

BUILDING PERMIT



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

No. GB 23B 82
RC 2478

Jurisdiction of Gold Beach
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>870 N Ellenberg</u>		Is building within city limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DIRECTIONS TO JOB SITE			
LEGAL DESCR.	LOT NO.	BLK	TRACT <input type="checkbox"/> See Attached Sheet
OWNER 2 <u>Larsson</u>	MAIL ADDRESS <u>870 N Ellenberg</u>		ZIP <u>97330</u>
CONTRACTOR 3 <u>SAME</u>	MAIL ADDRESS		PHONE <u>247 2448</u>
ARCHITECT OR DESIGNER 4	MAIL ADDRESS		PHONE LICENSE NO.
ENGINEER 5	MAIL ADDRESS		PHONE LICENSE NO.
USE OF BUILDING 6 <u>SFP</u>			
7 Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
8 Describe work: <u>Replace two windows with 6x36</u>			
9 Change of use from			
Change of use to			
10 Declaration of Valuation of work \$ <u>Under \$500</u>			
PLAN CHECK FEE		PERMIT FEE <u>5.00</u>	+ 4% SURCHARGE = \$ <u>5.20</u>
SPECIAL CONDITIONS:			
Application Accepted By <u>JMW</u> <small>Initial Date</small>		Plans Checked By <u>None</u> <small>Initial Date</small>	
		Approved For Issuance By <u>MW 11-2-82</u> <small>Initial Date</small>	
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.		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>UN</u> Occupancy Group <u>R</u> Division <u>3</u> Size of Bldg. (Total) Sq. Ft. <u>NA</u> No. of Stories <u>1</u> Max. Occ. Load Fire Zone <u>T4</u> Use Zone <u>R</u> Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Dwelling Units <u>1</u> No. of Bedrooms <u>NA</u> DATE PERMIT ISSUED <u>11/2/82</u>	
Signature of Contractor or Authorized Agent (Date)		Signature of Owner (If Owner Builder) (Date)	

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

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