



Mack Arch on the Curry Coast

Applicants to complete numbered spaces only

CURRY COUNTY BUILDING PERMIT & OCCUPANCY APPLICATION

PERMIT NUMBER	
B	CC 10/B91
P	
M	

1 JOB ADDRESS 16362 Lower Harbor Rd DATE ISSUED 4/8/91

2 LEGAL DESCR. T 41 R 13 S 5DB LOT NO. 1600 3 OWNER BOB RYDE RECEIPT NO. 0969

4 MAIN ADDRESS 16362 Lower Harbor Rd Harbor ZIP 419-5200 PHONE 419-5200

5 CONTRACTOR Kaplansky REG. NO. 59369

6 ARCHITECT DESIGNER ENGINEER

7 DESCRIBE WORK WOOD FRAME SALES BUILDING

8 NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Chris Kaplansky 4-5-91
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

NA
SIGNATURE OF OWNER (IF OWNER BUILT) DATE

FLOOD PLAIN 12' AMSL AS BUILT FLOOR ELEV. 13' AMSL
ELEV. 12' AMSL REQUIRED 13' AMSL

FLOOD PLAIN LEVEL TO BE STAKED AT BUILDING SITE.
FINISHED FLOOR TO BE ONE (1) FOOT ABOVE FLOOD PLAIN LEVEL.

OTHER:

IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR INSPECTIONS.

Gold Beach 247-7011 Ext. 285
Brookings 469-7274
Port Orford

Plans reviewed by [Signature]

TYPE OF CONSTRUCTION V-N OCCUPANCY GROUP B-2 SIZE OF BLDG. (TOTAL SQ. FT.) 160

VALUE 4781

FEES	
BUILDING PERMIT	50 50
PLAN CHECK	32 83
FIRE & LIFE SAFETY REVIEW	
STATE SUR TAX	2 53
SUB TOTAL	85 86

PLUMBING PERMIT FEES	
Commercial	140 00
ALREADY PAID AS OF 4-3-91	
PLAN CHECK FEE	
STATE SUR TAX	7 00
SUBTOTAL	147 00

MECHANICAL PERMIT FEES	
<u>NA</u>	
PLAN CHECK FEE	
STATE SUR TAX	
SUBTOTAL	

TOTAL ~~232 86~~

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

CASH	CHECK	OTHER	AMOUNT RECEIVED
	<input checked="" type="checkbox"/>		85.86

RECEIVED BY [Signature]

PLANS IN FILE

INSPECTION RECORD

INSPECTION DATE DATE INSPECTOR COMMENTS

FOOTING	4/3		RGS	OK
FOUNDATION	4/3		RGS	OK
SLAB	4/3		RGS	OK
POST & BEAM				
ROUGH FRAMING	4/12/91		RGS	OK
ROOF SHEATHING	4/8/91		DWH	OK
WALL SHEATHING				
INSULATION				
DRYWALL				
FINAL	4/23/01		RGS	OK
MECH. U/F				
ROUGH				
FINAL				
PLMBG U/F	4/3		RGS	OK
TOPOUT	4/12/91		RGS	OK
FINAL	4/23/01		RGS	OK

PERMIT CLEARANCE

CURRY COUNTY

Department of Public Services
145 E. Moore Street — P.O. Box 746
Gold Beach, Oregon 97444
Phone: (503) 247-7011
Brookings Satellite Office - Phone: (503) 469-7274

Planning • Sanitation • Building
Filing Date: 2/20/91

INSTRUCTIONS:

Applicant must read and complete items 1 - 9.

1. APPLICATION IS FOR:

(Please check all applicable items)

- Sewage Disposal Permit/Authorization Notice
- Mobile home permit Year _____
- Pre-Fab New _____ Old _____
- Building Permit SFD _____ Comm. _____

Type and Size: 18 X 55 OVERHANG

14 X 17 STORAGE SPACE / 10 X 15 SNACK BAR

- Accessory Building → Plumbing? Yes _____ No _____
- Other _____

Contractor information:

- Owner Built
- Contractor Name: DAVID KADLANSKY
- Registration No. 54369

- Mobile Home Installer Name: _____
- Registration No. _____

Building, Plumbing, Mechanical Permit No.'s Issued

Building Permit No.'s _____
Plumbing Permit No.'s _____
Mechanical Permit No.'s _____

