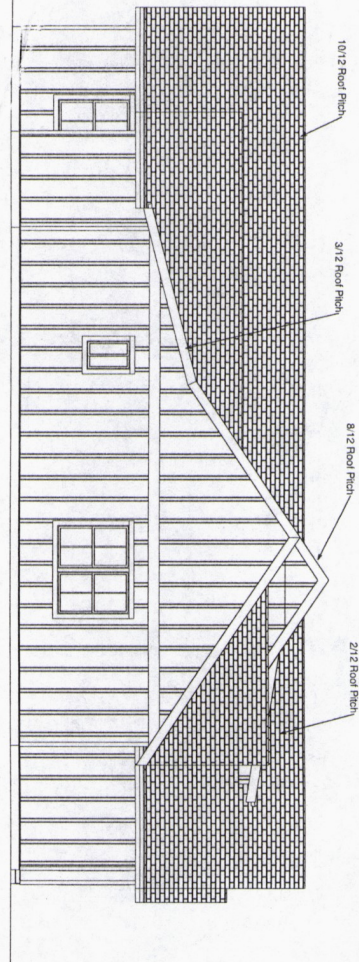
DATE: 09/13/2023



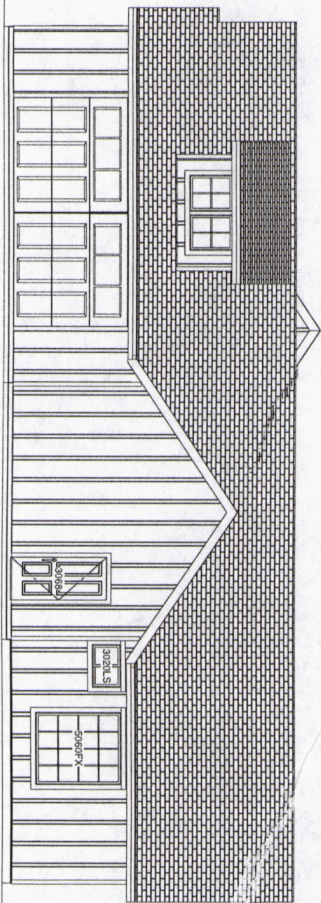
FRONT ELEVATION
Scale: 1/4" = 1'-0"



BACK ELEVATION
Scale: 1/4" = 1'-0"



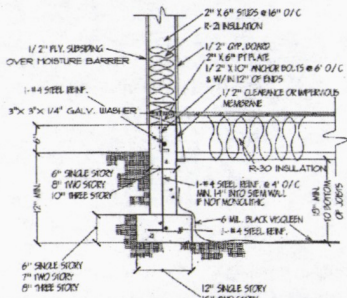
LEFT ELEVATION
Scale: 1/4" = 1'-0"



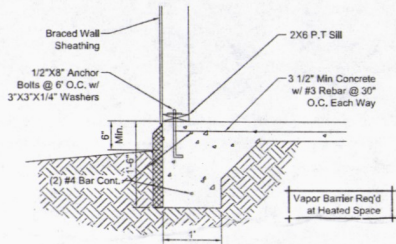
RIGHT ELEVATION
Scale: 1/4" = 1'-0"

JO CO - PLANNING
SEP 13 2023
RECEIVED

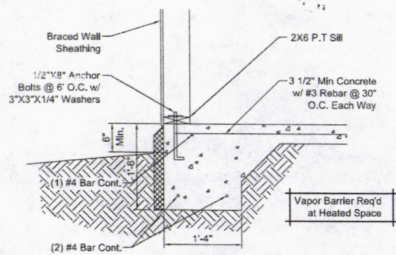
DRAWINGS PROVIDED BY: NELSON DESIGN 541-450-5479		PROJECT DESCRIPTION: Address: 499 Woodlake Dr. Owner: Darien Schaefer		SHEET TITLE: LEFT & RIGHT ELEVATIONS		<table border="1"> <thead> <tr> <th>NO.</th> <th>DESCRIPTION</th> <th>BY</th> <th>DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		NO.	DESCRIPTION	BY	DATE																
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DATE: 7/16/23		SCALE: 1/4" = 1'-0"		SHEET: A-2																							



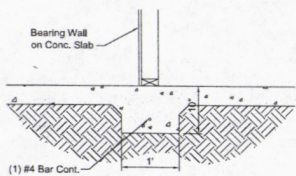
1 EXTERIOR FOOTING DETAIL
Scale: 1" = 1'-0"



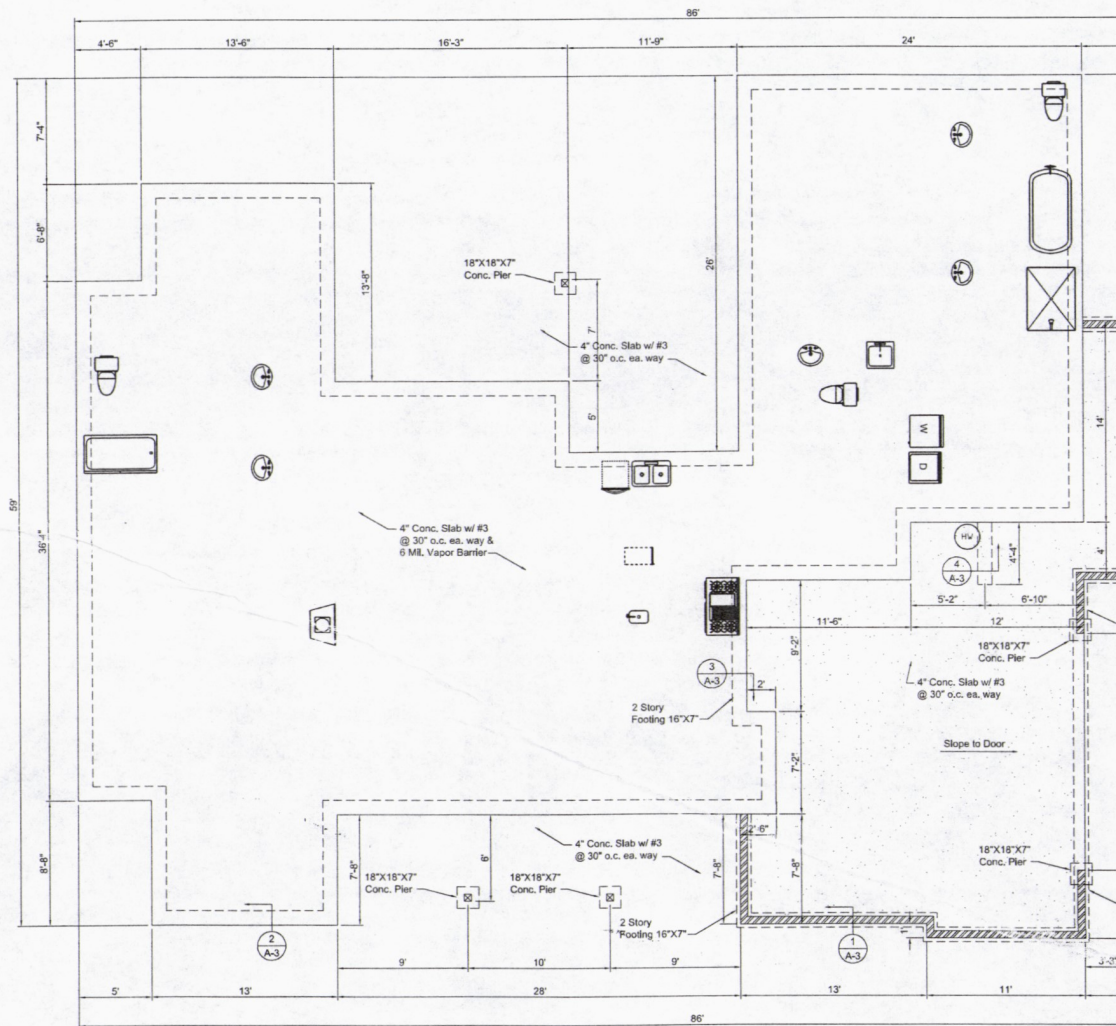
2 THICKENED EDGE FOOTING DETAIL (1 Story)
Scale: 1" = 1'-0"

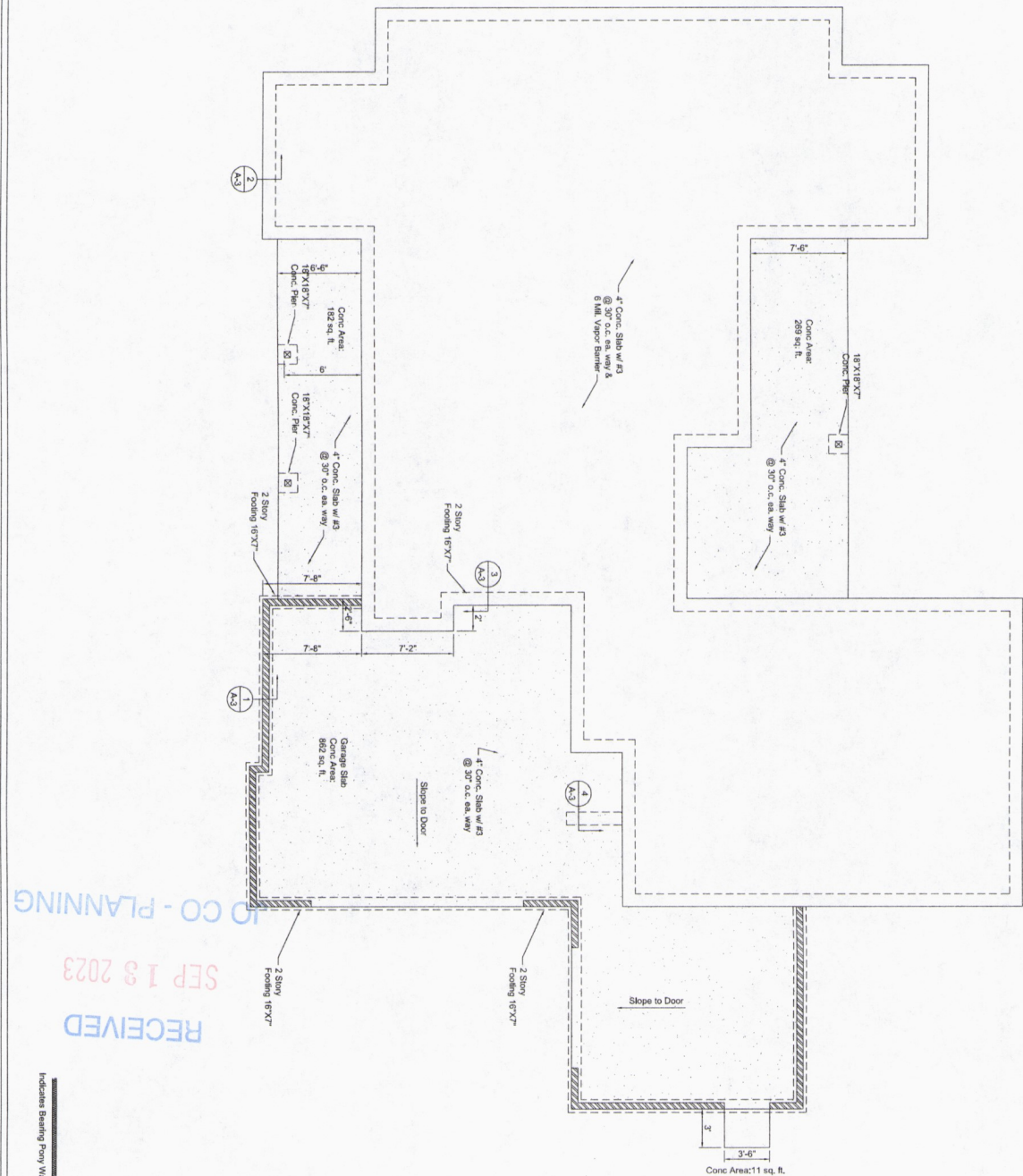


3 THICKENED EDGE FOOTING DETAIL (2 Story)
Scale: 1" = 1'-0"



4 THICKENED EDGE FOOTING DETAIL (2 Story)
Scale: 1" = 1'-0"

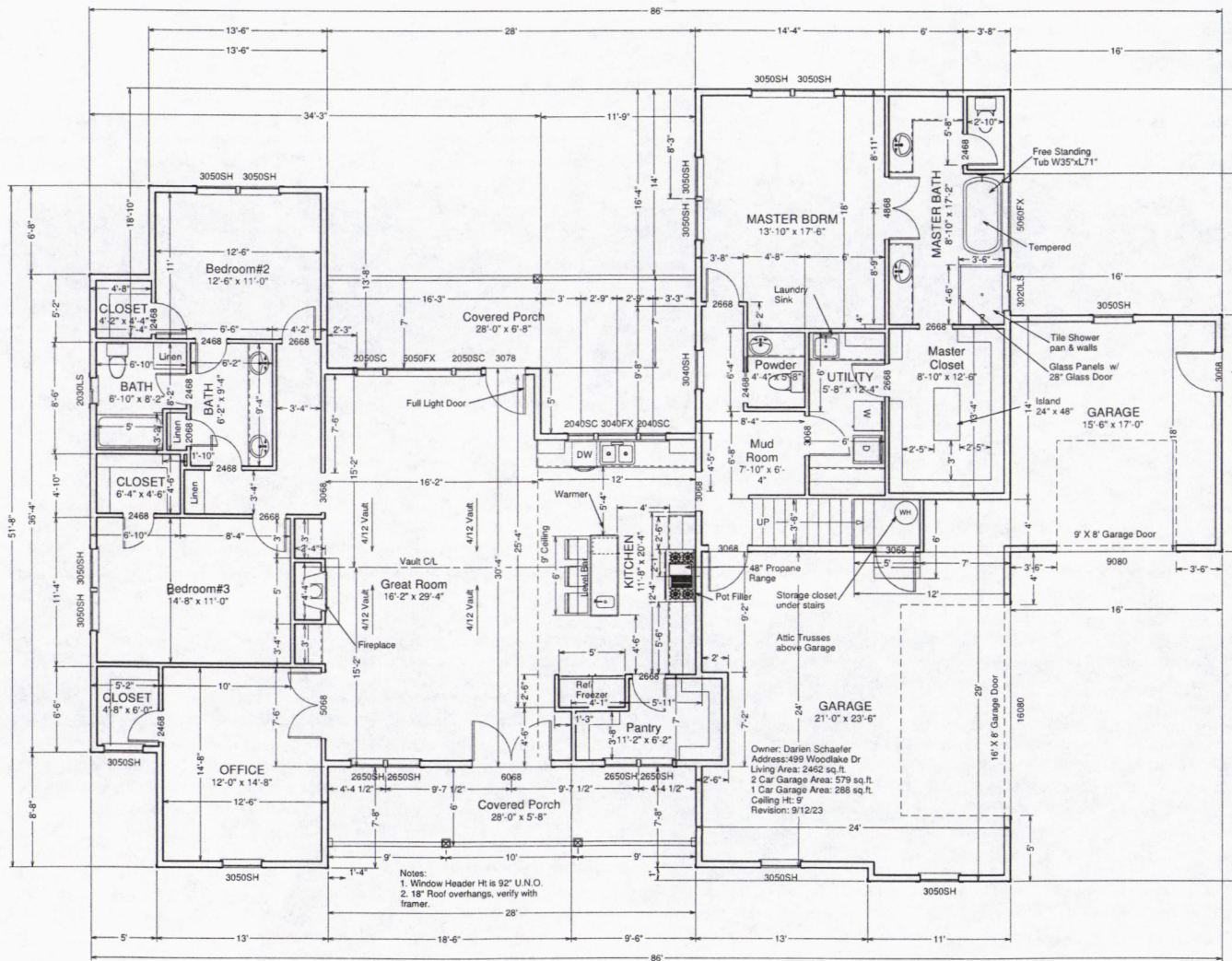




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SEP 13 2023
JO CO - PLANNING

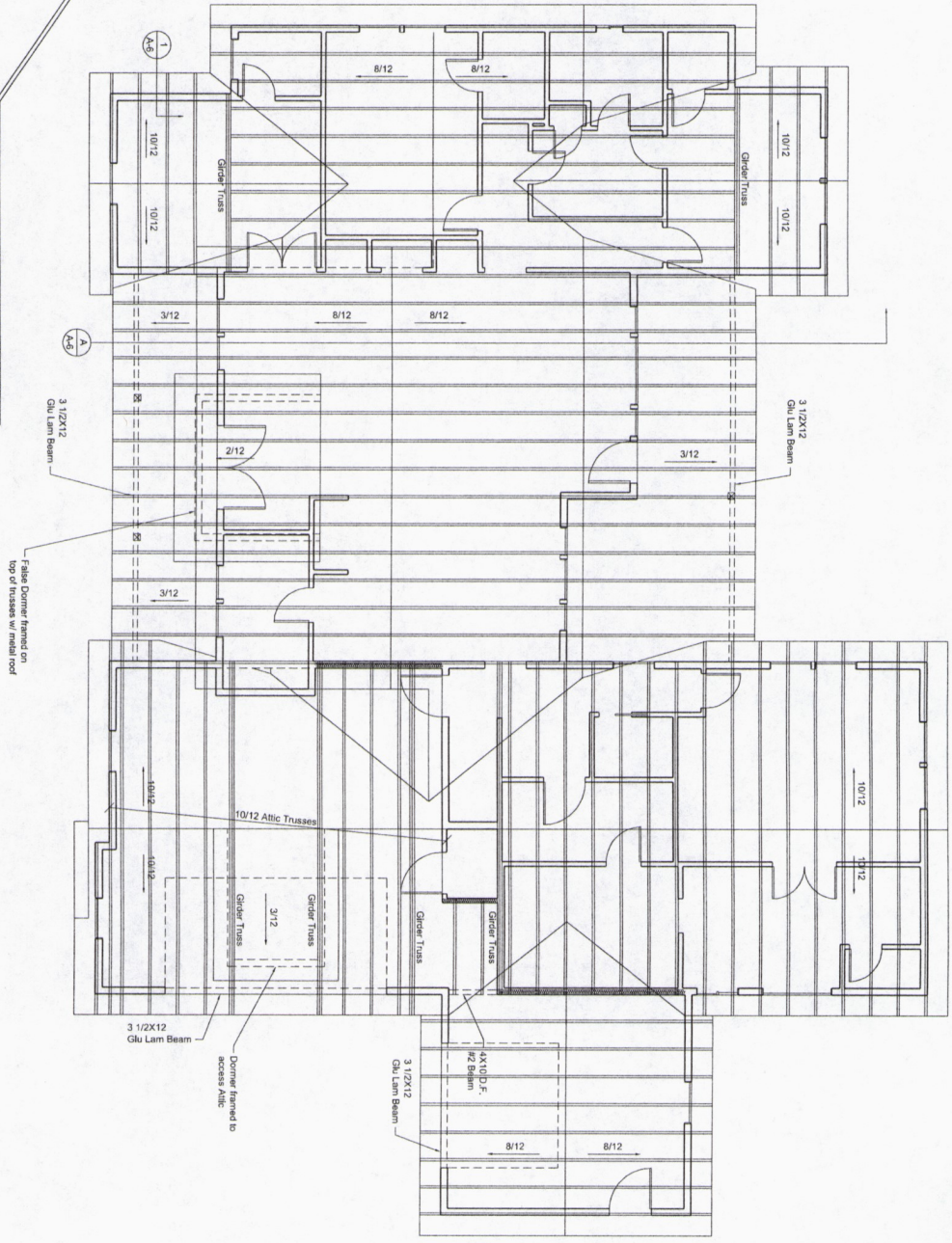
Indicates Beating Pony Wall

SHEET: A-4	DATE: 8/15/23	DRAWINGS PROVIDED BY: NELSON DESIGN 541-450-5479	PROJECT DESCRIPTION: Address: 499 Woodlake Dr. Grants Pass, OR 97527 Customer: Darlen Schaefer	SHEET TITLE: Concrete Plan	<table border="1"> <thead> <tr> <th>NO.</th> <th>DESCRIPTION</th> <th>BY</th> <th>DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	NO.	DESCRIPTION	BY	DATE																
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SCALE: 1/4" = 1'-0"																									



