BUILDING PERMIT

STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

No. CC-19-B-80

Jurisdiction of ____ State ____ (County) ____ City

Application for:
- ~~Plan Review~~ & Building Permit ☒
- Plan Review – No Permit ☐
- Plan Review – Fire & Life Safety Only ☐

Applicant to complete numbered spaces only.

JOB ADDRESS 1	Agness, OR		Is building within city limits	yes (no)
DIRECTIONS TO JOB SITE				
LEGAL DESCR.	LOT NO. 700	BLK	TRACT 34-11-31B (☐ See Attached Sheet)	
OWNER 2	Ken Parry	MAIL ADDRESS P.O. 40 Agness OR	ZIP 97406	PHONE
CONTRACTOR 3	Connors Const Co.	MAIL ADDRESS Portland Ore.	PHONE	LICENSE NO.
ARCHITECT OR DESIGNER 4		MAIL ADDRESS	PHONE	LICENSE NO.
ENGINEER 5		MAIL ADDRESS	PHONE	LICENSE NO.

6 USE OF BUILDING: Garage

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

8 Describe work: Build new 24X40 Garage

9 Change of use from

Change of use to

10 Declaration of Valuation of work $ 8,352.00

PLAN CHECK FEE | PERMIT FEE 48.00 | + 4% SURCHARGE = $ 1.92 49.92

SPECIAL CONDITIONS:

Application Accepted By ____ Initial ____ Date | Plans Checked By Jarrell Initial ____ Date | Approved For Issuance By Jarrell 2-6-80 Initial Date

11 **NOTICE**

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

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

Connors Const. by EB (Date)
Signature of Contractor or Authorized Agent

for Ken Parry (Date)
Signature of Owner (If Owner Builder)

PLANS EXAMINER COMPLETES THIS BOX AND CERTIFIES COMPLIANCE WITH LOCAL REGULATIONS

Special Approvals		
ZONING		
FIRE ZONE		
SANITARY — PUBLIC		PRIVATE
OTHER (Specify)		
Type of Const. TYPE III	Occupancy Group M-1	Division
Size of Bldg (Total) Sq. Ft. 24X40 960	No. of Stories 1	Max. Occ. Load
Fire Zone 3	Use Zone M-A	Fire Sprinklers Required ☐ Yes ☐ No
No. of Dwelling Units —	No. of Bedrooms —	
DATE PERMIT ISSUED 2-15-80		

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

PLAN CHECK VALIDATION CK. M.O. CASH

PERMIT VALIDATION (CK.) M.O. CASH

Part 1—OFFICE COPY—White Part 2—APPLICANT—Canary Part 3—INSPECTOR—Blue Part 4—LOCAL GOVERNMENT—Green Part 5—LOCAL GOVERNMENT—G-rod

Form BCD-1 Reorder from: Department of Commerce—Building Codes Division—Salem, OR 97310

SP*62378-814