Comments: _____

2. EXISTING DEVELOPMENT:

- Dwellings how many? _____
- Mobile Homes how many? _____
- Other Buildings how many? _____

Comments: COMMERCIAL REST. BAR

3. EXISTING FACILITIES:

- Water Source:
- Well Spring Other _____
- Explain: _____
- Water District: HARBOR
 - Connection Verification: EXISTING Signature _____

Sewage Disposal: 'GREY WATER ONLY'

- Septic System: Permit No. _____ Date _____
- Sewer District: HARBOR OK'D BY GARY MYERS 2/20/91
- Connection Verification: EXISTING Signature _____

4. PROPERTY DESCRIPTION:

Assessor Map No.: 4-13-SDB Tax Lot: 1600
Acreage: .87
Street Address or Location: 16362 LOWER HARBOR ROAD

5. PROPERTY OWNER INFORMATION:

Property Owner: BOB RIGHETTI
Mailing Address: PO BOX 2910 HARBOR
Phone No. _____

6. ACCESS:

- Does proposed driveway access a County or State Road?
 No Yes
- If yes, Do you have an access permit?
 Yes State or County Permit No. _____

If No, a Facility Permit from the County Road Department for a county road or a Road Approach Permit from the Oregon Highway Division for a state road is required before this permit clearance can be processed.

7. OTHER PERMITS:

Separate State of Oregon permits are required for electrical work and water rights. The property owner is responsible for obtaining these permits.

8. PLOT PLAN:

The applicant must provide an accurate Plot Plan (see reverse side).

9. APPLICANT SIGNATURE:

By my signature, I certify that I am the owner or have the owners consent to apply for a permit on the above referenced property and by my signature also certify that the information I have provided is correct and hereby grant the staff of the Curry County Department of Public Services permission to enter this property for purposes of this application.

Name: BOB RIGHETTI
Signature: [Signature]
Date: _____

Mailing Address: _____
Phone: 469-5200

CURRY COUNTY PLANNING STANDARDS AND REQUIREMENTS

Land use zone: C1

Property Line Setbacks:

- Front: 35 feet from the center line of _____ Street; or
- 10 feet from property line adjacent to road
- No requirement

- Side: 5 feet from property line
- No requirement

- Back: 5 feet from property line
- No requirement

Note: Eaves, gutters, sunshades, & other similar architectural features may not project into required setbacks.

Offstreet Parking:

- No. of 9' x 18' parking spaces required
- requires parking lot plan No requirement

Structure Height:

- 35' maximum 45' maximum
- Airport overlay zone requires _____ feet
- No requirement

Conditions of Approval:

Planning Commission is for a separate food concession from the existing restaurant & lounge as shown on the attached plot plan.

We have reviewed the above proposal and find it compatible with (check one):

- Its LCDC Acknowledged Plan, or
- Statewide Planning Goals

County Planning Staff Reviewer: [Signature] Planner 2-20-91
Signature Title Date

City Planning Staff Reviewer (if required):
Facility Located NOT
 Outside urban growth boundary Inside urban growth boundary, outside city limits Inside city limits City _____
Signature Title Date

Sanitarian Reviewer:
Permit No. _____ Authorization Notice No. _____
 System approved Denied comments: _____
Signature Title Date

Time Limit: If Substantial Construction has not taken place within 180 days of the filing date of this permit clearance form, any authorization for development shall become null and void.

NOTE: This form is intended for county staff use in processing development permits and does not constitute a development permit or guarantee issuance of any such permit.

PC No. 069
ZONE: C-1
REC # 0693

LAUREL OR DAN WILL NOTIFY 2/20/91

3. PLOT PLAN:

Please draw a plot plan to a suitable scale in the space provided. Please include such items as listed below:

- Property lines
 - Existing & proposed structures
 - Driveways (label existing or proposed)
 - All easements
 - Show any proposed water and sewer lines, together with their lengths, from structures to property lines.
 - Wells, Springs and streams (existing or proposed)
 - Septic systems (label existing or proposed- include tank & drainfield)
 - Any distinctive topographic features
 - Clearly label and show distances between all items on the plan
- NOTE:** Failure to draw an accurate plot plan of the proposed structural development will result in a delay of the review of your requested permit so that we can contact you regarding the details of your proposal.
- If site is not on main thoroughfare give written or graphic directions and distances from main thoroughfare.



Scale
1" = _____