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JO CO - PLANNING



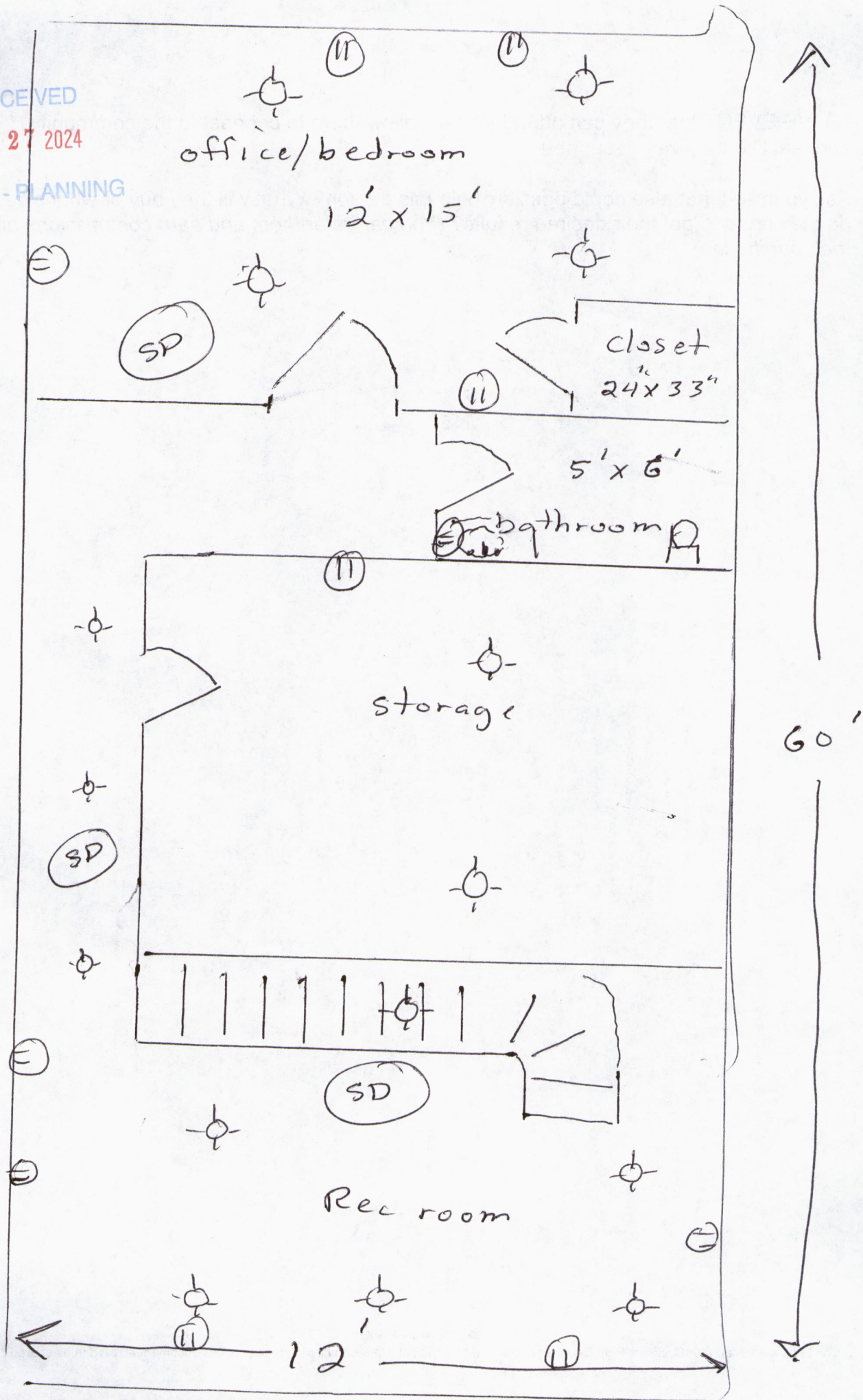
Framing Cross Section "A"
Scale: 1/4" = 1'-0"

Indicates Bearing Wall

A-6	SHEET:	DATE:	8/15/23	SCALE:	1/4" = 1'-0"	DRAWINGS PROVIDED BY: NELSON DESIGN 541-450-5479	PROJECT DESCRIPTION: Address: 499 Woodlake Dr. Grants Pass, OR 97527 Customer: Darien Schaefer	SHEET TITLE: Roof Framing	<table><tr><th>NO.</th><th>DESCRIPTION</th><th>BY</th><th>DATE</th></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	NO.	DESCRIPTION	BY	DATE																				
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FEB 27 2024

JO CO - PLANNING



APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS
201 River Heights Way • Grants Pass OR 97527
Tel: (541) 474-5460 Fax: (541) 474-5475

RECEIVED

SEP 13 2023

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Prepared by:	SK	District No:	3
Zone:	RR5	Violations:	
Owner	Contact	Pickup	Mail
Fax:			
Email:	darien@aergonia.com		
Land Use Log:	Yes	No	Scanned

Application Date:	4/7/2022	Permit No:	22028
Situs (St Address):	Woodlake Dr TL		
Location of Access:	Woodlake Dr		
T	36	R	07
S	23.BA	TL	100
Parcel No:			
Stated Purpose:	Addressing/Lot Line Adjustment		
NEW	EXISTING	SHARED	WAIVER

Contractor **Thomas Marthaller**
Street Address **4002 Riverbanks Rd**
City / St / Zip **Grants Pass, OR 97527**

Office No. **541-476-4863**
Cell No. **541-660-7217**
Fax No. _____

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**; violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized.
ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner **Schafer Family Trust** Phone **303-204-5477**
Mailing Address **5565 Jerome Prairie Rd**
City **Grants Pass** St **OR** Zip **97527**

Contact _____ Phone _____
Mailing Address _____
City _____ Zip _____

TYPE OF ROAD:

☒ County-maintained ☐ Local access road
☐ Owner-maintained ☐ Circuit Court Decree

TYPE OF APPROACH:

☒ Residential ☐ Commercial / Industrial*
☐ Home Occupation* **Requires Site Plan*
☐ Ag Use

Approach: ☐ Existing ☒ New Width: _____
Culvert: ☐ Existing ☐ Required ☐ Material: ☐ CMP / Concrete Diameter: _____ Length: _____ ☐ Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before **4/8/2023**

SUBMITTED BY:

Applicant **[Signature]** Date **4/7/22**

I have received a copy of the General Provisions
[Signature]
Applicant's initials

"CONDITIONS FOR APPROVAL" ISSUED BY:

[Signature] Date **4/8/2022**

INSTALLATION INSPECTION:

Approved By **[Signature]**
Date **4/26/2022** Time _____

LOCATION OF APPROACH:

Address **WOODLAKE Dr. TL100**
Latitude (N) **42° 25' 59"**
Longitude (W) **123° 29' 46"**

Denied By _____ Date _____
Reason: _____ LEFT RIGHT MILEPOST _____

WAIVER FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

Public Works Authorized Representative _____

Date _____

RECEIVED

JUN 02 2022

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Josephine County, Oregon

Community Development - Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR
97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: planning@co.josephine.or.us

Chapter 19.76 Certification of Fire Protection Service

Name: Darien Schafer

Assessor Map Number: 360723 BA 100

Address: 499 Woodlake Dr

City Grants Pass State OR Zip code 97527

Phone Number: _____

Email: _____

I certify that the above property is being provided fire protection services by:

Rural Metro Fire
Fire district or Fire service provider

starting: 9/13/2023
Date

Fire Official Signature: M Thomas Date: 9/13/2023

Title: Customer service



Wetland Land Use Notice Response

Response Page

Department of State Lands (DSL) WN# *

WN2023-0766

Responsible Jurisdiction

Staff Contact

Tami Smith

Jurisdiction Type

County

Municipality

Josephine

Local case file #

360723BA000100

County

Josephine

Activity Location

Township

36S

Range

07W

Section

23

QQ section

BA

Tax Lot(s)

100

Street Address

499 Woodlake Dr

Address Line 2

City

Grants Pass

Postal / Zip Code

97527

State / Province / Region

OR

Country

Josephine

Latitude

42.432852

Longitude

-123.495479

Wetland/Waterway/Other Water Features

- ☒ There are/may be wetlands, waterways or other water features on the property that are subject to the State Removal-Fill Law based upon a review of wetland maps, the county soil survey and other available information.
- ☒ The National Wetlands Inventory shows wetland, waterway or other water features on the property
- ☒ The county soil survey shows hydric (wet) soils on the property. Hydric soils indicate that there may be wetlands.
- ☒ The property includes or is adjacent to designated Essential Salmonid Habitat.

Applicable Oregon Removal-Fill Permit Requirement(s)

- ☒ A state permit is required for any amount of fill, removal, and/or other ground alteration in Essential Salmonid Habitat and within adjacent off-channel rearing or high-flow refugia habitat with a permanent or seasonal surface water connection to the stream.

Closing Information



Additional Comments

Based on a review of the available information, the proposed home appears to avoid impacts to jurisdictional wetlands or waters.

For your information, Madam Creek is Essential Salmonid habitat. Any work in the creek may require a permit

This is a preliminary jurisdictional determination and is advisory only.

This report is for the State Removal-Fill law only. City or County permits may be required for the proposed activity.

Contact Information

- For information on permitting, use of a state-owned water, wetland determination or delineation report requirements please contact the respective DSL Aquatic Resource, Proprietary or Jurisdiction Coordinator for the site county. The current list is found at: <http://www.oregon.gov/dsl/ww/pages/wwstaff.aspx>
- The current Removal-Fill permit and/or Wetland Delineation report fee schedule is found at: <https://www.oregon.gov/dsl/WW/Documents/Removal-FillFees.pdf>

Response Date

9/25/2023

Response by:

Chris Stevenson

Response Phone:

503-986-5246

Tami Smith

From: chris.stevenson@dsl.oregon.gov
Sent: Monday, September 25, 2023 10:23 AM
To: Tami Smith
Subject: WN2023-0766 Response to Local Case File #360723BA000100
Attachments: Wetland Land Use Notice.pdf; Wetland Land Use Notice Response.pdf

EXTERNAL EMAIL: Please verify links by hovering over them!

Hi there,

Cities and Counties are required by statute (ORS 215.418 & 227.350) to submit notice to DSL of any projects that may impact wetlands and waterways, according to the Statewide Wetlands Inventory. DSL has completed review of the Wetland Land Use Notification that was prepared for Darien Schaefer (WN2023-0766).

Please see attached for the results and conclusions of this review. To request paper copies please contact support.services@dsl.oregon.gov. Otherwise, please review the attachments carefully and if you have questions regarding this response, contact Chris Stevenson, chris.stevenson@dsl.oregon.gov. Questions regarding the local permit should be directed to your Planner: Tami Smith, tsmith@josephinecounty.gov.

[Planning and Conservation Page](#)

[Permits and Authorization Page](#)

Thank you,

Aquatic Resource Management Program
Oregon Department of State Lands
775 Summer St. NE, Ste. 100
Salem, OR 97301-1279
www.oregon.gov/dsl



Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97526
(541) 474-5421
planning@josephinecounty.gov

Receipt Number: PL23-01155

Payer/Payee: SCHAEFER FAMILY TRUST
5565 JEROME PRAIRIE RD
GRANTS PASS OR 97527

Cashier: Terri Woodruff

Date: 09/13/2023

Primary Parcel: 360723BA000100 **Project Description:** 2,462 SQ FT SFD

PL-2023-01191 DEVELOPMENT PERMIT 499 WOODLAKE DR

Fee Description

Development Permit

Fee Amount Amount Paid Fee Balance

\$380.00 \$380.00 \$0.00

\$380.00 \$380.00 \$0.00

Payment Method	Reference Number	Payment Amount
CHECK	5394	\$380.00
Total Paid:		\$380.00

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360723BA000100
SITUS: 499 WOODLAKE DR
ACRES: 2.65

PERMIT
NUMBER: PL-2023-01191
ZONE: RR5
SCHOOL
DISTRICT: Three Rivers

APPLICANT:	SCHAEFER FAMILY TRUST	APPLICANT PHONE #:	303-204-5477
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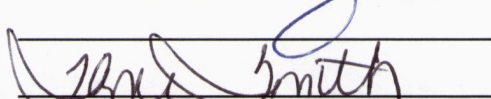
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ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:		DATE:	9-26-23
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	9-21-23

NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.



Certificate of Satisfactory Completion
Installation Permit - Residential - New

463-22-000262-PRMT

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsitesepctic@josephinecounty.gov
Website: josephine.or.us

Date Certificate Issued: 10/05/2022

Work Description: STANDARD CONSTRUCTION PERMIT

Applicant: THE SCHAEFER FAMILY TRUST
%SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUS
Phone: 3032045477
Email: DARIEN@AERGONIA.COM

Owner: THE SCHAEFER FAMILY TRUST
Address: %SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUS
%SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUSTEES
GRANTS PASS OR 97527

Property Address: 455 Woodlake Dr, Grants Pass, OR
97527

Parcel: 360723BA00020900 - Primary

Lot Size:	1.48	Water Supply:	Well
Zoning:	Low Density Residential	City/County/UGB:	County
Land Use Approval:	N/A		

Category of Construction: Residential

	Existing	Proposed
Use of Structure:	N/A	SFR
Number of Bedrooms:	N/A	1

System Specifications

Type:	Standard		
Max Peak Design Flow:	450 gpd.	Proposed Flow:	300 gpd.
Min Septic Tank Volume:	1000 gal.	Min Dosing Tank Volume:	N/A
Special Tank Requirements:	OWNER PLANS ON SIZING UP SEPTIC SYSTEM TANK TO 1500 GALLON RIVERSIDE		

Drain Field Specifications

Drain Field Type:	Standard	System Distribution Type:	Serial
Seepage Bed Specs:	750 GPD WITH 375 FEET OF DRAINFIELD	Bottomless sand filter sqft:	N/A
Media Type:	EZ FLOW 1201-P	Media Depth:	N/A
Trench Length:	375 linear ft.	Rock Above Pipe:	N/A
Max Depth:	30 in.	Undisturbed Soil Between Trenches:	N/A
Min Depth:	24 in.	Capping Fills-Min Depth of Fill Material:	N/A

Special Requirements

Groundwater Type:	Not Applicable	Groundwater Depth:	N/A
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Date Certificate Issued: 10/05/2022

Work Description: STANDARD CONSTRUCTION PERMIT

Conditions of Approval

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
- Meet all required setbacks
- The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
- All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
- For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
- Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

Date Certificate Issued: 10/05/2022

Work Description: STANDARD CONSTRUCTION PERMIT

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the Conditions of Approval above.

1. In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
2. Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
3. The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
4. This onsite wastewater treatment system that be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
5. This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.
6. Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

Certificate of Satisfactory Completion

System Inspection: No **Operation of Law - 7 Days Notice:** No **Pre-Cover Inspection Waived Per 340-071:** No
Comments: N/A

Joshua Daley

Environmental Specialist

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)



NOTICE AUTHORIZING REPRESENTATIVE

I, Darien Schaefer have authorized Jack Oldham to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)

agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Josephine County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

499 Woodlake Dr. Grants Pass OR 97527
(Property Situs or Road Address)

And described in the records of JOSP County as:

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Darien Schaefer

Address: 499 Woodlake Dr.

City, State, Zip: Grants Pass OR 97527

Phone: 303-204-5477

Email: darien@acergonia.com

Signature: [Signature]

AUTHORIZED REPRESENTATIVE:

Printed Name: Jack Oldham

Address: 1574 NE 7th St

City, State, Zip: Grants Pass OR

Phone: 541 295 2124

Email: bampaw316@gmail.com

Signature: [Signature]

Final Inspection Request and Notice - Septic ID: 463-22-000262-PRMT

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: THE SCHAEFER FAMILY TRUST

Township:

Range:

Sect:

Lot:

Property Address: 455 WOODLAKE DR, GRANTS PASS, OR 97527

Address:

SECTION 2: System Component Specifications:**A. Tanks/Pumps****System Type:**

Water tight verification*

Tanks(1)	Volume: 1500	Compartments: 2	Manufacturer: RIVERSIDE	Date: HW
Tanks(2)	Volume:	Compartments:	Manufacturer:	Date:
Pump(s)	HP: 1/2	Model/Manuf. 283 LIBERTY	Float(s) Type(1):	Model/Manuf.
			Float(s) Type(2):	Model/Manuf.

