



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: MCC 99-82

COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation: <u>Leimness Ranch Rd.</u>		City	County <u>Curry</u>	Zip
2. Directions to Mobile Home Installation:		Legal Description if on Private Property 2a. <u>2400-4073-18</u>		
3. Is Mobile Home W/In City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. On Private Property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. In a Mobile Home Park <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. Owner <u>John A Eckert</u> Address <u>1205 Ave St</u> City <u>Boulder</u> Phone No. <u>CK 911</u>				
7. Dealer-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
8. Accessory-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
9. Describe Work: Install Mobile Home <input checked="" type="checkbox"/>	10. Install Awning or Carport <input type="checkbox"/>	11. Install Cabana <input type="checkbox"/>		
* Date Inspection Is Requested	Manufacturer of Mobile Home	Size of Mobile Home		
12.				
13. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING MOBILE HOME INSTALLATIONS.				
<input checked="" type="checkbox"/> <u>John A Eckert</u> <u>11/4/82</u> Signature of Owner (Date)		<input type="checkbox"/> _____ or _____ Signature of Dealer-Installer or (Accessory-Installer) (Date)		

APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE:

ZONING APPROVAL: Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Received	Date
SANITATION APPROVAL: Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Received	Date
PARK LICENSE NUMBER	NUMBER OF APPROVED PARK SPACES	SPACE WHERE MH WILL BE LOCATED
* CALL FOR INSPECTION: PHONE NO.	TIEDOWNS REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SPECIAL CONDITIONS:

1. <input type="checkbox"/> SINGLE WIDE (Inc. Tip-Out) \$25	5. <input type="checkbox"/> AWNING OR CARPORT \$10
2. <input checked="" type="checkbox"/> DOUBLE WIDE \$40	6. <input type="checkbox"/> ELECTRICAL
3. <input type="checkbox"/> EACH ADDITIONAL WIDTH \$15	7. <input checked="" type="checkbox"/> PLUMBING <u>15.00</u>
4. <input type="checkbox"/> CABANA (Factory Built) \$15	8. <input type="checkbox"/> MECHANICAL
TOTAL <u>CK</u> CASH M.O. \$ <u>55.00</u>	

APPLICATION APPROVED BY: John Farrell DATE PERMIT ISSUED: 11-4-82

Basic Information for Permit

III. Access to Land:

Applicant JOHN A. ECKER
Address 1205 AVE. G
City State Zip BOULDER CITY NV 89005

A. Name of Road adjacent to the property TIMES RAVEN RD.
Status of Road: County Public Private
Other, describe _____

Property Description:

Township 40 Range 13 Section 18
Tax Map No. 2400 Code 17-3
Acreage 0.11 Subdivision Pacific View Lot _____

The above information will be the basis for an approval or disapproval of a development permit, therefore, the person signing below will be responsible for its accuracy.

Signed [Signature] Date 11/3/82

I. Improvements:

Number of Structures: Existing _____ Proposed or Replacement _____
A. Conventional Dwelling _____
B. Mobile Homes _____
C. Accessory Structures _____
D. Other Buildings (Commercial etc.) _____

If the above signature is some other than the owner of record, please fill in below:
Property owner: _____
Name _____
Address _____
City, State, Zip _____
Phone: Home _____ Business _____ Message _____

Other Improvements:

A. Domestic Use Water Source: Public _____ Private _____
Drilled Well _____ Dug Well _____ Spring Creek _____ Lake _____
Other water sources and/or use _____
B. On-site Sewage Disposal System: Septic system Public sewer _____
C. Improved building site
D. Road or Driveway _____
E. Other _____

II. Present Use of Land:

Vacant Residential _____ Commercial _____ Other _____

PLANNING DEPARTMENT USE ONLY:

A. Plan Designation of subject property _____
B. Zoning of subject property F-G-10
1. Proposed use is allowed: Outright Conditional _____ Not allowed _____
2. Need: _____
Plan Change _____ Zone change _____ Conditional use: _____
C. Minimum lot size of zone is quarter
1. Division of land if required: _____
Minor Partition _____ Major Partition _____

1. (Division of land if required con't):

Subdivision _____
 Division of Resource Land _____
 D. Dimensional Standards:
 Set-back Distance: 5'
 Front 35' Side 10' Height Limit 35'
 Variance Required _____
 E. Inventory Check: Comment No Conflict
 Agricultural Land resource
 Forest Land well
 Mineral Resource _____
 Wildlife Resource X
 Historical Resource X
 Archeological Resource X
 Natural Hazards X
 Coastal Shorelands X
 Estuary X

Planning Department Clearances:
1. No Conflict X Signed/Date rw 11-3-82

2. Planning Department action required as described below:

DEPARTMENT OF ENVIRONMENTAL SANITATION:

A. Feasibility
 1. Septic Feasibility: Approved X Denied _____
 a. Date 9/4/82
 b. Size & type of system(s) required 2000/150 gpd

(A. Feasibility con'td)

c. Comments _____

B. Septic Installation Permits

1. Septic Installation permit(s) issued:

- a. Dates 11/8/82
- b. Permit number(s) 08-100-824
- c. Expiration date 11/8/83
- d. Size & types of system(s) required 1250/150 gpd
- e. Comments _____

C. Other Problems:

1. Describe any other problem associated with property concerning sewage disposal, domestic use water hazards, or designated health hazard area

2. Repair Permits:

- a. Repair Permit issued _____
- b. Comments _____

Environmental Sanitation Clearance:

- 1. Approved X Not approved _____
 Signed Brian C. [Signature] Date 11/8/82
- 2. Comments _____

BUILDING AND PLUMBING DEPARTMENT:

A. Building or Mobile Home Permit

1. Permit issued:

a. Date _____

b. Number _____

2. Permit rejected _____

B. Repair or remodel permit

1. Permit issued:

a. Date _____

b. Number _____

2. Permit rejected _____

C. Other problems:

Describe any special problems associated issuing building permit (if necessary) _____

Building Clearance _____
Signed James _____
Date 11-7-88 _____