

BUILDING PERMIT



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

No. CC68B81
Rec. 1677

Jurisdiction of Curry
State _____ County _____ City _____

Application for:

- Plan Review & Building Permit
- Plan Review — No Permit
- Plan Review — Fire & Life Safety Only

Applicant to complete numbered spaces only.

JOB ADDRESS 1 <u>Eggars Rd Cape Fanello</u>		building within city limits	yes	<input checked="" type="radio"/>
DIRECTIONS TO JOB SITE				
LEGAL DESCR.	LOT NO. <u>700</u>	BLK <u>40-14-11C</u>	TRACT	<input type="checkbox"/> See Attached Sheet
OWNER 2 <u>Arthur W Davis</u>	MAIL ADDRESS	ZIP	PHONE	
CONTRACTOR 3 <u>Somi</u>	MAIL ADDRESS	PHONE	LICENSE NO. <u>97451</u>	
ARCHITECT OR DESIGNER 4	MAIL ADDRESS	PHONE	LICENSE NO.	
ENGINEER 5	MAIL ADDRESS	PHONE	LICENSE NO.	
USE OF BUILDING 6 <u>Single Family Dwelling</u>				
7 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE				
8 Describe work: <u>Build new 3 Bedroom 3 Baths</u>				
9 Change of use from				
Change of use to				
10 Declaration of Valuation of work \$ <u>59,040.00</u> <u>72,040.00</u> <u>9.32</u>				
PLAN CHECK FEE <u>106.50</u>	PERMIT FEE <u>239.00</u>	+ 4% SURCHARGE = \$ <u>318.78</u> <u>358.82</u>		
SPECIAL CONDITIONS:				
Application Accepted By <u>Hanell</u> Initial _____ Date _____		Plans Checked By _____ Initial _____ Date _____		Approved For Issuance By _____ Initial _____ Date _____
PLANS EXAMINER COMPLETES THIS BOX AND CERTIFIES COMPLIANCE WITH LOCAL REGULATIONS				
Special Approvals				
ZONING				
FIRE ZONE				
SANITARY — PUBLIC			PRIVATE	
OTHER (Specify)				
Type of Const. <u>V-N</u>	Occupancy Group <u>R-3</u>	Division		
Size of Bldg. (Total) Sq. Ft. <u>2520</u>	No. of Stories <u>2</u>	Max. Occ. Load		
Fire Zone <u>3</u>	Use Zone <u>R-A</u>	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
No. of Dwelling Units <u>1</u>	No. of Bedrooms <u>3</u>			
DATE PERMIT ISSUED				
Signature of Contractor or Authorized Agent _____ (Date) _____				
Signature of Owner (If Owner Builder) <u>Arthur W. Davis</u> _____ (Date) <u>May 27, 1981</u>				

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

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

STATE OF OREGON
DEPARTMENT OF COMMERCE
PLUMBING SAFETY SECTION

Date Permit Issued _____
Issued By James Cunn
City _____

APPLICATION FOR PLUMBING PERMIT
(Submit in Duplicate)

PERMIT NO. (FOR OFFICIAL USE)
CC34P81

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:

Arthur W Davis 83495 Rattlesnake Rd Dexter OR
(Name or Firm—Please Print) (Mailing Address) (City or Town) (Zip Code) (County)
97451

LOCATION OF PLUMBING WORK:

(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
1 Sink		\$ 5.00	5.00
3 Lavatory		5.00	15.00
1 Tub and Shower		5.00	5.00
1 Shower, separate		5.00	5.00
3 Water Closet		5.00	15.00
Dishwasher		5.00	
Disposal		5.00	
1 Washing Machine		5.00	5.00
1 Water Heater		5.00	5.00
Floor Drain		5.00	
1 Sewer—1st 50 ft.		15.00	15.00
1 Water Service—1st 50 ft.		10.00	10.00
Storm and Rain Drain—1st 50 ft.		15.00	
Sewage and Sump Pump		5.00	
Special Waste Connection		5.00	
MISCELLANEOUS			
Sewer, each additional 100 ft.		10.00	
Water Service, each additional 100 ft.		10.00	
Storm and Rain Drain, each additional 100 ft.		10.00	
Mobile Home Space—each		15.00	
Other (specify)			
SUB-TOTAL (Minimum \$10.00)			80.00
Owner 831-126 <input type="checkbox"/> Contractor 831-125 <input type="checkbox"/>			3.20
ADD STATUTORY SURCHARGE: 4% of Sub-total 831-276			83.20
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.