B. Piping

Effluent Sewer (tank to drainfield)	Yes ☒	No	Diameter: 4	ASTM#/Other: 3034	Length: 5'
Pressure Transport Pipe	Yes ☒	No	Diameter: 1 1/4	ASTM#/Other: 2665	Length: 170'

C. Secondary Treatment Unit:

Sand Filter**	Yes	No	Type:	Container Dimensions:
Underdrain pipe			Diameter:	ASTM#/Other: Length:
Manifold piping			Diameter:	ASTM#/Other: Length:
Internal Pump			HP:	Model/Manufacturer
Floats(1)			Type:	Model/Manufacturer
Floats(2)			Type:	Model/Manufacturer
ATT	Yes	No	Model:	
Certified Maint.	Provider Name:			
Operation and Maint.	Contract Received?	Yes	No	

D. Drainfield Media

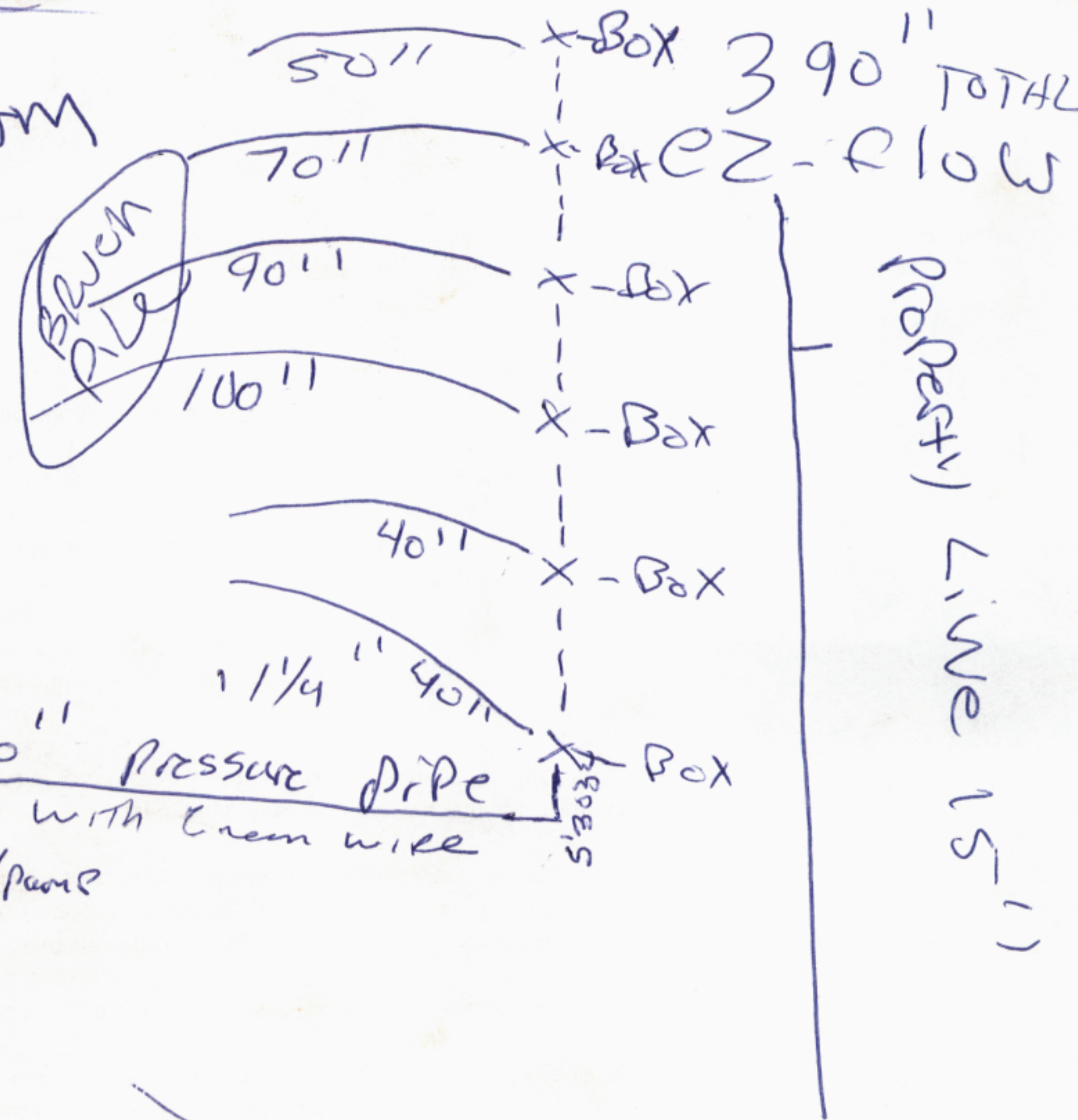
Type	(Gravel, Pipe or alternative?) 390' E-Z FLOW			
Distribution Box	Yes ☒	No	1	
Drop Box	Yes ☒	No	5	
Distribution Pipe	Yes ☒	No	Diameter: 4"	ASTM#/Other: 2729 Length: 120'
Comment				

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)

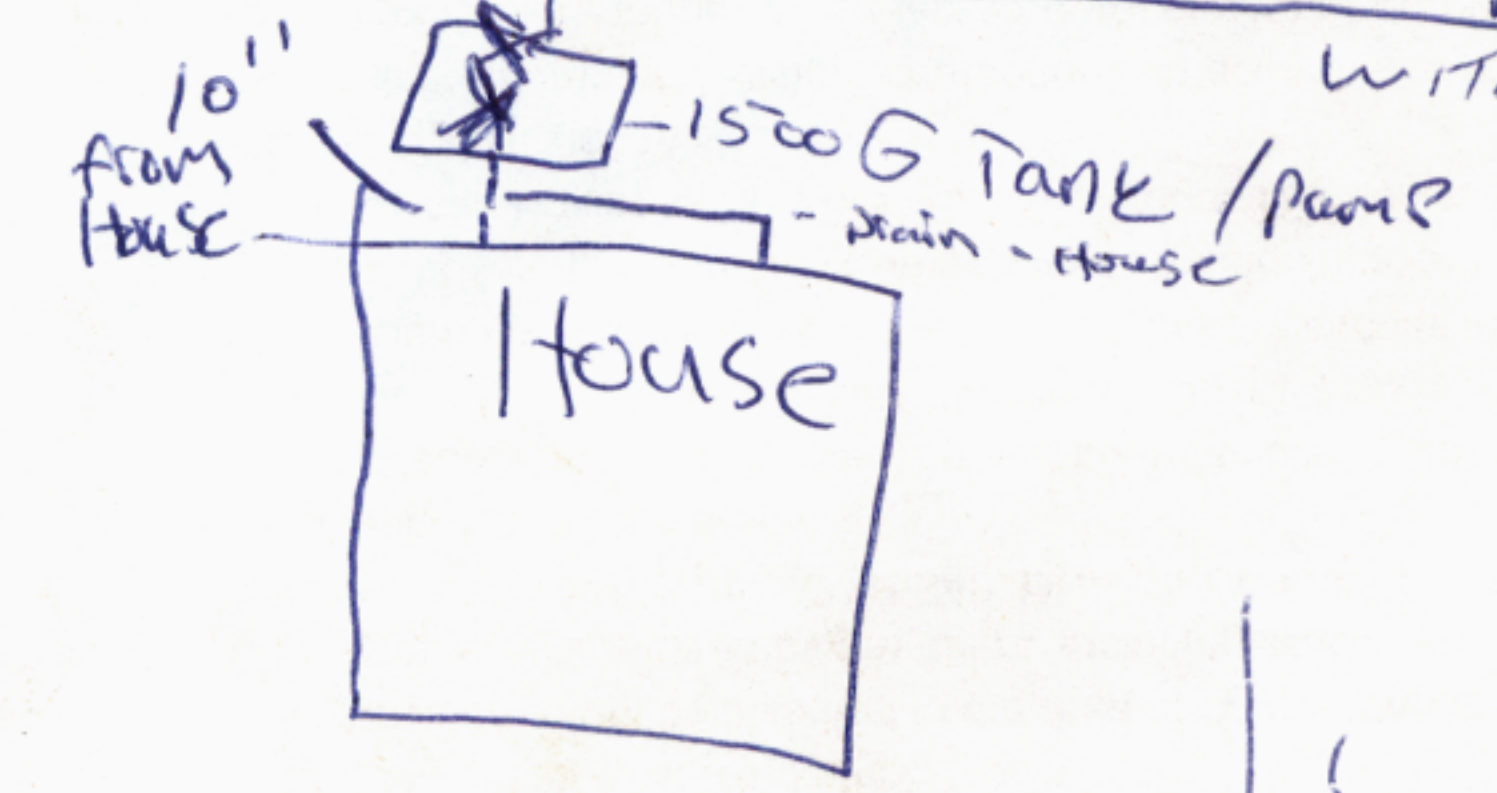
**Attach sieve analysis for Underdrain Media and Filter Sand

Property Line 15'

JACK OLDHAM
541-295-2124
Deq #38854
bampaw51@gmail.com



N 4



AS BUILT



SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.

SEE ATT

SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:		Print Name: JACOB OBLIN	
Licensed Installer:	Yes ☒ No ☐	License#: 38854	Certification#: RI 605
Owner/ Certified Installer:	Signature: JACOB OBLIN	Date: OCT 5	Phone#: 541 295 2124

SECTION 5 - Office Use Only:

Notice Accepted	Yes	No	Date:

If No, Reason for Non Acceptance: _____

Comment: _____









Septic Permit
Installation Permit - Residential - New
463-22-000262-PRMT

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsitesepctic@josephinecounty.gov
Website: josephine.or.us

Date issued: 9/21/22

Expiration date: 9/21/23

Work description: STANDARD CONSTRUCTION PERMIT

Applicant: THE SCHAEFER FAMILY TRUST
%SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUS
Phone: 3032045477
Email: DARIEN@AERGONIA.COM
Business License: N/A

Owner: THE SCHAEFER FAMILY TRUST
Address: %SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUS
%SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUSTEES
GRANTS PASS OR 97527

Property address: 455 Woodlake Dr, Grants Pass, OR
97527

Parcel: 360723BA00020900 - Primary

Lot size:	1.48	Water supply:	Well
Zoning:	Low Density Residential	City/County/UGB:	County
Land use approval:	N/A	County:	N/A
Action:	New	Type of application:	Construction Permit - Residential
System failing:	N/A	Septic tank last pumped:	N/A
Comments:	N/A		

Category of construction: Residential

	Existing	Proposed
Use of structure:	N/A	SFR
Number of bedrooms:	N/A	1

System Specifications

Type:	Standard	ATT description:	N/A
Max peak design flow:	450 gpd.	Proposed flow:	300 gpd.
Min septic tank volume:	1000 gal.	Min dosing tank volume:	N/A
Special tank rqmts:	OWNER PLANS ON SIZING UP SEPTIC SYSTEM TANK TO 1500 GALLON RIVERSIDE		

Drain Field Specifications

Drain field type:	Standard	System distribution Ttpe:	Serial
Seepage bed specs:	OWER HAS OPTED TO SIZE UP SYSTEM FOR 750 GPD WITH 375 FEET OF DRAINFIELD	Bottomless sand filter sqft:	N/A
Media type:	Other - Indicate Product/Manufacturer	Media depth:	N/A
Media type description:	EZ FLOW 1201-P	Rock above pipe:	N/A
Trench length:	375 linear ft.	Undisturbed soil between trenches:	N/A
Max depth:	30 in.	Capping fills-min depth of fill material:	N/A
Min depth:	24 in.		

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Date issued: 9/21/22

Expiration date: 9/21/23

Work description: STANDARD CONSTRUCTION PERMIT

Special Requirements

Stake out required:

Yes

Groundwater type:

Not Applicable

Groundwater depth:

N/A

Conditions of approval

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty- inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
- Meet all required setbacks
- The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
- All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
- For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
- Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

Date issued: 9/21/22**Expiration date:** 9/21/23**Work description:** STANDARD CONSTRUCTION PERMIT

This Construction-Installation Permit authorizes the property owner to construct an onsite wastewater system specified above.

Rules, Approved Material Listing; and Database of Licensed Installers can be accessed at:
<http://www.deq.state.or.us/wq/onsite/onsite.htm>

General Conditions And Requirements For All Permits: Onsite Construction-Installation Permits are valid for one year from the date of issuance. The expiration date is noted on this permit. Renewal of a permit may be granted if an application for permit renewal is received before the permit expiration date. Reinstatement of a permit may be granted if an application for permit reinstatement is received within one year after the permit expiration date. Transfer of a permit from the permittee to another person may be granted if an application for permit transfer is received before the permit expiration date and no other changes to the permit are necessary.

Installation Requirements: The drainfield must be installed in undisturbed native soil. No alterations of the natural site conditions such as soil removal or filling, or slope/topography alterations within the approval areas for both the initial and replacement systems are allowed, unless otherwise authorized by the Agent. Do not install system when soil moisture, high groundwater, adverse weather, or other conditions that could affect the quality of installation or reliability of the system are present. If such conditions are present and there is a need for sewage disposal at the site, the septic tank can be utilized as a temporary holding tank as outlined in 340-071-0160(9).

Inspection Requirements: The system installer and/or the permit holder must notify the permitting Agent when the construction, alteration, or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The permitting agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the permitting agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of a completed Final Inspection Request and Notice form by the permitting agent establishes the official notice date of your request for the final inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion can be issued.

System Backfill Requirements: The system is to be backfilled or covered as follows: * Only after the permitting agent has approved the construction installation, * or the inspection has been waived * or the Certificate of Satisfactory Completion (CSC) has been issued by operation of law (where the inspection has not been conducted within 7 days of notification of completed installation).

Unless otherwise required, it is the system installer's responsibility to backfill the system within 10 days after inspection and issuance of the CSC. Backfill must be carefully placed to prevent damage to the system. The backfill must be free of large stones, frozen clumps of earth, masonry, stumps, waste construction materials, or other materials that could damage the system. Be sure that the untreated building paper, filter fabric, or other material approved by the agent is completely covering all drain media where required prior to backfill. The system can be connected to and placed into service once it has been properly backfilled and the CSC has been issued.

Initial and Replacement Areas — Protection: The installed subsurface absorption field and designated replacement areas must be protected and kept free of development such as roadways, covering with asphalt or concrete, filling, cutting, or other soil modifications.

Joshua Daley

Environmental Specialist

9/21/22

After Recording Return To:

Darien Schaefer
5565 Jerome Prairie
Grants Pass OR 97527

JOSEPHINE COUNTY OFFICIAL RECORDS

RHIANNON HENKELS, COUNTY CLERK

2022-009246

DED-EAS

07/15/2022 10:42 AM

Cnt=1 Pgs=3 Stn=4 LBOSS

\$15.00 \$11.00 \$60.00 \$10.00 \$5.00

Total: \$101.00



00511559202200092460030039

I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

EASEMENT, COVENANT AND SERVITUDE

WHEREAS Darien Schaefer ("GRANTOR") is the owner of the following two lots (or parcels) of real property located in Josephine County County, Oregon:

Lot I: TL-209 (455 Woodlake Dr, Grants Pass OR, 97527

Lot II: TL-100 (499 Woodlake Dr, Grants Pass OR, 97527

WHEREAS GRANTOR has applied to the State of Oregon through the Department of Environmental Quality ("State" or "GRANTEE") for a permit to construct an individual onsite wastewater treatment system ("permit") on Lot I intended to serve Lot II; and

WHEREAS Oregon Administrative Rules (OAR) 340-71-130 requires for each lot or parcel different from but under the same ownership as the lot or parcel served, the owner of the property must execute and record in the county land title records, on a form approved by the department, an easement and a covenant in favor of the State of Oregon as a condition precedent to issuance of a permit authorizing the construction of a system on one lot intended to serve another lot;

EASEMENT

NOW THEREFORE, in consideration of the issuance of the permit to GRANTOR by the State, GRANTOR hereby conveys to the State, its successors and assigns, a perpetual non-exclusive easement in, upon, and running with Lots I and II allowing the state's officers, agents, employees and representatives to enter and inspect, including by excavation, the onsite wastewater treatment system on Lots I and II. This easement shall be terminated at such time as use of the individual onsite wastewater treatment system has ceased because the structures on Lot II are fully served by an adequate public sanitary sewer system or by another onsite wastewater treatment system located elsewhere. Upon request and a determination that adequate alternative service is available and in use, the State shall execute a recordable document terminating the easement.

COVENANTS

GRANTOR covenants and agrees not to convey any interest in either Lot I or Lot II that results in the severance of the common ownership of these Lots unless and until GRANTOR has granted or reserved a utility easement on Lot I benefiting Lot II, in accordance with OAR 340-071-0130. Said easement shall be nonexclusive, perpetual and appurtenant and shall be in a form acceptable to the State. The utility easement shall include the following terms:

1. Owners of Lot II may use Lot I for purposes of installing, operating and maintaining a drainfield and related facilities for an individual onsite wastewater treatment system.

Owner Name: Darien Schaefer

2. Lot I shall not be put to any conflicting use which would be detrimental to the permitted system or contrary to any law (including an Oregon Administrative Rule) applicable to the permitted system.

FURTHER, GRANTOR covenants that it shall include these covenants in any conveyance of either lot.

The GRANTOR and the State intend that these covenants shall run with the land and be binding on the GRANTOR'S heirs, successors and assigns.

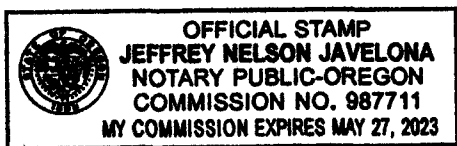
IN WITNESS WHEREOF, the GRANTOR executed this easement on this the 15th day of July, 20 22.

STATE OF OREGON)
) ss.
County of JOSEPHINE)
)
JULY 15, 2022)
)

(GRANTOR)

Personally appeared the above-named DARIEN SCHAEFER and acknowledged the foregoing instrument to be their voluntary act.

Before me:




NOTARY PUBLIC FOR OREGON
My Commission Expires: MAY 27, 2023

State of Oregon Acceptance on this the _____ day of _____, 20____,
by _____, as an Agent for the State of Oregon,
Department of Environmental Quality.

_____,
Signature of DEQ Agent Date _____



After recording return to:
Darien F. Schaefer and Pamela A.
Schaefer
446 Bonnie Lane
Grants Pass, OR 97527

Until a change is requested all tax
statements shall be sent to the
following address:
Darien F. Schaefer and Pamela A.
Schaefer
446 Bonnie Lane
Grants Pass, OR 97527

File No.: 7151-3119709 (RAC)
Date: August 28, 2018

THIS SPACE RESERVED FOR RECORDER'S USE

JOSEPHINE COUNTY OFFICIAL RECORDS
RHIANNON HENKELS, COUNTY CLERK **2018-011357**
DED-WRD
Cnt=1 Pgs=2 Stn=5 JEDWARDS 09/05/2018 10:58 AM
\$10.00 \$11.00 \$10.00 \$60.00 \$5.00 **\$96.00**
I, Rhiannon Henkels, County Clerk, certify that the within
document was received and duly recorded in the official
records of Josephine County.

STATUTORY WARRANTY DEED

Nicolas Van Den Branden, Grantor, conveys and warrants to **Darien F. Schaefer and Pamela A. Schaefer, husband and wife, as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Josephine, State of Oregon, described as follows:

PARCEL I:

**LOT 10, WOODLAKE MEADOWS SUBDIVISION, IN JOSEPHINE COUNTY, OREGON,
ACCORDING TO THE OFFICIAL PLAT THEREOF, RECORDED IN VOLUME 8, PAGE 130 OF PLAT
RECORDS.**

PARCEL II:

**THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 23, TOWNSHIP 36
SOUTH, RANGE 7 WEST, OF THE WILLAMETTE MERIDIAN, JOSEPHINE COUNTY, OREGON.
EXCEPTING THEREFROM ALL THAT PORTION LYING WITHIN WOODLAKE MEADOWS
SUBDIVISION.**

NOTE: This legal description was created prior to January 1, 2008.

Subject to:

1. The **2018-2019** Taxes, a lien not yet payable.
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$185,000.00**. (Here comply with requirements of ORS 93.030)



SCALE: 1" = 40'

Darien Schaefer
455 Woodlake Dr
Sewage site location

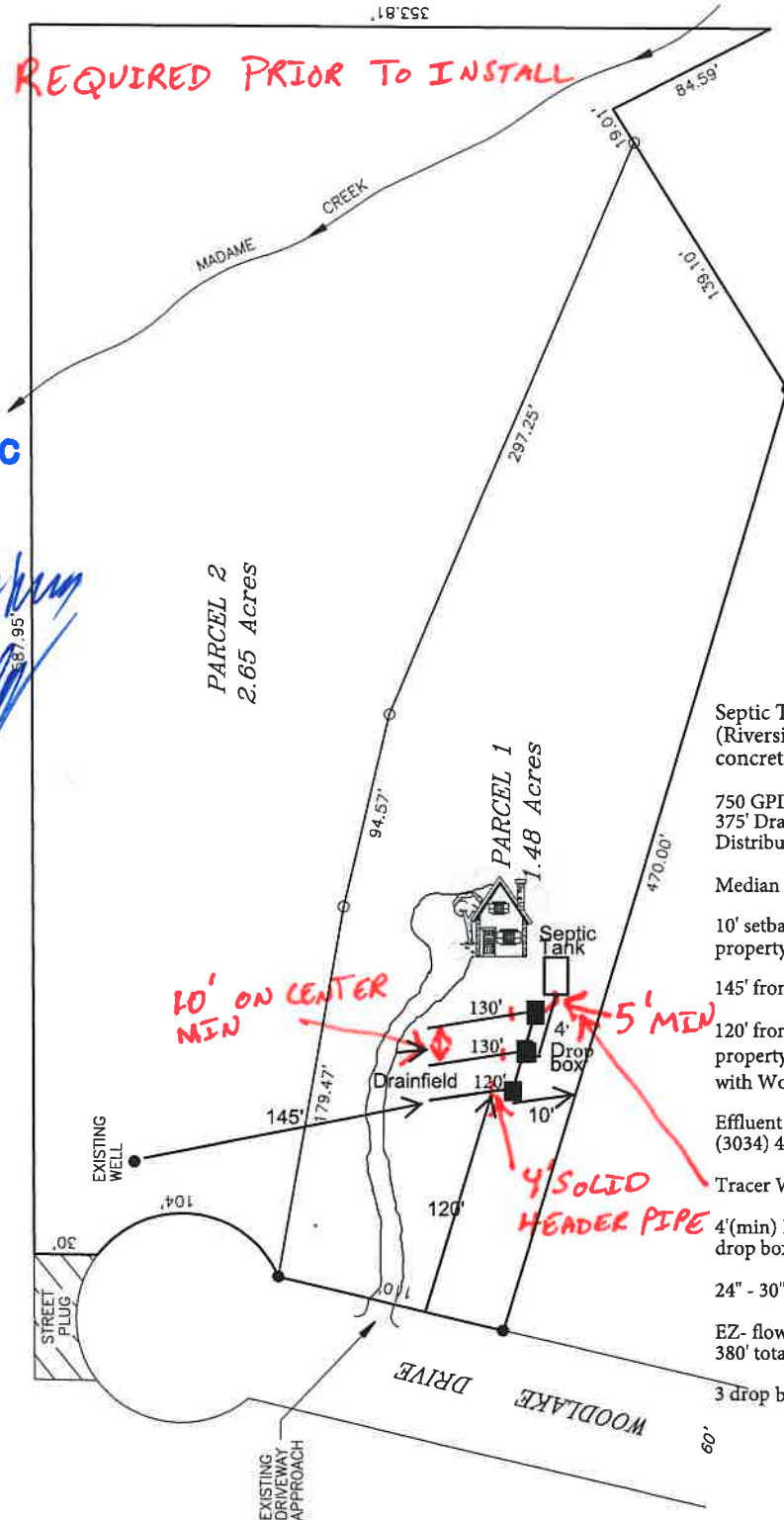
STAKE OUT REQUIRED PRIOR TO INSTALL

JO CO ON-SITE SEPTIC

SEP 20 2022

APPROVED BY:

[Handwritten signature]



10' ON CENTER
MIN

5' MIN

4" SOLID
HEADER PIPE

Septic Tank- 1,500 gallons
(Riverside pre-cast
concrete)

750 GPD
375' Drain-field (serial
Distribution)

Median Type- EZ-Flow

10' setback from the SE
property line

145' from well

120' from the west side
property line that runs parallel
with Woodlake Dr.

