

STATE OF OREGON
DEPARTMENT OF COMMERCE
PLUMBING SAFETY SECTION

Date Permit Issued 10/27-82
Issued By Harrell
City Curry

APPLICATION FOR PLUMBING PERMIT
(Submit in Duplicate)

PERMIT NO. (FOR OFFICIAL USE)

CC 43P 82
Rev. 2492

NOTE: Applicants must hold Oregon Registration to conduct a plumbing business or must be home owner/operator not hiring outside help. Indicate status below:

PLUMBING CONTRACTOR
LICENSE NO.

HOME OWNERS—I hereby certify that I am the owner of the property described below, at which location I propose to make a plumbing installation for my own use and this property is not being constructed for sale, lease or rent.

APPLICANT INFORMATION:

Dr. Mark Franusich DVM PO Box 1624 Birks Or
(Name or Firm—Please Print) (Mailing Address) (City or Town) (Zip Code) (County)

LOCATION OF PLUMBING WORK:
15167 McRay Ln Hwy 108 So.
(Street or R.F.D. No.) (City or Town) (County)

(Direction to Premises)

Is installation address within city limits? (Check one box) Yes No

TYPE OF FIXTURE	NUMBER OF EACH	FEE ON EACH	TOTAL	
3 Sink		\$ 7.50	22.50	
Lavatory		7.50		
Tub and Shower		7.50		
Shower, separate		7.50		
1 Water Closet		7.50	7.50	
Dishwasher		7.50		
Disposal		7.50		
Washing Machine		7.50		
Water Heater		7.50		
Floor Drain		7.50		
1 Sewer—1st 100 feet		30.00	30.00	
1 Water Service—1st 100 feet		20.00	20.00	
Storm and Rain Drain—1st 100 feet		30.00		
Sewage and Sump Pump		7.50		
Special Waste Connection		7.50		
MISCELLANEOUS				
Sewer, each additional 100 ft.		15.00		
Water Service, each additional 100 ft.		20.00		
Storm and Rain Drain, each additional 100 ft.		30.00		
Mobile Home Space—each		15.00		
Other (specify)				
SUB-TOTAL (Minimum \$10.00)		Owner 831-126 <input type="checkbox"/>	Contractor 831-125 <input type="checkbox"/>	80.00
ADD STATUTORY SURCHARGE: 4% of Sub-total		831-276		3.20
			TOTAL FEE	83.20

CASH CHECK MONEY ORDER

Are you registered with the State Builders Board? _____ Registration number _____

I certify that all plumbing work will be done in accordance with applicable provisions of Oregon Revised Statutes Chapters 447 and 693 and applicable codes, and that no help will be employed unless licensed under ORS 693.

M. Franusich DVM 10-27-82
Signature of Authorized Applicant Date

Basic Information for Permit

Applicant Dr. Mark Franovich D.V.M.
Address PO Box 1628
City State Zip Duke OR

III. Access to Land:

A. Name of Road adjacent to the property

Status of Road: County Public Private

Other, describe _____

Property Description:

Township 41 Range 13 Section 22A

Tax Map No. _____ Tax lot 161 Code _____

Acreage _____ Subdivision _____ Lot _____

I. Improvements:

Number of Structures: Existing _____ Proposed or Replacement _____

A. Conventional Dwelling 1

B. Mobile Homes _____

C. Accessory Structures _____

D. Other Buildings (Commercial etc.) _____

VETERINARY CLINIC

Other Improvements:

A. Domestic Use Water Source: Public _____ Private _____

Drilled Well _____ Dug Well Spring _____ Creek _____ Lake _____

Other water sources and/or use _____

B. On-site Sewage Disposal System: Septic system Public sewer _____

C. Improved building site _____

D. Road or Driveway _____

E. Other _____

II. Present Use of Land:

Vacant _____ Residential _____ Commercial Other _____

The above information will be the basis for an approval or disapproval of a development permit, therefore, the person signing below will be responsible for its accuracy.

Signed Mark Franovich DVM Date 10-22-82

If the above signature is some other than the owner of record, please fill in below:

Property owner:

Name _____ Address _____

City, State, Zip _____

Phone: Home _____ Business _____ Message _____

Owner has been contacted: Yes No _____

PLANNING DEPARTMENT USE ONLY:

A. Plan Designation of subject property _____

B. Zoning of subject property RC

1. Proposed use is allowed:

Outright Conditional _____ Not allowed _____

2. Need:

Plan Change _____ Zone change _____ Conditional use: _____

C. Minimum lot size of zone is _____

1. Division of land if required:

Minor Partition _____ Major Partition _____

BUILDING AND PLUMBING DEPARTMENT:

A. Building or Mobile Home Permit

1. Permit issued:

a. Date _____

b. Number _____

2. Permit rejected _____

B. Repair or remodel permit

1. Permit issued:

a. Date _____

b. Number _____

2. Permit rejected _____

C. Other problems:

Describe any special problems associated issuing building

permit (if necessary) _____

Building Clearance

Signed

Date

[Signature]
11-8-82