Arthur W Davis _____ May 27, 1981
Signature of Authorized Applicant Date

REFERENCES:

OREGON PLUMBING LAWS, OREGON REVISED STATUTES 447.010-447.140; 447.990; 693.010-693.130; 693.990.

OREGON ADMINISTRATIVE RULES, 814-21-001 THROUGH 814-21-512; 814-29-001 THROUGH 814-29-030.

EXCERPTS:

PERMITS

A plumbing permit issued to one person or firm is not transferable and shall not permit any other person, persons or firm to perform any plumbing work thereunder unless the new person or firm is certified.

APPLICATION FOR PERMIT AND INSPECTION

Plumbing permits may be purchased in the following locations:

- Astoria, OR 97103—P.O. Box 179 (Clatsop Co. Courthouse)—Phone 325-0046
- Bend, OR 97701—State Office Building, 2150 NE Studio Rd.—Phone 389-5058
- Coos Bay, OR 97420—455 Elrod Ave.—Phone 269-5856

- John Day, OR 97845—721 S. Canyon Blvd.—Phone 575-0220
- Medford, OR 97501—650 Royal, Suite #6—Phone 776-6106
- Ontario, OR 97914—514 SW 4th Street—Phone 889-7424
- Pendleton, OR 97801—1229 SE 3rd Street—Phone 276-7814
- Salem, OR 97310—401 Labor & Industries Building—Phone 378-3169
- The Dalles, OR 97058—430 E. 3rd Street—Phone 296-3757

The applicant shall mail the original and one copy of application to the Salem office
OR

THE APPLICANT MAY BRING THE APPLICATION TO ANY OF THE ABOVE OFFICES AND PURCHASE THE PERMIT OVER THE COUNTER.

ADDITIONAL MISCELLANEOUS FEES

A fifteen-dollar (\$15.00) reinspection fee shall be charged for inspection of violations found by the Director after the second inspection.

The Director shall have at least FORTY-EIGHT (48) HOURS, excluding Saturdays, Sundays and holidays, after notification that the permittee is ready for an inspection, in which to make inspections.

Individuals or firms holding Oregon Registration to Conduct a Plumbing Business may purchase permits in advance, without specifying the job location. Advance sales of permits are issued as a convenience to the contractor. Contractors failing to comply with posting or notice requirements as shown on the permit form will be denied this convenience.

BEFORE BEGINNING WORK:

1. Complete application, attach fee prescribed and mail, or deliver, to address above.
2. Upon receipt of permit, mail first copy to inspector in appropriate area listed above.
3. Post remaining permit on job site.

COUNTIES WHERE STATE PLUMBING INSPECTIONS ARE MADE:

Baker	Grant	Lake	Tillamook
Clatsop	Harney	Lincoln	Umatilla
Coos	Hood River	Malheur	Wallowa
Crook	Jackson	Morrow	Wasco
Deschutes	Jefferson	Sherman	Wheeler
Gilliam			



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MECHANICAL PERMIT

Jurisdiction of

Curry
STATE - COUNTY - CITY

CC 23M 81
Rec 1677

Applicant to complete numbered spaces only.

JOB ADDRESS

1 LEGAL DESCR. LOT NO. *700* BLK TRACT *40-14-11C* SEE ATTACHED SHEET

2 OWNER *Arthur Davis* MAIL ADDRESS ZIP PHONE

3 CONTRACTOR *See CC 68 B 81* MAIL ADDRESS PHONE LICENSE NO.

4 ARCHITECT OR DESIGNER MAIL ADDRESS PHONE LICENSE NO.

5 ENGINEER MAIL ADDRESS PHONE LICENSE NO.

6 Is installation address within city limits? (Check one box) YES NO

7 USE OF BUILDING

8 Class of work: NEW ADDITIONS ALTERATION REPAIR

9 Describe work:

10 Declaration of Valuation of work \$

OWNER

JOB ADDRESS

PERMIT NO.

PR REVIEW NO.