Effluent Transport pipe
(3034) 4" Green

Tracer Wire(18 gauge green)

4'(min) Header Pipe between
drop box & drain-field media

24" - 30" Trench depth

EZ- flow 10' sections will equal
380' total.

3 drop boxes total



NOTICE AUTHORIZING REPRESENTATIVE

I, Darien Schaefer, have authorized Jack Oldham to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program
services provided by the Josephine County on the property described below in accordance with
OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative
are my responsibility and I authorized Josephine County Onsite Septic agents to conduct required
business activities on said property.

PROPERTY IDENTIFICATION:

455-499 Woodlake Dr, Grants Pass OR 97527
(Property Situs or Road Address)

And described in the records of Josephine County as:

Township 36 Range 07 Section 23 Map ID BA Tax Lot #(s) 100/209

PROPERTY OWNER:

Printed Name: Darien Schaefer

Address: 455 Woodlake Dr,

City, State, Zip: Grants Pass, Oregon 97527

Phone: 303-204-5477 Email: darien@aergonia.com

Signature: Da Schaefer

AUTHORIZED REPRESENTATIVE:

Printed Name: Jack Oldham

Address: 1574 NE 7th St

City, State, Zip: Grants Pass, OR 97526

Phone: 541-295-2124 Email: bampaw51@gmail.com

Signature: Jack Oldham



Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B
Grants Pass, OR 97526
541-474-5444

For ONSITE SEPTIC Use Only:

Date received _____
Fee paid _____
Receipt number _____
Application number _____
Date of 1st response _____
Date of 2nd response _____
Date of final response _____
Date of completion _____

Scanned

Data Entry

Date Stamp

A. Property Owner Information

Darien Schaefer 5565 Jerome Prairie Rd 9th 303-204-5477
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number
97527

B. Legal Property Description

36 07 23BA 209 2.96
Township Range Section Tax Lot Acreage or Lot Size
County Subdivision Name Lot Block
Property Address: 455 Woodlake Dr Grants Pass OR 97527
Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

3
Number of Bedrooms

☐ Other _____

Water Supply:

☐ Public _____
Name

☒ Private _____
Well, Spring, Shared

D. Type of Application

☒ Site Evaluation

☒ Construction

☐ Permit Repair

☐ Major ☐ Minor

☐ Alteration Permit

☐ Major ☐ Minor

☐ Renewal Permit

☐ Existing System
Evaluation

☐ Permit Transfer

☐ Permit Reinstatement

☐ Authorization Notice for:

☐ Connecting to an Existing System Not in Use
☐ Replacing a Mobile Home or House with Another
Mobile Home or House

☐ The Addition of One or More Bedrooms

☐ Personal Hardship

☐ Temporary Housing

☐ Other-please specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature

Date

Darien Schaefer
Applicant's Name - Please Print Legibly

6-8-2022
Applicant's Phone Number

darien@daergonia.com
Applicant's E-mail Address

5565 Jerome Prairie Rd. Grants Pass OR 97527
Applicant's Mailing Address

Applicant is the

☒ Owner

☐ Authorized Representative

☐ Licensed Septic Installer

☐ Authorization
Attached

Installer's Name

JOSEPHINE COUNTY PLANNING DIVISION - DEVELOPMENT PERMIT

PARCEL: 360723BA000209
SITUS: 455 WOODLAKE DR
ACRES: 2.96

PERMIT
NUMBER: PL-2022-00938
ZONE: RR5
SCHOOL
DISTRICT: Three Rivers

APPLICANT:	THE SCHAEFER FAMILY TRUST	APPLICANT PHONE #:	303-204-5477
APPLICANT ADDRESS:	8908 E Kael St Mesa, AZ 85207		
OWNER:	THE SCHAEFER FAMILY TRUST		
OWNER ADDRESS:	8908 E Kael St Mesa, AZ 85207		

SPECIAL REQUIREMENTS

- Wetland - Division of State Lands Authorization in File X NA Reason: attached within
- Stream Name: Madams Creek Class 1 Stream 50 ft setback required.
- Enterprise Zone

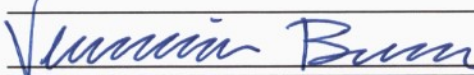
EXISTING STRUCTURES	PROPOSAL	SETBACKS
Per Assessor Records: vacant lot	New 816 sq. ft. SFD with attic, 1 bed with office, 1.5 bath; 576 sq. ft. attached garage and 126.9 sq. ft. garage storage space	Front Setback: 30 ft. Side Setback: 10 ft. Rear Setback: 25 ft. Stream Setback: 50 ft. Height: 35 ft.

ADDITIONAL TERMS:

- It is the responsibility of the landowner to verify property lines and to maintain the minimum property line setback requirement for the zone.
- Building Safety Note: Fire Safety Plan must be implemented prior to issuing the Certificate of Occupancy.
- This property is identified on the Statewide Wetlands Inventory. Planning has submitted a Wetland Land Use Notice to Department of State Lands (see attached). DSL will provide a response within 30 days. DSL authorization may be required. You must obtain any necessary state or federal permits before beginning your project. Josephine County is not liable for any delays in the processing of a state or federal permit.

ALL DEVELOPMENT MUST COMPLY WITH THE REQUIREMENTS OF THE DEQ CONSTRUCTION STORMWATER BEST MANAGEMENT PRACTICES MANUAL, WHICH IS AVAILABLE ONLINE. THIS DEVELOPMENT PERMIT DOCUMENTS AND IS AUTHORIZING THE USE OF THE ABOVE STATED STRUCTURE FOR LEGAL LAND USE PURPOSES. IF THE ABOVE STANDARDS AND OR CONDITIONS GOVERNING THE PERMIT ARE NOT MET AT THE TIME OF APPLICATION OR AT ANY TIME AFTER ISSUANCE OF THIS DEVELOPMENT PERMIT, THE DIRECTOR IS AUTHORIZED TO REVOKE THE PERMIT PURSUANT TO THE PROCEDURES LISTED IN JCC 19.41.040.

OTHER PERMITS REQUIRED: *ACCESS PERMIT REQUIRED FROM COUNTY PUBLIC WORKS DEPT OR STATE HIGHWAY DIVISION. ALL STRUCTURES APPROVED BY THIS PERMIT MUST ALSO BE AUTHORIZED BY SEPARATE PERMITS FROM THE DEPARTMENTS OF BUILDING SAFETY AND ENVIRONMENTAL QUALITY. FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT WILL RESULT IN REVOCATION. FALSIFICATION OF INFORMATION IS A VIOLATION OF STATE LAW.

SIGNATURE:		DATE:	6-8-22
CONTRACTOR NAME:		LICENSE#:	
APPROVED:		DATE:	06/08/22

NOTE: AUTHORIZED USES MUST BE UNDERWAY WITH ALL REQUIRED PERMITS WITHIN 1 YEAR FROM DATE OF ISSUANCE OF THIS PERMIT.



Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

\$300 fee

PLANNING APPLICATION FORM

Property Address: 455 Woodlake Dr

Grants Pass OR 97527

Assessor's Map & Tax Lot:

36 - 07 - 23 - BA Tax Lot(s) 209

- - - Tax Lot(s) _____

Zoning: Rural residential

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

2 lots 1 unit 900 sq feet

Application/Permit Type: (Please Check All Applicable)

- ☐ Address Assignment
 - ☐ New Address
 - ☐ Change of Address
 - ☐ Additional Address
- ☐ Annual Compliance Certificate
- ☐ Appeal (See Sec.19.33.040)
- ☐ Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- ☐ Conditional Use Application (Chapter. 19.45)
- ☐ Determination of Nonconforming Use (See Sec.19.13.060)
 - ☐ Marijuana Prod. Site on RR (Attach License and Premise Sketch)
 - ☐ Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- ☐ Final Plat (See Sec.19.56.030)
- ☐ Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- ☐ Partition (See Sec.19.52.040)
- ☐ Planned Unit Development (See Sec.19.55.030)
- ☐ Pre-Application (See Chapter. 19.21)
- ☐ Property Line Adjustment or Vacation (See Sec.19.54.040)
- ☐ Replat (See Sec.19.53.040)
- ☐ Riparian Landscape Plan (Attach Plan or Use Form B)
- ☐ Site Plan Review (See Chapter 19.42)
- ☐ Subdivision (See Sec.19.51.040)
- ☐ Text Amendment (See Sec.19.46.030)
- ☐ Variance (See Chapter.19.44)

- ☐ Conditional Use Permit (Chapter. 19.92)
- ☒ Development Permit (See Sec.19.41.020)
- ☐ Temporary Dwelling (See Chapter. 19.43)
 - ☐ Detached Living Space
 - ☐ Medical Hardship
- ☐ Other: _____

Attachments:

- ☐ (2) Folded Maps/Site/Tentative Plan to Scale
- ☒ (1) 8 1/2x 11" Site/Tentative/Plot Plan
- ☐ Written Narrative/Response to Criteria
- ☐ Power of Attorney
- ☐ Statement of Intended Water Use

Revised 10/14/19

- ☐ Statement of Understanding
- ☒ Floor Plan/Elevations
- ☒ Access Permit
- ☒ Proof of Fire Protection
- ☐ Erosion Control Plan/Fire Safety Plan
- Other: Proof of water

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

new single family dwelling

Property Owner: Darien Schaefer

Address: 5565 Jerome Prairie Rd
Grants Pass Or 97527

Phone: 303 204 5477

Email: darien@aergonia.com

Applicant: Pamela Schaefer

Address: same as above

Phone: 541 450 2836

Email: _____

Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Address: Gerald Nygren

Phone: 522 Barker Dr Merlin, OR 97532

Email: _____

CERTIFICATION: I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

Darien Schaefer

05.26.2022

(Signature of Owner or Attorney-in-Fact)

Date

DB

05.26.2022

(Signature of Owner or Attorney-in-Fact)

Date

(For Office Use)

RECEIVED
DATE STAMP

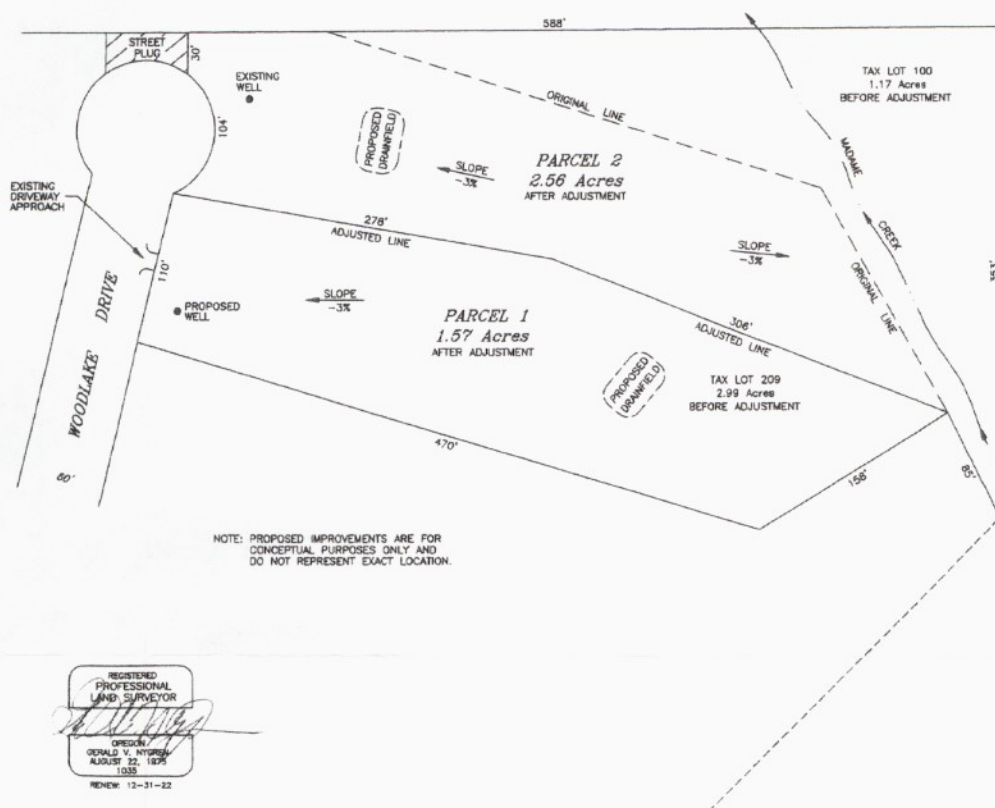
MAY 26 2022

Fees Paid: 300

Initials: VB

JO CO - PLANNING

TENTATIVE PLAN
FOR A PROPOSED PROPERTY LINE ADJUSTMENT
SITUATED IN THE NE1/4 OF THE NW1/4 OF
SEC. 23, T.36S., R.7W., W.M., JOSEPHINE COUNTY,
OREGON. (MAP 36-7-23BA, TL's 100 & 209)



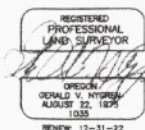
SCALE: 1" = 50'

NOTE: THIS PROPOSED PROPERTY LINE ADJUSTMENT DOES NOT CONFLICT WITH ANY PUBLIC OR PRIVATE EASEMENTS.

PREPARED BY:
GERALD V. NYGREN, PLS
522 BARKER DRIVE
MERLIN, OR 97532
PH: 541-476-7034

PREPARED FOR:
DARIEN SCHAEFER
1210 HUDSON STREET
DENVER, CO 80220
PH: 303-204-5477

DATE: APRIL 11, 2022



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 APR 11 2022
 MAY 26 2022
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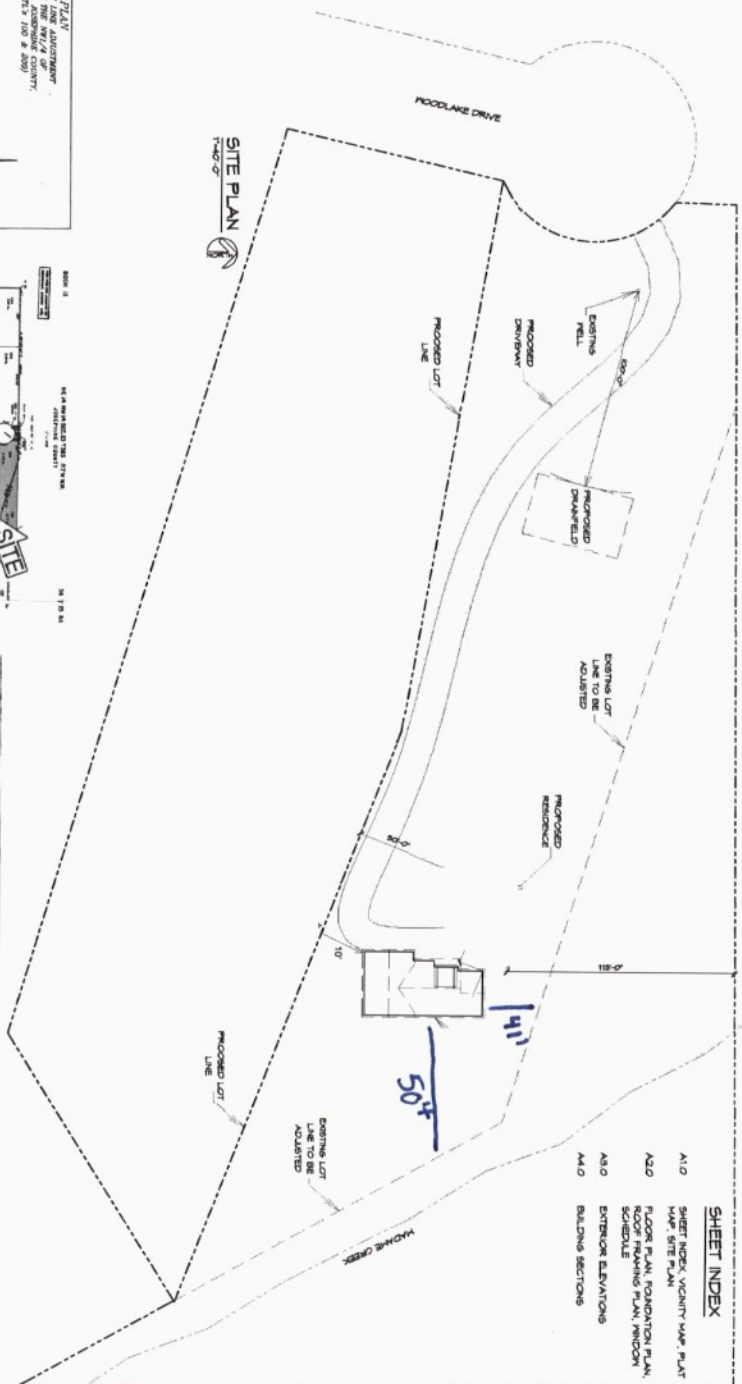
DARIEN SCHAEFER RESIDENCE

455 WOODLAKE DRIVE, GRANTS PASS, OREGON

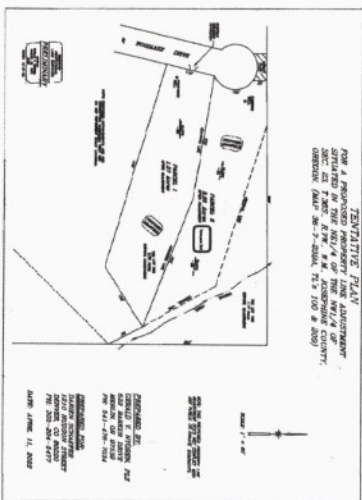
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MAY 26 2022

