



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MECHANICAL PERMIT

Jurisdiction of Curry
STATE - COUNTY - CITY

JOB ADDRESS
OWNER

Applicant to complete numbered spaces only.

JOB ADDRESS

1 LEGAL DESCR. LOT NO. BLK TRACT (SEE ATTACHED SHEET)

2 OWNER: Albert Adell Jensen MAIL ADDRESS: 15889 Sunset Strip #39 ZIP: 4696113 PHONE:

3 CONTRACTOR 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: Install woodstove in mobile home

10 Declaration of Valuation of work \$

PERMIT NO. CE-17181
 PR REVIEW CE PTH 2004

Type of Fuel: Oil Nat. Gas LPG

PERMIT FEES

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	
	<u>woodstove installation</u>	<u>14.50</u>
	<u>40% Surcharge</u>	<u>58</u>
	PERMIT	\$
	TOTAL FEE	\$ <u>15.08</u>

SPECIAL CONDITIONS: MUST BE MOBILE HOME APPROVED TAG ON STOVE

APPLICATION ACCEPTED BY: _____ PLANS CHECKED BY: _____ APPROVED FOR ISSUANCE BY: James

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): Adell Jensen

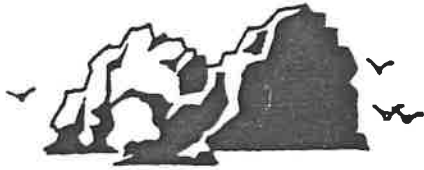
SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE): _____

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

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

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

**BUILDING & PLUMBING
DEPARTMENT**

P. O. Box ~~1887~~ 746
Gold Beach, Oregon 97444
Phone 247-7011 Ext. 311

January 25, 1982

Brookings-Harbor Insurance
Box 2725
Harbor, Oregon 97415

Re: Albert Jensen, woodstove inspection at 15889 Sunset
Strip #39

Dear Sir:

On January 25, 1982, Mr. Jensen's woodstove was inspected.
The installation will meet current code requirements.

Sincerely,

Rod Rumsey,
Building Inspector

RR:bh

cc: Albert Jensen
15889 Sunset Strip #39
Brookings, Oregon 97415