Type of Fuel: Oil Nat. Gas LPG

PERMIT FEES

SPECIAL CONDITIONS

No.	Type of Equipment	Fee
	Air Cond. Units—H.P. Ea.	\$
	Refrigeration Units—H.P. Ea.	
	Gas Fired A.C. Units—Tonnage Ea.	
	Forced Air Systems—B.T.U. M Ea.	
	Gravity Systems—B.T.U. M Ea.	
	Floor Furnaces—B.T.U. M	
	Wall Heaters—B.T.U. M	
	Unit Heaters—B.T.U. M	
	Evaporative Coolers	
	Clothes Dryers	
	Ventilation Fan	
	Range Hood	
	Air Handling Unit— C.F.M.	
	Incinerator	
<i>1</i>	<i>Woodstone</i>	<i>15.08</i>

APPLICATION ACCEPTED BY PLANS CHECKED BY APPROVED FOR ISSUANCE BY *Handell*

NOTICE

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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE) *Arthur W. Davis May 27, 1981*

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

PERMIT \$

TOTAL FEE \$ *15.08*

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—Auditor—Goldenrod

INSPECTOR



Mack Arch on the Curry Coast
COUNTY OF CURRY

PLANNING DEPARTMENT

P. O. Box 1123 • Gold Beach, Oregon 97444 • Phone 247-7011 Ext. 285

May 27, 1981

Arthur W. and Wilma R. Davis
83495 Rattlesnake Road
Dexter, Oregon 97431

Dear Mr. and Mrs. Davis:

Re: B81-072
Map 40-14-11C; tax lot 700

Your application for a building permit has been reviewed by the Planning Department in light of the LCDC enforcement order and approved based on the following findings of fact:

1. A septic tank was installed on October 20, 1976.

The Building Official will require proof of the fact that there is adequate water of sufficient quantity and quality to serve one homesite.

You should now contact the Building Official for the needed permits.

Sincerely,

Robert J. Higbie
Planning Director

RJH:RW:bh

SUBSURFACE DISPOSAL APPLICATION & PERMIT

Curry County Environmental Sanitation Dept.
P.O. Box 1277, Gold Beach, Oregon 97444
Phone - 247-7011 Ext. 311 or 321

Feasibility Report
5-3-76
C. Hill Campbell
Receipt 0352

Permit # 08-10-181
Receipt # 40
Amt. Pd. \$25.00 (\$50.00 TOTAL)
Permit Expires 10-19-77

TO BE FILLED OUT BY APPLICANT:

Property Owner ARTHUR W. & WILMAR DAVIS Mailing Address 83495 RATTLESnake RD
City, State DEXTER, OR 97431 Phone No. (503) 747-3795
Township 40 Range 14 Section 11 Tax Lot 32 REGER RD MAP
Job Location _____ Size of Property: Width _____ Length _____ Sq. Ft. 7,174 ±
If approved Subdivision, Name CANE FERRELO HEIGHTS PHASE II Lot & Blk. # Portion of 300
New system Alteration _____ Repair _____
Installation will serve: House Mobile Home _____ No. of Bedrooms 3
Commercial _____ No. of Employees _____
Water Supply: Public _____ Private Drilled Well _____ Spring
Garbage Disposall in Sink: Yes No _____
Installation by: Owner _____
Licensed Installer (Name) L. H. Van Duzee Const
Date _____
Applicant's Signature _____

PERMIT NOT VALID UNLESS A PERMIT NUMBER IS ASSIGNED.

- 1. Request is made for an inspection by a sanitarian for approval of location, size & type of system.
- 2. Test hole required if no site report made (test hole 6' deep, 2' wide).
- 3. Inspection is required after completion but prior to covering by County Sanitarian.

TO BE FILLED OUT BY COUNTY SANITARIAN:

Soil type SL Type of Distribution System: Equal
Serial
Other _____
Tank Size (Gallons) 1000 No. of Distribution Boxes 1
Trench Area Drainfield 450 Square Feet

REMARKS:

3 LINES - 75' x 2' x 36" maximum depth to code or
2 LINES of EQUIVALENT SQUARE FOOTAGE

Permit:
Approved: Yes No _____ Reasons: Slope _____
Lot size _____
Soil _____
Water table _____
Date issued 10/20/76
Sanitarian SC Endicott (by BJC)
Final Approval: _____
Sanitarian _____
Date 11/30/76

Fee Schedule:

1. New construction permit	\$50.00
2. Alteration, repair or extension to existing system.	\$15.00
3. Feasibility Study-	\$25.00

A preliminary site report or feasibility statement will be \$25.00 and will be good for twelve months only. If a subsurface disposal permit is applied for within the 12 month period, the fee paid for the feasibility statement would be deducted from the subsurface disposal installation permit making its cost \$25.00.