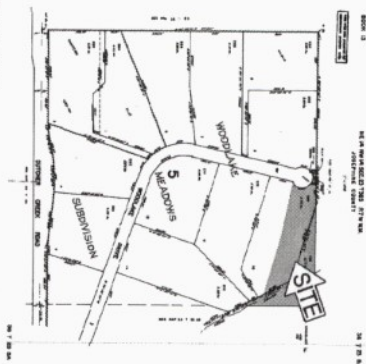
JO CO - PLANNING



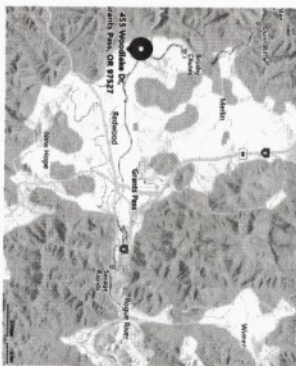
SITE PLAN



PLAT MAP



VICINITY MAP



SOUTHEAST PERSPECTIVE

SHEET INDEX

- A1.0 SHEET INDEX, VICINITY MAP, PLAT MAP, SITE PLAN
- A2.0 FLOOR PLAN, FOUNDATION PLAN, ROOF PLAN, FINISH PLAN, INSULATION
- A3.0 EXTERIOR ELEVATIONS
- A4.0 BUILDING SECTIONS



JAMES W. TIBBS ARCHITECT
Residential and Commercial Design
Phone: 541-869-1551
www.jwtibbs.com



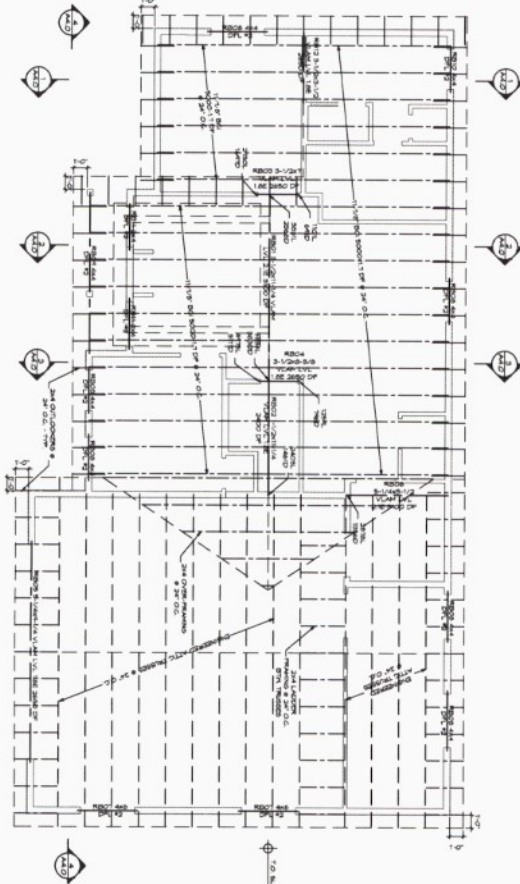
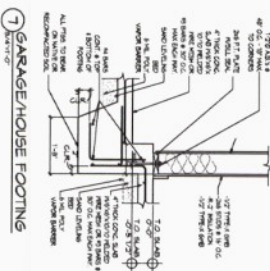
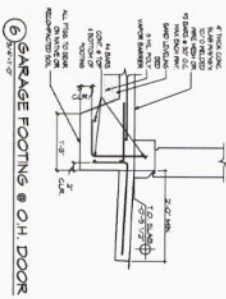
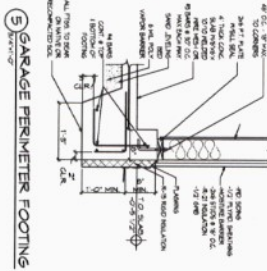
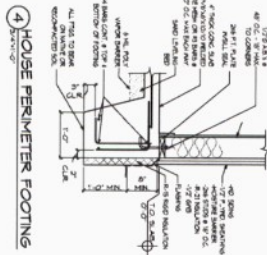
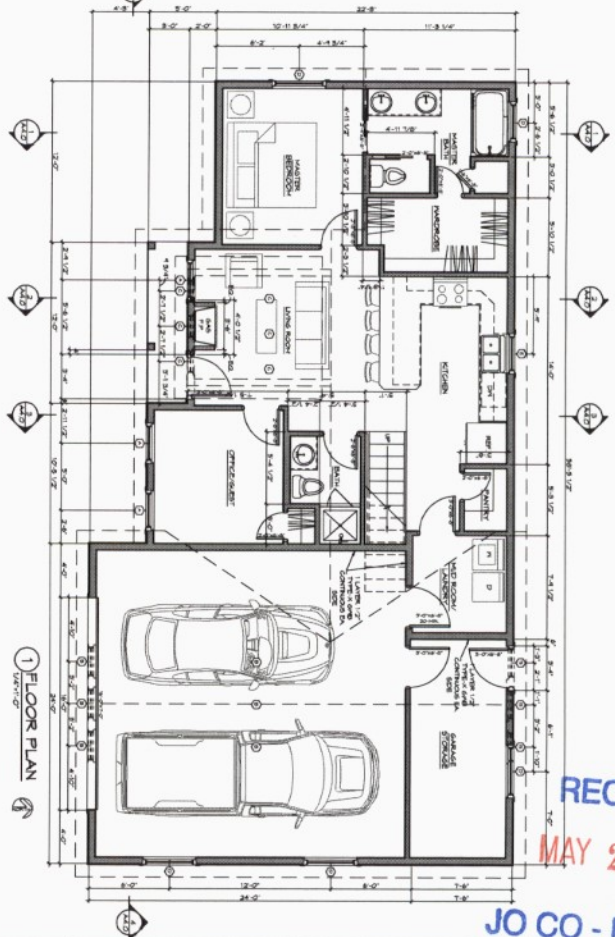
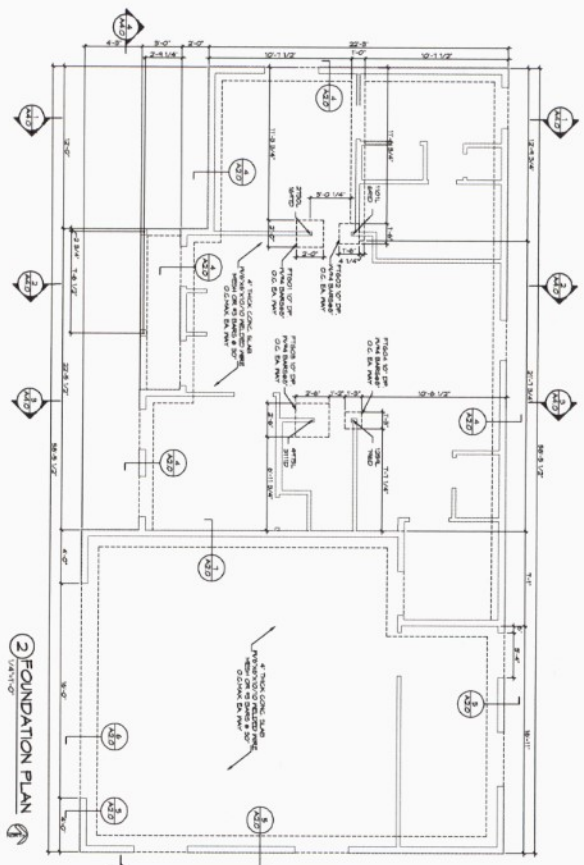
DARIEN SCHAEFER RESIDENCE
455 WOODLAKE DRIVE
GRANTS PASS, OREGON

SHEET INDEX, VICINITY MAP, PLAT MAP, SITE PLAN, PERSPECTIVES
SCALE AS NOTED

5/24/2022

1022

A1.0



WINDOW SCHEDULE



DARIEN SCHAEFER
RESIDENCE
455 WOODLAKE DRIVE
GRANTS PASS, OREGON

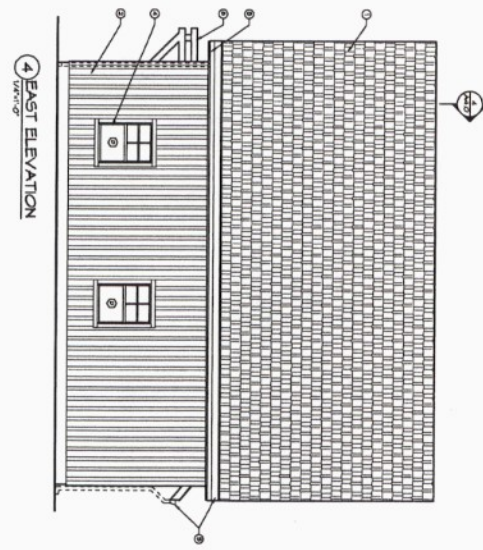
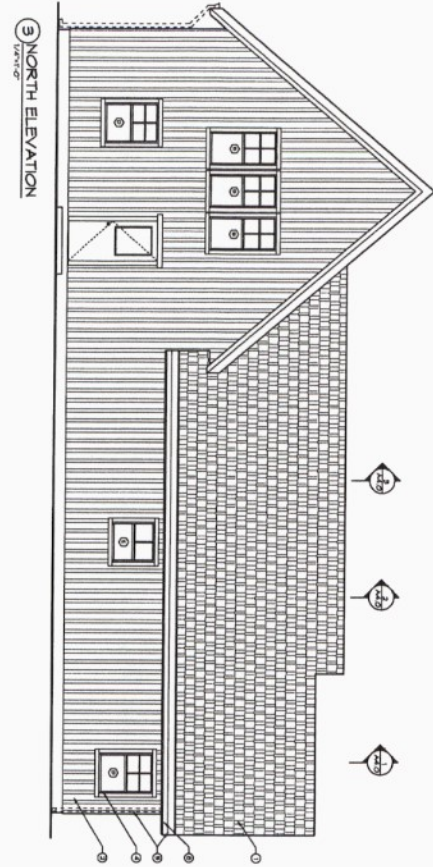
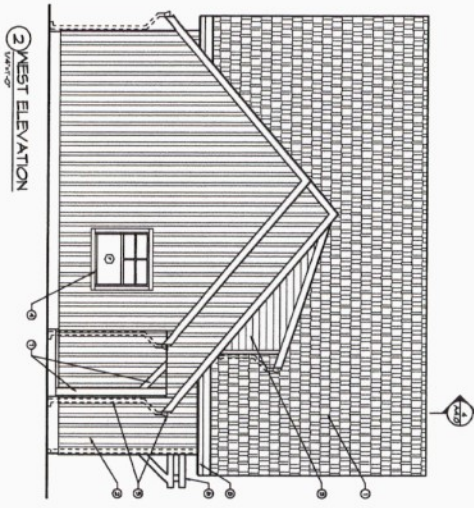
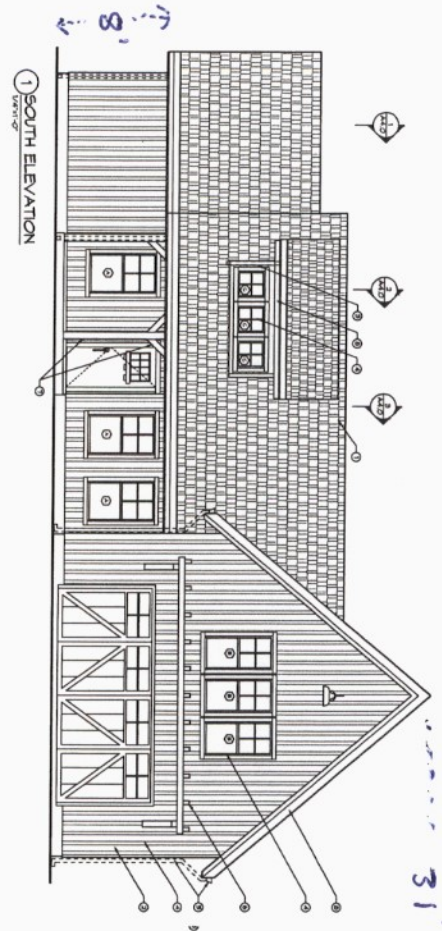
FLOOR PLAN, FOUNDATION PLAN,
ROOF FRAMING PLAN, WINDOW SCHEDULE
SCALE AS NOTED

5/24/2022

1022

A2.0

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MAY 26 2022
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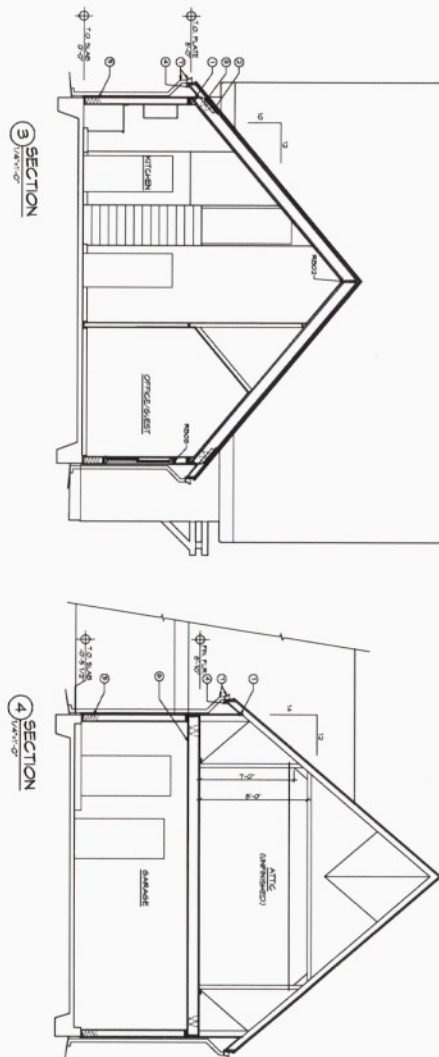
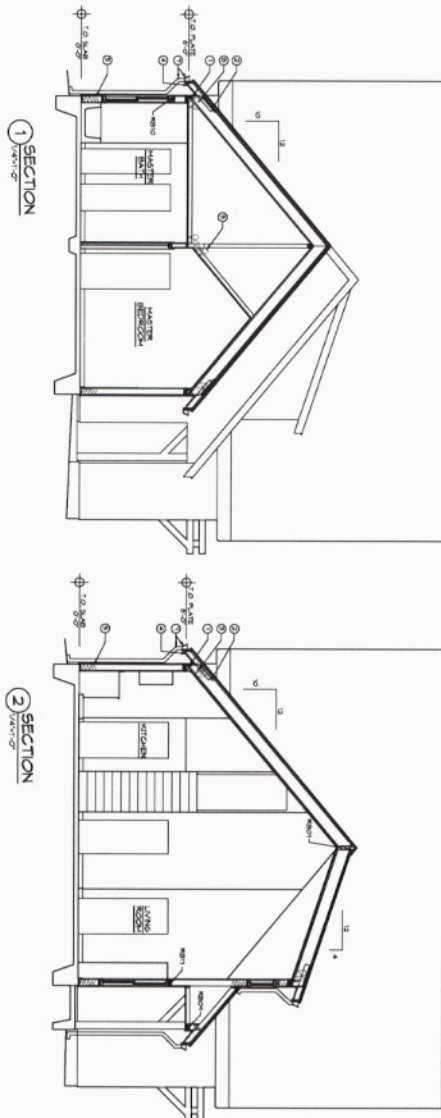
- 1. Asphalt / Shingles
- 2. Painted Siding / Slat Siding
- 3. Painted Siding / Slat Siding
- 4. Painted Siding / Slat Siding
- 5. Painted Siding / Slat Siding
- 6. Painted Siding / Slat Siding
- 7. Painted Siding / Slat Siding
- 8. Painted Siding / Slat Siding
- 9. Painted Siding / Slat Siding
- 10. Painted Siding / Slat Siding



DARIEN SCHAEFER RESIDENCE
455 WOODLAKE DRIVE
GRANTS PASS, OREGON

EXTERIOR ELEVATIONS
SCALE AS NOTED
5/24/2022 1022

A3.0



- NOTES
1. UNFINISHED GARAGE & ATTIC
 2. INSULATION: 2" POLYSTYRENE FOAM BOARD INSULATION
 3. ROOFING: 1/2" OSB SHEATHING, 1/2" POLYSTYRENE FOAM BOARD INSULATION, 1/2" OSB SHEATHING, 1/2" POLYSTYRENE FOAM BOARD INSULATION
 4. 2" INSULATION: 2" POLYSTYRENE FOAM BOARD INSULATION
 5. 2" INSULATION: 2" POLYSTYRENE FOAM BOARD INSULATION
 6. 2" INSULATION: 2" POLYSTYRENE FOAM BOARD INSULATION
 7. 2" INSULATION: 2" POLYSTYRENE FOAM BOARD INSULATION
 8. 2" INSULATION: 2" POLYSTYRENE FOAM BOARD INSULATION
 9. 2" INSULATION: 2" POLYSTYRENE FOAM BOARD INSULATION
 10. 2" INSULATION: 2" POLYSTYRENE FOAM BOARD INSULATION

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DARIEN SCHAEFER RESIDENCE
455 WOODLAKE DRIVE
GRANTS PASS, OREGON

BUILDING SECTIONS

SCALE AS NOTED

5/24/2022

1022

A4.0

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS
201 River Heights Way • Grants Pass OR 97527
Tel: (541) 474-5460 Fax: (541) 474-5475

Prepared by:	WJ	District No:	3
Zone:	RR5	Violations:	
Owner	Contact	Pickup	Mail
Fax:			
Email:	bob@bobhartconsultingllc.com		
Land Use Log:	Yes	No	Scanned

Application Date:	11/18/16	Permit No.	8511
Situs (St Address):	Woodlake Dr.		
Location of Access:	Woodlake Dr.		
T	36	R	07
S	23BA	TL	209
Parcel No:			
Stated Purpose:	New Construction		
NEW	EXISTING	SHARED	

Contractor **Moser Paving** 541-660-0516
Street Address _____
City / St / Zip _____

Office No. _____
Cell No. _____
Fax No. _____

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**; violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized. ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner **Nicolas Van Den Branden** Phone **702-701-1135**
Mailing Address **463 Kendall Rd**
City **Cave Junction** St **OR** Zip **97523**

Contact **Bob Hart** Phone **541-582-8890**
Mailing Address _____
City _____ St _____ Zip _____

TYPE OF ROAD:

☒ County-maintained ☐ Local access road
☐ Owner-maintained ☐ Circuit Court Decree

TYPE OF APPROACH:

☒ Residential ☐ Commercial / Industrial*
☐ Home Occupation* **Requires Site Plan*

Approach: ☐ Existing ☒ New Width: **N/A**

Surface: ☐ Paved ☐ Unpaved

Culvert: ☐ Existing ☐ Required ☐ Material: ☐ CMP / Concrete

Diameter: **N/A** Length: **N/A** ☐ Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before **11-18-17**.

