



BUILDING PERMIT

STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

No. PO13B82
RC 2236

Jurisdiction of Port Orford
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>Southern Market Port Orford</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 (☐ See Attached Sheet)	
OWNER 2 <u>LAURENCE MILLER</u>	MAIL ADDRESS <u>Port Orford</u>	ZIP	PHONE	
CONTRACTOR 3	MAIL ADDRESS	PHONE	LICENSE NO.	
ARCHITECT OR DESIGNER 4	MAIL ADDRESS	PHONE	LICENSE NO.	
ENGINEER 5 <u>Robert S. Rodgers</u>	MAIL ADDRESS <u>95420 Skyview Ranch Rd</u>	PHONE	LICENSE NO.	
USE OF BUILDING 6				
7 Class of work: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE				
8 Describe work: <u>Add space front wind screen</u>				
9 Change of use from				
Change of use to				
10 Declaration of Valuation of work \$ <u>1000</u>				
PLAN CHECK FEE <u>0</u>	PERMIT FEE <u>910</u>	+ 4% SURCHARGE = \$ <u>40</u> <u>1040</u>		
SPECIAL CONDITIONS:				
Application Accepted By <u>TRW 6/14/82</u> <small>Initial Date</small>		Plans Checked By <u>TRW 6/14/82</u> <small>Initial Date</small>		
		Approved For License By <u>Panel 6/14/82</u> <small>Initial Date</small>		
<p>11 NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING.</p> <p>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.</p> <p>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.</p> <p><u>RS Rodgers 6/14/82</u> Signature of Contractor or Authorized Agent (Date)</p> <p>_____ Signature of Owner (If Owner Builder) (Date)</p>		PLANS EXAMINER COMPLETES THIS BOX AND CERTIFIES COMPLIANCE WITH LOCAL REGULATIONS		
		Special Approvals		
		ZONING		
		FIRE ZONE		
		SANITARY — PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/>		
		OTHER (Specify)		
		Type of Const.	Occupancy Group <u>B</u>	Division <u>2</u>
		Size of Bldg. (Total) Sq. Ft.	No. of Stories <u>1</u>	Max. Occ. Load
Fire Zone <u>III</u>	Use Zone <u>C</u>	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
No. of Dwelling Units <u>0</u>	No. of Bedrooms <u>0</u>			
DATE PERMIT ISSUED				

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

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