Make checks payable to:
Environmental Sanitation Department
P.O. Box 1277, Gold Beach, Oregon 97444

6/3/81

D.M. 24



Mack Arch on the Curry Coast
COUNTY OF CURRY
ROAD DEPARTMENT
COURTHOUSE
GOLD BEACH, OREGON 97444

**APPLICATION
FOR RURAL ADDRESS NUMBER**

TWP. 40 RNG. 14 SEC. 11C TAX LOT # 700

BUILDING PERMIT # CC68R81

APPLICANT'S NAME MR. ARTHUR DAVIS

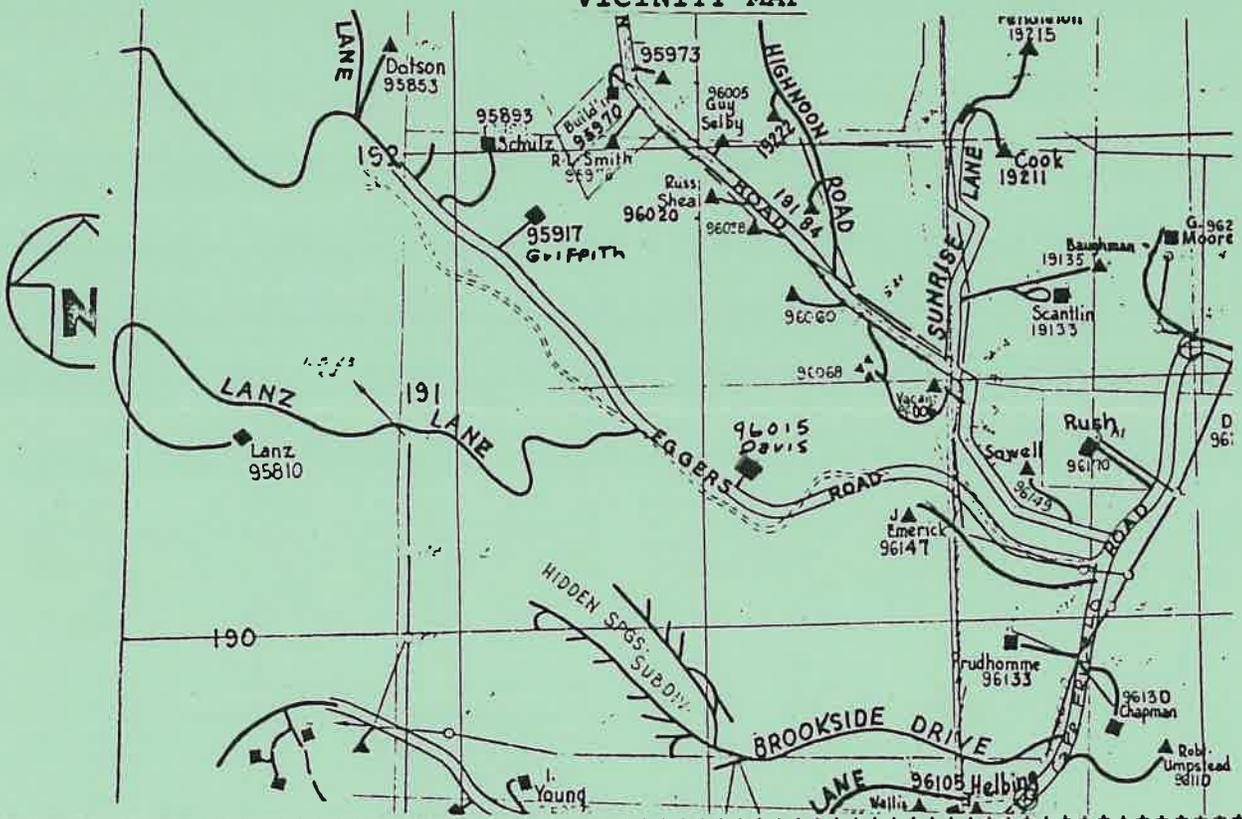
CURRENT ADDRESS 83495 Rattlesnake Rd. Dexter, Oregon 97451

TYPE OF CONSTRUCTION: SINGLE FAMILY HOME MULTIPLE FAMILY HOME

MOBILE HOME COMMERCIAL BLDG. OTHER _____

DIRECTIONS TO JOB SITE: _____

VICINITY MAP



APPLICANT'S NEW ADDRESS: 96015 Eggers Road

Donald C. Hogue

6/3/81