SUBMITTED BY:

Bob Hart 11-18-16
Applicant Date

I have received a copy of the General Provisions:
Bob Hart
Applicant's initials

"CONDITIONS FOR APPROVAL" ISSUED BY:

Jason/Malcolm 12-6-16
Public Works Date

INSTALLATION INSPECTION:

Approved By **Jason Malcolm**

Date **6-8-17** Time **4:15 PM**

Denied By _____ Date _____

Reason: _____

LOCATION OF APPROACH:

Address **Woodlake Dr. / TL 209**

Latitude (N) **42° 25' 57"**

Longitude (W) **123° 29' 49"**

LEFT RIGHT MILEPOST _____

WAIVER FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

Public Works Authorized Representative _____

Date _____

APPLICATION FOR PERMIT TO CONSTRUCT ROAD APPROACH

JOSEPHINE COUNTY PUBLIC WORKS
201 River Heights Way • Grants Pass OR 97527
Tel: (541) 474-5460 Fax: (541) 474-5475

Prepared by:	SK	District No:	3
Zone:	RR5	Violations:	
Owner	Contact	Pickup	Mail
Fax:			
Email:	darien@aergonia.com		
Land Use Log:	Yes	No	Scanned

Application Date:	4/7/2022	Permit No:	22028
Situs (St Address):	Woodlake Dr TL		
Location of Access:	Woodlake Dr		
T	36	R	07
S	23.BA	TL	100
Parcel No:			
Stated Purpose:	Addressing/Lot Line Adjustment		
NEW	EXISTING	SHARED	WAIVER

Contractor **Thomas Marthaller**
Street Address **4002 Riverbanks Rd**
City / St / Zip **Grants Pass, OR 97527**

Office No. **541-476-4863**
Cell No. **541-660-7217**
Fax No.

This permit is granted subject to the terms and conditions stated below and in the **GENERAL PROVISIONS**; violation of said terms or conditions will constitute sufficient cause for cancellation of this permit. No work other than that specifically mentioned herein is hereby authorized.
ANY WORK STARTED ON THE CONSTRUCTION OF ANY PORTION OF THE APPROACH DESCRIBED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THE PROVISIONS OF THIS PERMIT.

Property Owner **Schafer Family Trust** Phone **303-204-5477**
Mailing Address **5565 Jerome Prairie Rd**
City **Grants Pass** St **OR** Zip **97527**

Contact _____ Phone _____
Mailing Address _____
City _____ Zip _____

TYPE OF ROAD:

☒ County-maintained	☐ Local access road
☐ Owner-maintained	☐ Circuit Court Decree

TYPE OF APPROACH:

☒ Residential	☐ Commercial / Industrial*
☐ Home Occupation*	<i>*Requires Site Plan</i>
☐ Ag Use	

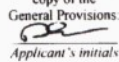
Approach: ☐ Existing ☒ New Width: _____
Culvert: ☐ Existing ☐ Required ☐ Material: ☐ CMP / Concrete

Diameter: _____ ☐ Beveled

This permit shall be void unless work herein described shall have been completed, inspected and approved before 4/8/2023

SUBMITTED BY:

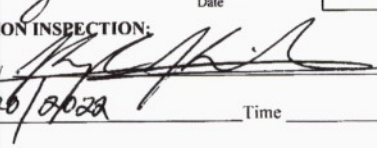

Applicant _____ Date 4/7/22

I have received a copy of the General Provisions:

Applicant's initials

"CONDITIONS FOR APPROVAL" ISSUED BY:


Public Works _____ Date 4/8/2022

INSTALLATION INSPECTION:

Approved By 
Date 4/20/2022 Time _____
Denied By _____ Date _____

LOCATION OF APPROACH:

Address WOODLAKE DR. TL100
Latitude (N) 42° 25' 59"
Longitude (W) 123° 29' 46"

Reason: _____ LEFT RIGHT MILEPOST _____

WAIVER FOR ROAD APPROACH PERMIT

The installation of the driveway/road approach providing ingress to and egress from the above-reference location to said road does not require an approach permit. Construction of this driveway approach shall comply with Josephine County standards and is the sole responsibility of the property owner. Inspection and approval by Josephine County Public Works is not required.

Public Works Authorized Representative _____

Date _____

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JUN 02 2022

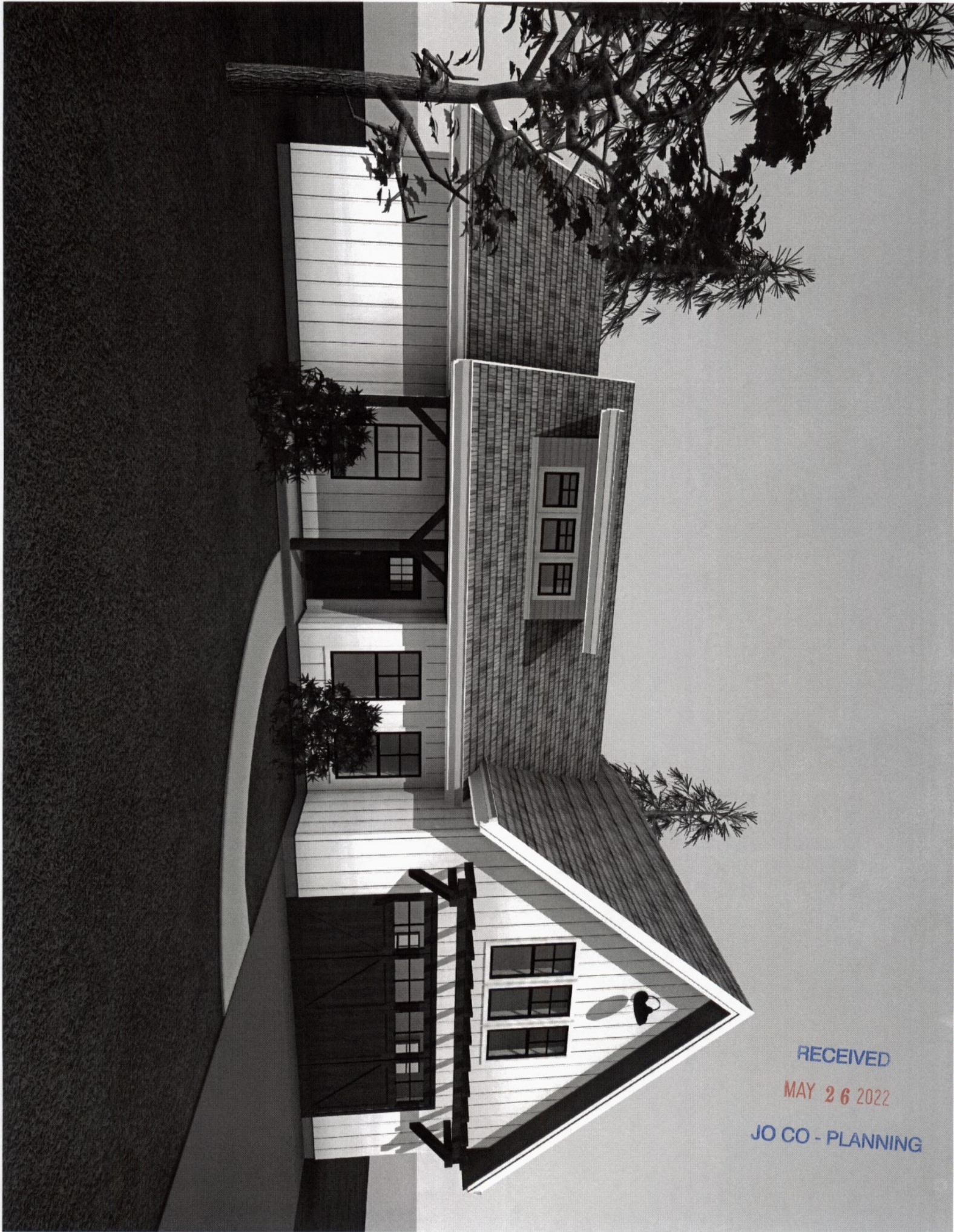
JO CO - PLANNING



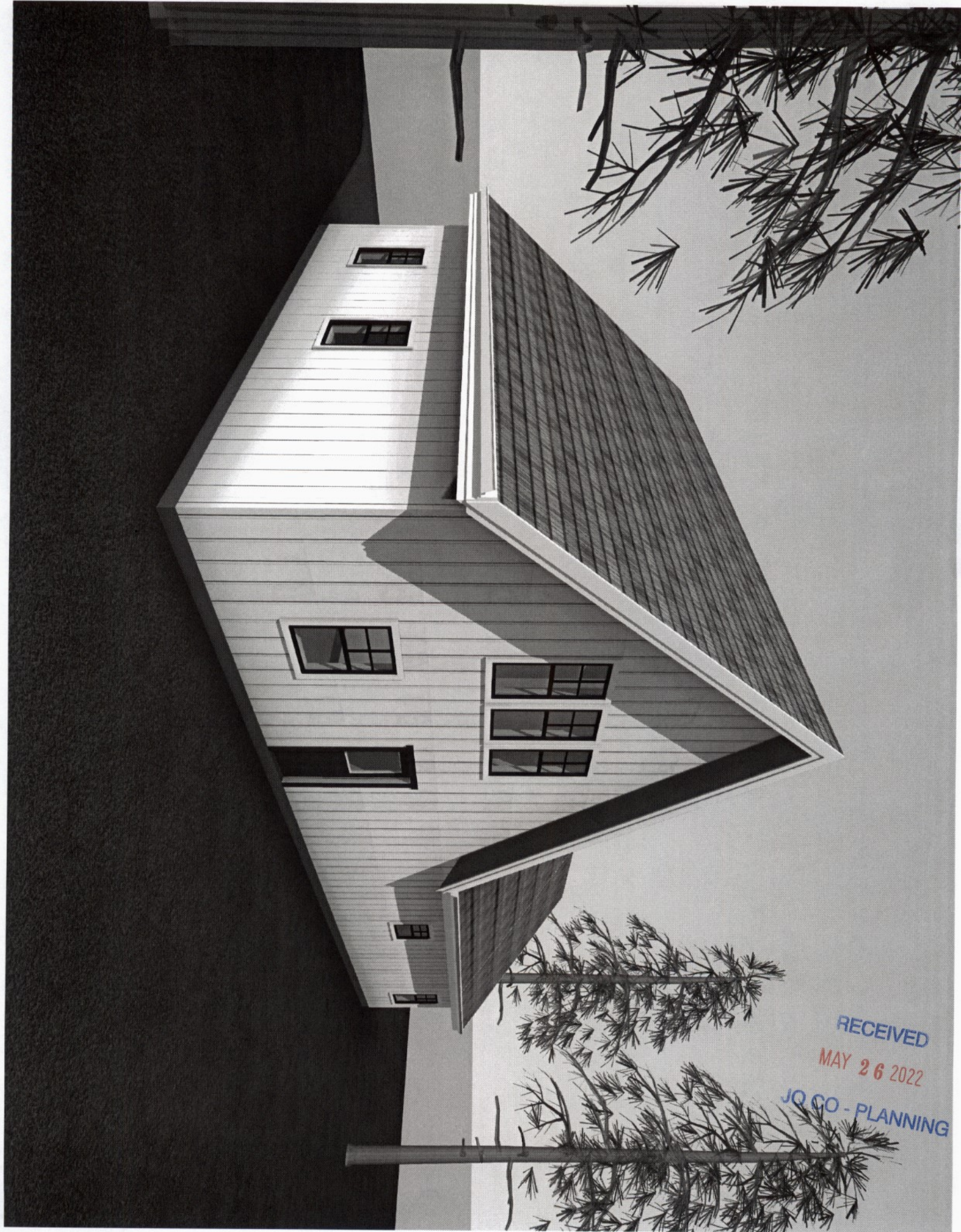
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MAY 26 2022

JO CO - PLANNING



RECEIVED
MAY 26 2022
JO CO - PLANNING



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Josephine County, Oregon

Community Development - Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR

97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: planning@co.josephine.or.us

Chapter 19.76 Certification of Fire Protection Service

Name: Darien + Pamela Schaefer

Assessor Map Number: 360723BA / 209

Address: 455 Woodlake Dr.

City Grants Pass State OR Zip code 97527

Phone Number: (303) 204-5477

Email: darien.schaefer@outlook.com

I certify that the above property is being provided fire protection services by:

Rural Metro Fire

Fire district or Fire service provider

starting: 04/04/2022
Date

Fire Official Signature: (Signature) Date: 04/04/2022

Title: Claims specialist

will be building

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RURAL METRO FIRE

807 NE 6th St
Grants Pass, OR 97526
(541) 474-1218 phone (541) 479-6753 fax

RESIDENTIAL MEMBERSHIP AGREEMENT

Member Information			
Property Address:	455 WOODLAKE DR GRANTS PASS OR 97527 City State Zip		
Member Name:	SCHAEFER, DARIEN & PAMELA		Phone #: 303-204-5477
Mailing Address:	5565 JEROME PRAIRIE RD GRANTS PASS OR 97527 City State Zip		
Insurance Information			
Carrier:	Policy No.		
Agent Name:	Phone #:		
Agent Address:			
Property Information			
Legal Description:	360723BA	Taxlot: 209	Acct No. S20908
Structures to Protect:	BARE LAND - WILL BE BUILDING HOME		
Rate / Payment Information			
Notes:	Email: darien.schaefer@outlook.com		
District No. 4	Max Assessed Value \$72,040.00	Rate (per \$1000): \$ 1.94	Total Annual Fee \$ 158.00
ISO Class 010			
Payment Option (check one) ☒ Enclosed ☐ Bill Me Call for additional payment options		First Payment (check one) ☒ Payment in Full..... \$ 158.00 ☐ Semi-Annual Payment.. \$ 79.00 ☐ Quarterly Payment..... \$ 39.50	
Payment due within 30 days of effective date. Failure to meet these terms constitutes a default of the contract.			
MEMBERSHIP FEE IS NON-REFUNDABLE			
Company to complete: Duration of Service for the above property: APRIL 4, 2022 to APRIL 3, 2023			

Membership Agreement

R/M Fire Dept. (hereinafter "Company") is in the business of furnishing fire services (hereinafter "Services") to Member(s) who are not provided this type of service by their city, municipality and/or other governmental entity for a Membership Fee. Member desires Company to provide fire services for Member's property (hereinafter "Property") and agrees to the following terms:

Services. Company will provide services, including but not limited to, fire response and suppression to Property and emergency medical treatment until an emergency ambulance arrives for transport, if necessary. Ambulance transportation is not covered by this Agreement.

Member Warranty. Member represents and warrants to Company that Member: (i) is fully authorized to sign this Agreement on behalf of the Property owner(s) and does not require anyone else's consent; (ii) has provided true, accurate and complete information to Company regarding the Property, the Services and this Agreement; and (iii) has no Hazardous Materials as defined herein on the Property.

Company Warranty. Company or its agents warrant that they shall act in good faith and exercise ordinary reasonable care and judgment in the performance of its duties.

DISCLAIMER OF WARRANTY. Member acknowledges that dealing with fire is inherently risky, extremely dangerous, and unpredictable. Company's ability to suppress the fire and its spread on or about the Property is dependent upon multiple factors, nearly all of which are outside of Company's reasonable control. ACCORDINGLY, AND EXCEPT AS PROVIDED HEREIN, THE COMPANY DOES NOT AND CANNOT MAKE ANY WARRANTY, EXPRESS OR IMPLIED, RELATING TO THE SUCCESS OR FAILURE OF ITS SERVICES.

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I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

After Recording Return to:
Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97527

**DEED DECLARATION
Fuel Break Easement**

KNOW ALL MEN BY THESE PRESENTS; that

Darien Schaefer trustee of (The Schaefer Family Trust) Neighboring property owner
Name(s) (Relationship)
grantor(s) and heirs, successors, legal representatives, lessees, or assigns convey to

Darien Schaefer trustee of (The Schaefer Family Trust) and heirs, successors, assigns or legal representatives:
(Grantee)

A perpetual easement limited to the maintenance of a required fuel break for the purpose of removal and control of dry brush and grasses or other highly flammable vegetation in order to ensure adequate protection from wildfire hazard.

Said easement is situated on the following described real property in Josephine County, State of Oregon, to wit:

"That property described in the instrument recorded as 2019-012376 (Volume, Page or Official Record number) of the deed records of Josephine County, Oregon."

The location of said easement is approximately as shown on the sketch attached as "Exhibit A" and by this reference made a part hereof and is further described as:

A portion of the above described property consisting of a strip 40 feet in width adjacent to and along the northern boundary of said parcel, commencing approximately 308 feet east of the North West corner, and continuing 50 feet along said boundary. The property is also designated as Tax Lot 209 on Map Number 36-07-23-BA in the records of the Assessor of Josephine County, Oregon.

JOSEPHINE COUNTY, a political subdivision of the State, shall be considered a party to this agreement for the sole purpose of assuring perpetual maintenance of said fuel break. This easement is conveyed pursuant to the Josephine County Code Section 19.76.080.C.4.b. This easement may not be modified, restricted or terminated without express consent, in writing, of the Josephine County Planning Department.

Grantor shall retain all rights to use the lands subject to the above described easement for all purposes not inconsistent with the purpose of maintaining a fuel break for fire safety. Grantee is hereby granted the right of ingress and egress limited strictly to the purpose of maintaining a fuel break on the above described easement. Fuel break maintenance shall not include excavation of any type, or any other action beyond maintenance of said fuel break without the express prior written consent of Grantor.

Darien Schaefer Darien Schaefer
(Grantor) (Grantee)

STATE OF OREGON)
) ss.
County of Josephine)

Personally appeared the above names Darien Schaefer trustee and acknowledged the foregoing instrument to be his/her voluntary act and deed before me this 27th day of May, 2022.



Makiah May Rose Gendron
Notary Public for State of Oregon
My Commission Expires: 07/29/2022

RECEIVED
MAY 27 2022

Note: A copy of the recorded instrument must be returned to the: Community Development - Planning Division (700 NW Dimmick Street, Suite C, Grants Pass, Oregon 97526) before permits can be issued.

JO CO - PLANNING

DED-EAS 05/27/2022 01:36 PM
Cnt=1 Pgs=1 Stn=5 SSCHREIBER
\$5.00 \$11.00 \$60.00 \$10.00 \$5.00 Total:\$91.00



I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

After Recording Return to:
Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97527

**DEED DECLARATION
Fuel Break Easement**

KNOW ALL MEN BY THESE PRESENTS; that

Pamela Schaefer trustee of (The Schaefer Family Trust) Neighboring property owner
Name(s) (Relationship)

grantor(s) and heirs, successors, legal representatives, lessees, or assigns convey to

Pamela Schaefer trustee of (The Schaefer Family Trust) and heirs, successors, assigns or legal representatives:
(Grantee)

A perpetual easement limited to the maintenance of a required fuel break for the purpose of removal and control of dry brush and grasses or other highly flammable vegetation in order to ensure adequate protection from wildfire hazard.

Said easement is situated on the following described real property in Josephine County, State of Oregon, to wit:

"That property described in the instrument recorded as 2019-012376 (Volume, Page or Official Record number) of the deed records of Josephine County, Oregon."

The location of said easement is approximately as shown on the sketch attached as "Exhibit A" and by this reference made a part hereof and is further described as:

A portion of the above described property consisting of a strip 40 feet in width adjacent to and along the northern boundary of said parcel, commencing approximately 308 feet east of the North West corner, and continuing 50 feet along said boundary. The property is also designated as Tax Lot 209 on Map Number 36-07-23-BA in the records of the Assessor of Josephine County, Oregon.

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Grantor shall retain all rights to use the lands subject to the above described easement for all purposes not inconsistent with the purpose of maintaining a fuel break for fire safety. Grantee is hereby granted the right of ingress and egress limited strictly to the purpose of maintaining a fuel break on the above described easement. Fuel break maintenance shall not include excavation of any type, or any other action beyond maintenance of said fuel break without the express prior written consent of Grantor.

Pamela Schaefer

(Grantor)

Pamela Schaefer

(Grantee)

STATE OF OREGON)
) ss.
County of Josephine)

Personally appeared the above names Pamela Schaefer trustee and acknowledged the foregoing instrument to be his/her voluntary act and deed before me this 27th day of May, 2022.



Notary Public for State of Oregon
My Commission Expires: 07/29/2022

RECEIVED

MAY 27 2022

Note: A copy of the recorded instrument must be returned to the: Community Development - Planning Division (700 NW Dimmick Street, Suite C, Grants Pass, Oregon 97526) before permits can be issued.

JO CO - PLANNING

DARIEN SCHAEFER RESIDENCE

455 WOODLAKE DRIVE, GRANTS PASS, OREGON

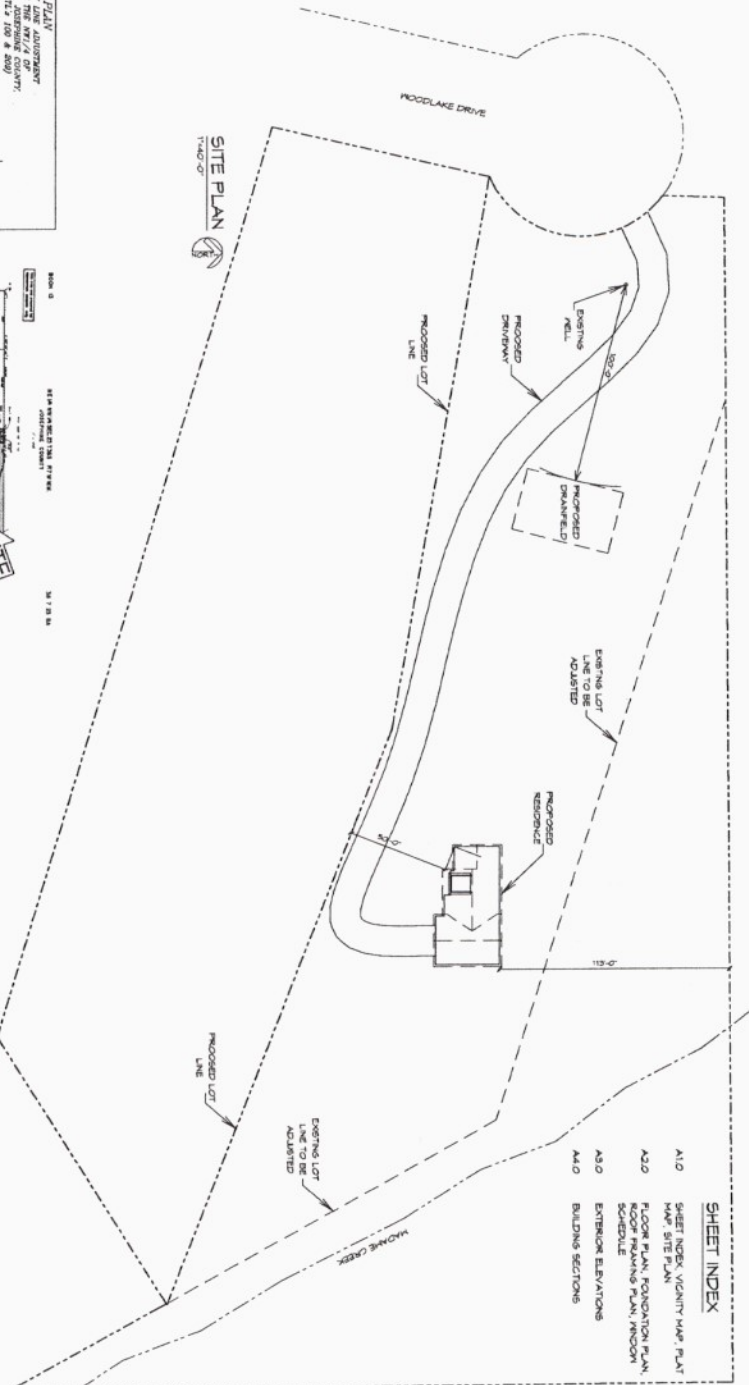
RECEIVED

MAY 27

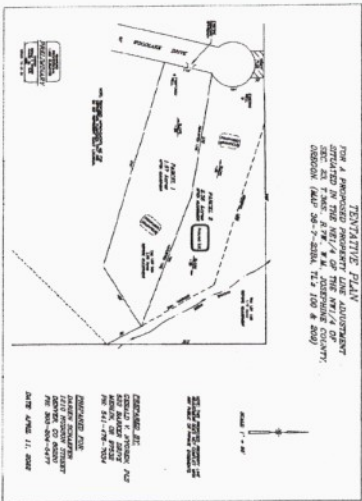
A1.0

SHEET INDEX

- A1.0 SHEET INDEX VICINITY MAP, PLAT MAP, SITE PLAN
- A2.0 FLOOR PLAN, FOUNDATION PLAN, ROOF PLANS, PLAN, WINDOW SCHEDULE
- A3.0 EXTERIOR ELEVATIONS
- A4.0 BUILDING SECTIONS



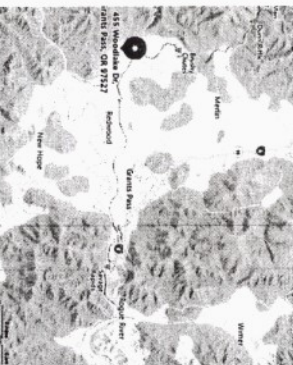
SITE PLAN



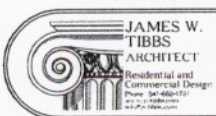
PLAT MAP



VICINITY MAP



SOUTHEAST PERSPECTIVE



DARIEN SCHAEFER RESIDENCE
455 WOODLAKE DRIVE
GRANTS PASS, OREGON

SHEET INDEX, VICINITY MAP, PLAT MAP, SITE PLAN, PERSPECTIVE
SCALE AS NOTED

5/24/2022

1022

JACO PLANNING

Wetland Land Use Notification

OREGON DEPARTMENT OF STATE LANDS

775 Summer Street NE, Suite 100, Salem, OR 97301-1279

Phone: (503) 986-5200

This form is to be completed by planning department staff for mapped wetlands and waterways.

* Required Field (?) Tool Tips

Responsible Jurisdiction

*

☐ City of ☒ County of

Municipality*

Josephine

Date*

6/7/2022

Staff Contact

First Name*

Veronica

Last Name*

Brown

Phone*

541-474-5109 ext 2423

Email*

vbrown@josephinecounty.gov

Applicant

First Name*

Darren

Last Name*

Schaefer

Applicant Organization Name

(if applicable)

Mailing Address *

Street Address

5565 Jerome Prairie RD

Address Line 2

City

Grants Pass

Postal / Zip Code

97527

State

OR

Country

United States

Phone

303-204-5477

Email (?)

darien@aergonia.com

Is the Property Owner name and address the same as the Applicant? *☒ No ☐ Yes**Property Owner****First Name ***

The Schaeffer

Last Name *

Family Trust

Property Owner Organization Name

(if applicable)

Mailing Address (If different than Applicant Address)

Street Address

8908 E Kael St

Address Line 2

City

Mesa

Postal / Zip Code

85207

State

AZ

Country

United States

Phone

541-450-2836

Email (?)**Activity Location**

Township * (?)

36S

Range * (?)

07W

Section * (?)

23

Quarter-quarter Section (?)

BA

Tax Lot(s) *

209

You can enter multiple tax lot numbers within this field. i.e. 100, 200, 300, etc.

To add additional tax map and lot information, please click the "add" button below.

Address

Street Address

Address Line 2

City

State

Postal / Zip Code

Country

County *

Josephine

Adjacent Waterbody

Madams Creek

Proposed Activity

Prior to submitting, please ensure proposed activity will involve physical alterations to the land and/or new construction or expansion of footprint of existing structures.

Local Case File # * (?)

PL-2022-00938

Zoning

RR5

Proposed☒ Building Permit (new structures)☐ Grading Permit☐ Site Plan Approval☐ Other (please describe)☐ Conditional use Permit☐ Planned Unit Development☐ Subdivision**Applicant's Project Description and Planner's Comments:** *

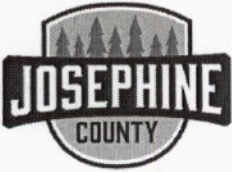
New 2 story? 816 sq. ft. SFD; 1 bed with office, 1.5 bath; 576 sq. ft. attached garage and 126.9 sq. ft. garage storage space

Required attachments with site marked: Tax map and legible, scaled site plan map. (?)

Additional Attachments

Date

6/7/2022



Community Development - Planning Division
700 NW Dimmick, Suite C
Grants Pass, OR 97526

Receipt Number: PL22-00802

(541) 474-5421
planning@josephinecounty.gov

Payer/Payee: THE SCHAEFER FAMILY TRUST
8908 E Kael St
Mesa AZ 85207

Cashier: Veronica Brown

Date: 05/26/2022

Primary Parcel: 360723BA000100 **Project Description:** New 900 sq. ft. SFD

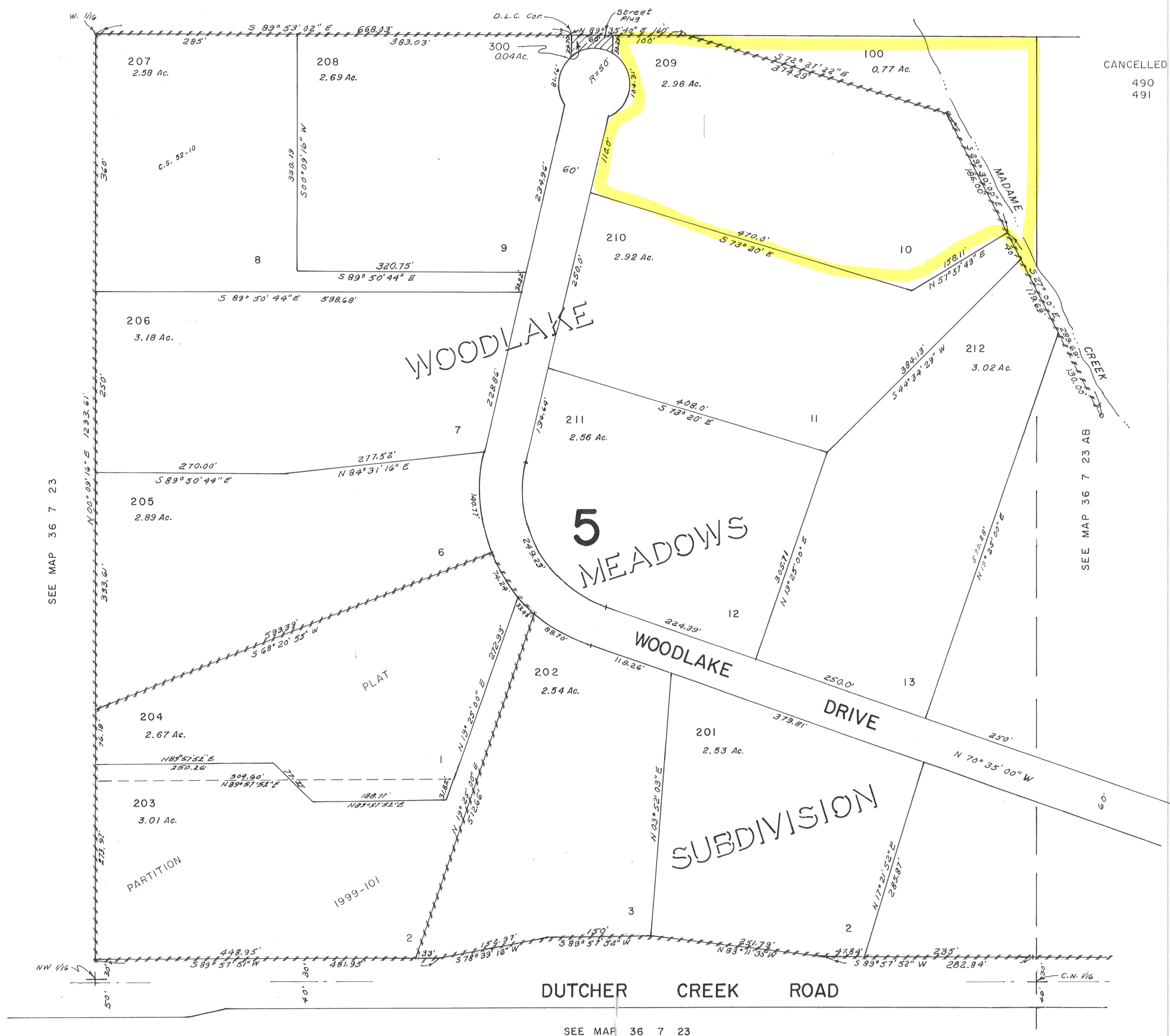
PL-2022-00938 DEVELOPMENT PERMIT * WOODLAKE DR

<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>
Development Permit	\$300.00	\$300.00	\$0.00
	\$300.00	\$300.00	\$0.00

<u>Payment Method</u>	<u>Reference Number</u>	<u>Payment Amount</u>
CHECK	5094	\$300.00
Total Paid:		\$300.00

$$1'' = 100'$$

CANCELLED	T.L.
490	
491	





Residential Septic Site Evaluation Approval

463-22-000261-EVAL

Josephine Onsite Septic Program
700 NW Dimmick Street
Suite A
Grants Pass, OR 97526
541-474-5444
Fax: 541-474-5422
onsitesepctic@josephinecounty.gov
Website: josephine.or.us

Date issued: 09/20/2022

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Applicant: THE SCHAEFER FAMILY TRUST
%SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUS
Phone: 3032045477
Email: DARIEN@AERGONIA.COM

Owner: THE SCHAEFER FAMILY TRUST
Address: %SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUS
%SCHAEFER, DARIEN F &
SCHAEFER, PAMELA A TRUSTEES
GRANTS PASS OR 97527

Property address: 455 Woodlake Dr, Grants Pass, OR
97527

Parcel: 360723BA00020900 - Primary

Lot size: 2.96
Zoning: N/A

Water supply: Well
City/County/UGB: County

Proposed use of structure: SFR
Category of construction: Residential

General Specifications

Max peak design flow: 450 gpd.
Min septic tank volume: 1000 gal.

Proposed gallons per day: 375 gpd.
Min dosing tank volume: N/A

System Specifications

System type:
System distribution type:

Trench Specifications

Trench linear feet:
Max depth:
Min depth:

Special Requirements

Stakeout required:
Groundwater type:
Other special requirement:

Initial System

Standard
Equal

Initial System

375 linear ft.
30 in.
18 in.

Initial System

Yes
Not Applicable

Replacement Area

Standard
Equal

Replacement Area

375 linear ft.
30 in.
18 in.

Replacement Area

Yes
Not Applicable

RAKE TRENCH SIDEWALLS

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

Date issued: 09/20/2022

Application status: Site Evaluation Approved

Work description: SITE EVALUATION

Conditions of approval:

- A pre-cover inspection of the installed absorption facility (prior to backfill) is required.
- A final inspection request and notice (FIRN) form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- The system must be installed by the property owner or a licensed sewage disposal business (installer).
- Vehicular traffic and livestock must be restricted from the system area.
- All roof drains must be directed away from the system
- All tanks must be tested for watertightness and have a water-tight riser to the ground surface. Twenty-inch minimum diameter if less than 36-in deep. Thirty-inch minimum diameter if greater than 36-in deep. Maintain access to septic tank for pumping and service.
- Meet all required setbacks
- The system must be installed in the area approved during the site evaluation and in accordance with the construction plan approved by the agent, including any changes made by the agent.
- All work is to conform to OAR 340, Division 71 and 73. Make no changes in system location or specifications without approval by the agent.
- For product approval information and manufacturer installation requirements see DEQ website at: <http://www.oregon.gov/deq/Residential/Pages/Onsite.aspx>
- A minimum 18-gauge, green-jacketed tracer wire or green color-coded metallic tape must be placed on top of the effluent sewer or pressure transport pipe from tank to drainfield.
- Effluent sewer. The effluent sewer must extend at least 5 feet beyond the septic tank before connecting to the distribution unit. It must be installed with a minimum fall of 4 inches per 100 feet and at least 2 inches of fall from one end of the pipe to the other. In addition, there must be a minimum difference of 8 inches between the invert of the septic tank outlet and either the invert of the header to the distribution pipe of the highest lateral in a serial distribution field or the invert of the header pipe to the distribution pipes of an equal distribution absorption field.
- Header pipe from Distribution or Drop Box must be minimum 4-ft length, level, and bedded.
- Each drainfield trench must be level within a tolerance of plus or minus 1-inch.
- Maximum length of an individual trench is 150-feet.
- Serial distribution, each trench bottom to be level and on contour. Use Drop box(es).

CALL BEFORE YOU DIG...IT'S THE LAW

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Date issued: 09/20/2022**Application status:** Site Evaluation Approved**Work description:** SITE EVALUATION

THIS IS NOT YOUR PERMIT. A Construction/Installation permit is required before you construct your system. Please contact this office when you are ready to apply for a construction/installation permit. We cannot sign off on any Building Codes forms until we issue your permit.

This site approval runs with the land and will automatically benefit subsequent owners. This site approval is valid until the approved system is constructed under a construction permit or unless the site is altered without approval from this office. Alterations/excavations/lot line adjustments made to the site, or placement of wells or utilities, etc., may invalidate this approval

If you disagree with the decision of this report, you may apply for a site evaluation report review. The application for a site evaluation report review must be submitted to DEQ in writing within 60 days after the site evaluation report issue date and must include the site evaluation review fee in OAR 340-071-0140 Table 9A. A senior DEQ staff person will be assigned the site evaluation report review application.

You may apply for a variance to the onsite wastewater treatment system rules. The variance application must include a copy of the site evaluation report, plans and specifications for the proposed system, specify the rule(s) to which a variance is being requested, demonstrate the variance is warranted, and include the variance fee in OAR 340-071-140 Table 9C. A variance may only be granted if the variance officer determines that strict compliance with a rule is inappropriate or special physical conditions render strict compliance unreasonable, burdensome or impractical. A senior DEQ variance officer will be assigned the variance application.

9/20/22

CALL BEFORE YOU DIG...IT'S THE LAW

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth by Oregon Administration Rules. You may obtain copies of the rules by calling the center. (Note: The telephone number for the Oregon Utility Notification Center is 1-800-332-2344.)

FIELD WORKSHEET

Name: Schaefer Trust Application No.: 463-22-000261-EVAL Date: 9-28-22

RE: SITE EVALUATION REPORT for Parcel #: 36-47-23 B A T L / 44

Commercial Facility: ☐ Yes ☒ No Parcel Size: 2.46 AC

APPROVED SYSTEM SPECIFICATIONS

Design flow: 450 gpd Max Number of bedrooms: 4 Max Number of Employees: 0

Initial System	Replacement System
☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____	☒ Standard ☐ Capping Fill ☐ Bottomless Sand Filter ☐ Conventional Sand Filter/ATT ☐ Other _____
Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required	Tank: ☒ 1,000 gal. ☐ 1,500 gal. ☐ 2 compartment ☐ Other ☐ effluent pump required ☐ effluent filter required
Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized	Distribution Method: ☒ Equal ☐ Serial ☐ Pressurized
Absorption facility <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>18</u> " Min Depth	Absorption facility: <u>375</u> total linear feet <u>125</u> linear feet per 150 gallons projected daily sewage flow <u>30</u> " Max Depth <u>18</u> " Min Depth

Additional Conditions of Approval

- Any alteration of natural soil conditions (i.e. cutting or filling) in the acceptable area may void this approval.
- Both the initial and replacement disposal areas are to be protected from traffic, cover, development, or other potential disturbance of natural soil conditions.
- The area must not be subjected to excessive saturation due to, but not limited to, artificial drainage of ground surfaces, roads, driveways, and building down spouts.
- Placement of a well within 100 feet of the approved areas may invalidate this approval.

- ☐ A curtain drain is required, a minimum of _____ feet above the highest disposal trench.
- ☐ The curtain drain must be a minimum of _____ inches deep, and installed in accordance with OAR 340-071-0220 (12).
- ☒ Rake trench sidewalls.
- ☐ The system must be installed during dry soil conditions only.
- ☐ System must be installed between June 1 and October 1, unless otherwise approved by DEQ.

Inspector: Josh Daley

PIT No.	DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC.	
Test Pit 1	0-10	SCL	10YR 2 3/4	Root 2f, f, m, lc, vc Gravel
	10-22	MCL	7.5YR 2 4/6	Root 1f, m, c, vc, cemented 2ABK
	22-60	SCL	7.5YR 2 5/6	Root + cemented 2ABK
Test Pit 2	0-12	SCL	7.5YR 2 4/6	Root 2f, f, m, lc, vc 1SBK 10-20% 1-2" Rock
	12-24	SCL	7.5YR 2 4/6	Root 2f, m, lc, cemented, 10-20% 1-2" Rock
	24-60	SCL	7.5YR 2 4/6	Root 1f, m, cemented, 30-40% 1-2" Rock
Test Pit 3				
Test Pit 4				
Test Pit 5				
Test Pit 6				

Landscape Notes:

(wood) fir, pine, madrone

Slope:

1-3%

Aspect:

Groundwater Type: ☒ Permanent ☐ Temporary

Other Site Notes:

DARIEN SCHAEFER RESIDENCE

455 WOODLAKE DRIVE, GRANTS PASS, OREGON

A1.0

SHEET INDEX

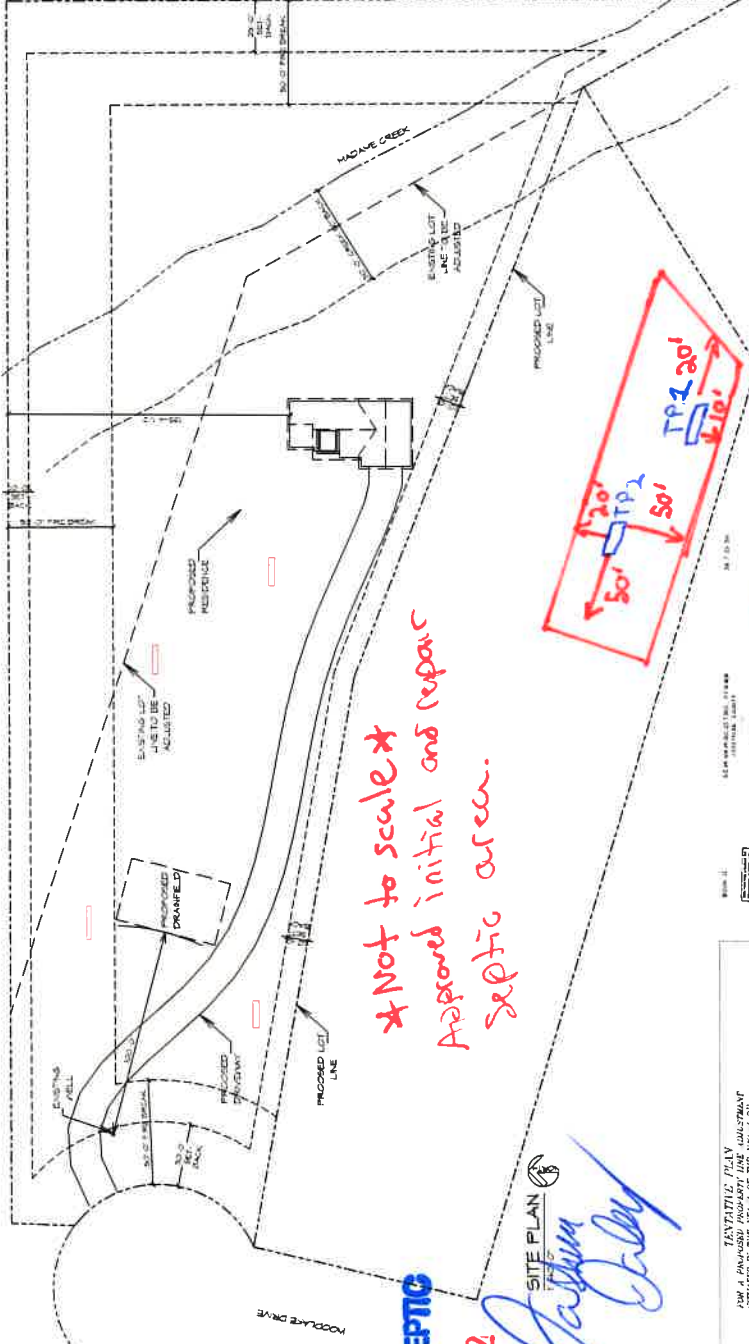
- A1.0 SHEET INDEX, VICINITY MAP, PLAT
- A2.0 FLOOR PLAN, FOUNDATION PLAN, EXISTING/PROPOSED PLAN, WINDOW SCHEDULE
- A3.0 EXTERIOR ELEVATIONS
- A4.0 BUILDING SECTIONS

SHEET INDEX, VICINITY MAP, PLAT MAP, SITE PLAN, PERSPECTIVES
SCALE AS NOTED

1022

6/1/2022

DARIEN SCHAEFER
RESIDENCE
455 WOODLAKE DRIVE
GRANTS PASS, OREGON



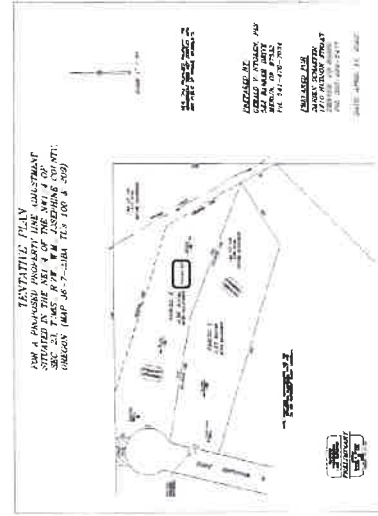
JO CO ON-SITE SEPTIC

SEP 20 2022

APPROVED BY:

[Signature]

SITE PLAN



PLAT MAP



VICINITY MAP



NORTHWEST PERSPECTIVE



Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B
Grants Pass, OR 97526
541-474-5444

For ONSITE SEPTIC Use Only:	
Date received	_____
Fee paid	_____
Receipt number	_____
Application number	_____
Date of 1 st response	_____
Date of 2 nd response	_____
Date of final response	_____
Date of completion	_____
Scanned	Data Entry

Date Stamp

A. Property Owner Information

Darien Schaefer 5565 Jerome Prairie Rd 9th 303-204-5477
Name Mailing Address (Street or PO Box, City, State, Zip Code) Phone Number
97527

B. Legal Property Description

36 07 23BA 209 2.96
Township Range Section Tax Lot Acreage or Lot Size
County Subdivision Name Lot Block
Parcel 2
Property Address: 455 Woodlake Dr Grants Pass OR 97527
Address City State Zip Code

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

☐ Single Family Residence

Number of Bedrooms _____

☐ Other _____

Proposed Facility:

☒ Single Family Residence

3
Number of Bedrooms

☐ Other _____

Water Supply:

☐ Public _____
Name

☒ Private _____
Well, Spring, Shared

D. Type of Application

☒ Site Evaluation
☒ Construction

☐ Permit Repair
☐ Major ☐ Minor

☐ Alteration Permit
☐ Major ☐ Minor

☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement

☐ Authorization Notice for:
☐ Connecting to an Existing System Not in Use
☐ Replacing a Mobile Home or House with Another Mobile Home or House
☐ The Addition of One or More Bedrooms
☐ Personal Hardship
☐ Temporary Housing
☐ Other-please specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Darien Schaefer 6-8-2022
Signature Date
5565 Jerome Prairie Rd. Grants Pass OR 97527
Applicant's Name - Please Print Legibly Applicant's Phone Number Applicant's E-mail Address darien@daergonia.com

Applicant is the ☒ Owner ☐ Authorized Representative ☐ Licensed Septic Installer
☐ Authorization Attached Installer's Name _____

DARIEN SCHAEFER RESIDENCE

455 WOODLAKE DRIVE, GRANTS PASS, OREGON

A1.0

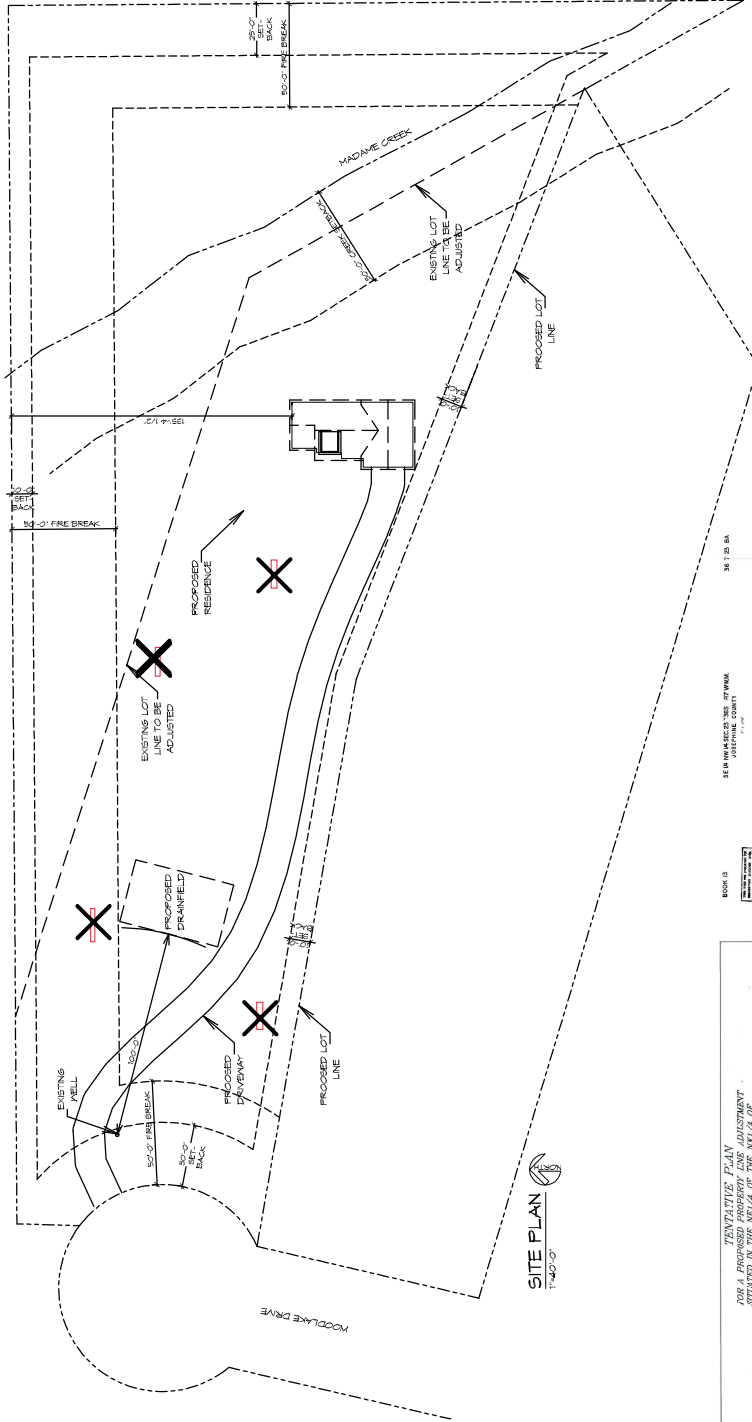
SHEET INDEX, VICINITY MAP, PLAT
SCALE AS NOTED

DARIEN SCHAEFER
RESIDENCE
455 WOODLAKE DRIVE
GRANTS PASS, OREGON

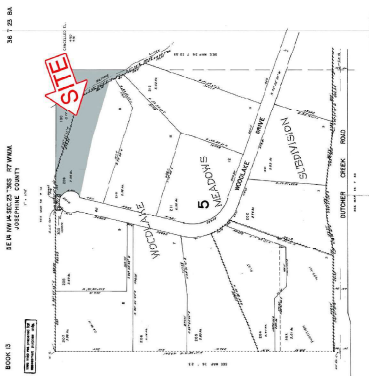
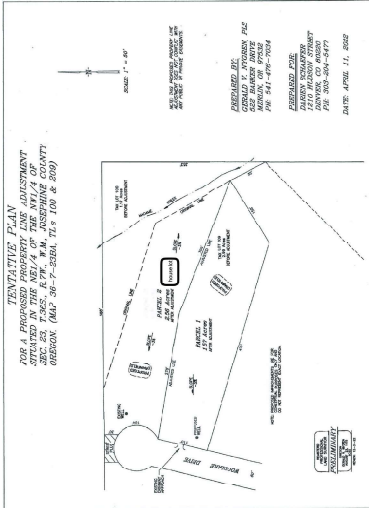


SHEET INDEX

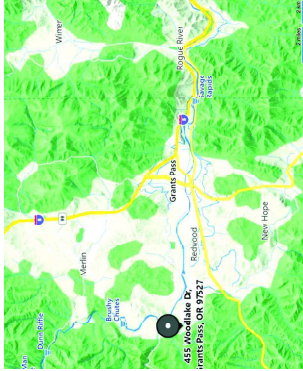
- A1.0 SHEET INDEX, VICINITY MAP, PLAT
- A2.0 MAP, SITE PLAN
- A3.0 FLOOR PLAN, FOUNDATION PLAN, ROOF FRAMING PLAN, WINDOW SCHEDULE
- A3.0 EXTERIOR ELEVATIONS
- A4.0 BUILDING SECTIONS



SITE PLAN
1"=40'-0"



PLAT MAP



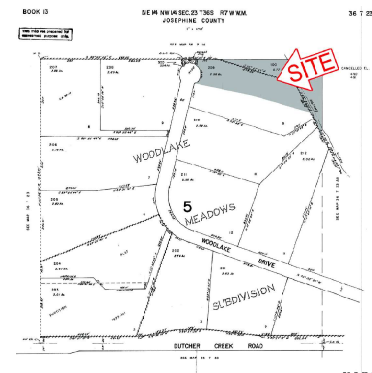
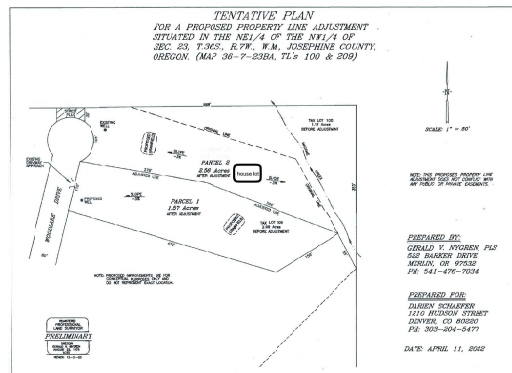
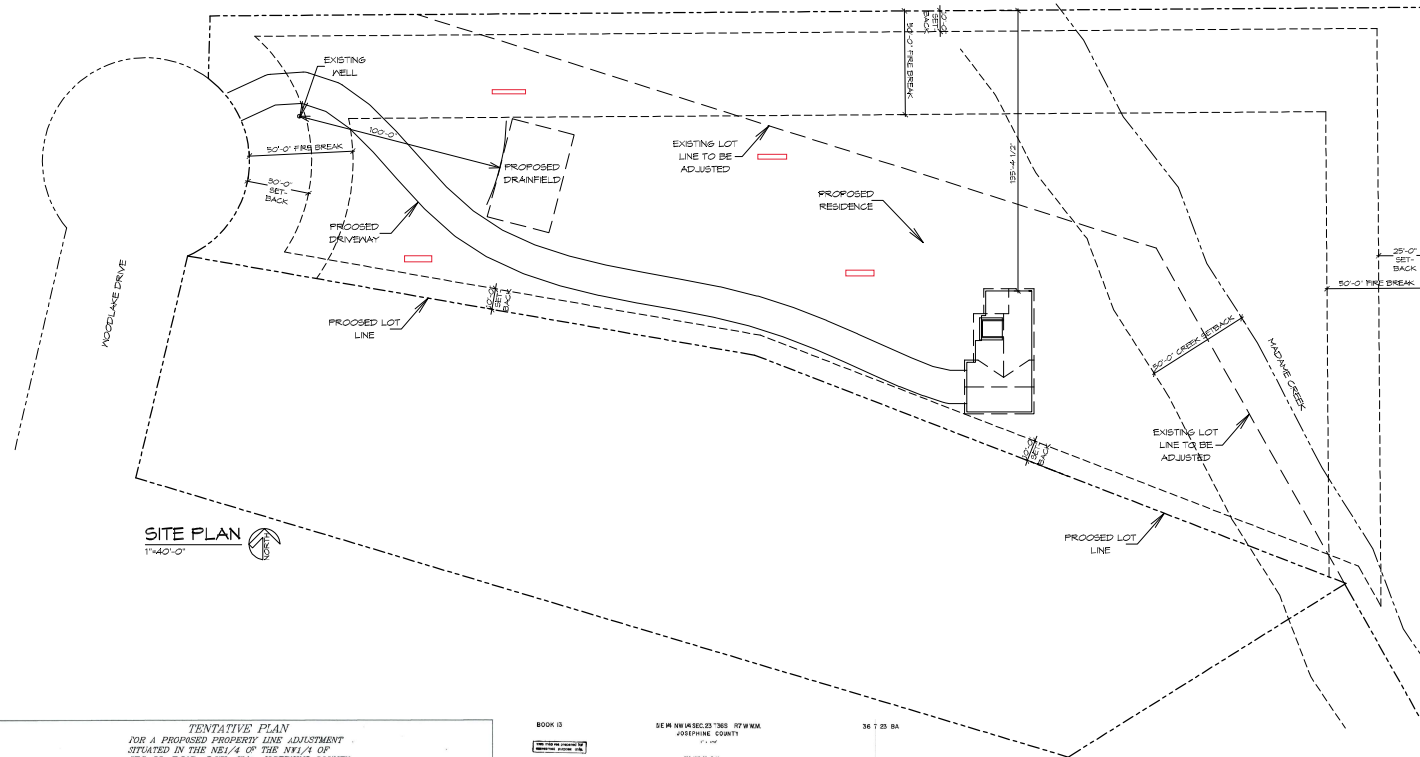
VICINITY MAP



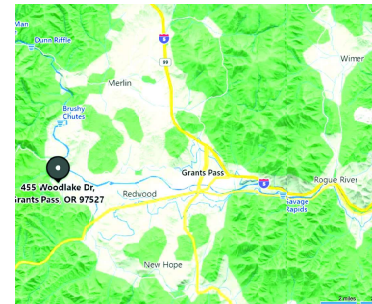
NORTHWEST PERSPECTIVE

DARIEN SCHAEFER RESIDENCE

455 WOODLAKE DRIVE, GRANTS PASS, OREGON



PLAT MAP



VICINITY MAP



NORTHWEST PERSPECTIVE

SHEET INDEX

- A1.0 SHEET INDEX, VICINITY MAP, PLAT MAP, SITE PLAN
- A2.0 FLOOR PLAN, FOUNDATION PLAN, ROOF FRAMING PLAN, WINDOW SCHEDULE
- A3.0 EXTERIOR ELEVATIONS
- A4.0 BUILDING SECTIONS

A1.0

SHEET INDEX, VICINITY MAP,
PLAT MAP, SITE PLAN, PERSPECTIVES
SCALE AS NOTED

1022

6/1/2022

DARIEN SCHAEFER
RESIDENCE
455 WOODLAKE DRIVE
GRANTS PASS, OREGON



This map was prepared for assessment purpose only.

$$1'' = 100'$$

SEE MAP 36 7 14

