



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

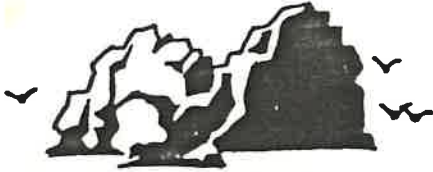
PERMIT NO: MCC 98-82
COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

Address of Proposed Mobile Home Installation:		City	County	Zip
1. <u>AGNESS ROAD</u>		<u>AGNESS</u>	<u>Curry</u>	<u>97406</u>
Directions to Mobile Home Installation:		Legal Description if on Private Property		
2. <u>AT EAST END ILLINOIS RIVER BRIDGE</u>		2a. <u>35-11-18 TAX LOT 400</u>		
Is Mobile Home	On Private	In a Mobile		
3. W/In City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Home Park <input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner	Address	City	Phone No.	
6. <u>L.R. GOTTSMINI III</u>	<u>ETAL BX 13</u>	<u>WEDDERBURN, OREGON</u>	<u>97444</u>	<u>247-7232</u>
Dealer-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
7.				
Accessory-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
8.				
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>L.R. Gottsmini III</u> 10/12/82		or <input type="checkbox"/> _____		
Signature of Owner (Date)		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 type="checkbox"/> No		
SPECIAL CONDITIONS:			
1. <input checked="" type="checkbox"/> SINGLE WIDE (Inc. Tip-Out)	\$25	5. <input type="checkbox"/> AWNING OR CARPORT	\$10
2. <input 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>1500</u>
4. <input type="checkbox"/> CABANA (Factory Built)	\$15	8. <input type="checkbox"/> MECHANICAL	
TOTAL		<input checked="" type="radio"/> CK	<input type="radio"/> CASH
		M.O. \$ <u>4000</u>	
APPLICATION APPROVED BY: <u>Harrell</u>	DATE PERMIT ISSUED: <u>11-12-82</u>		



Mack Arch on the Curry Coast

COUNTY OF CURRY

**ENVIRONMENTAL SANITATION
OFFICE**

POST OFFICE BOX 1277
GOLD BEACH, OREGON
97444

PHONE NO. 247-7011. EXT. 311 OR 321

October 15, 1982

L.R. Giottonini, III
P.O., Box 13
Wedderburn, OR 97491

Dear Mr. Giottomini,

Your permit clearance has been approved by the Curry County Planning Dept. In order to complete the approval by the Sanitarian's Department, it will be necessary for you to apply for the following:

- | | | | |
|-------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | Site Evaluation (feasibility) | <input type="checkbox"/> | Fee |
| <input type="checkbox"/> | Permit to construct on-site sewage disposal system | <input type="checkbox"/> | Fee |
| <input type="checkbox"/> | Permit to repair on-site sewage disposal system | <input type="checkbox"/> | Fee |
| <input type="checkbox"/> | Permit to alter on-site sewage disposal system | <input type="checkbox"/> | Fee |
| <input type="checkbox"/> | Permit renewal | <input type="checkbox"/> | Fee |
| <input checked="" type="checkbox"/> | Authorization Notice | <input checked="" type="checkbox"/> | Field visit 35 ^{35.00} Fee |
| | | <input type="checkbox"/> | Record search Fee |

Enclosed are the necessary forms and instructions. Incomplete or incorrect applications will not be accepted and will be returned to you. Al
enclose the appropriate fee with the application.

Prompt action on your part will enable the Department to set up an appointment with you. Some delay cannot be avoided due to the limited staff of one Sanitarian.

If you have any questions, please call 247-3291; 469-4600, ext. 291; 332-6171, ext. 291

Sincerely,

Barbara Cripe

Barbara Cripe, R.S.
Environmental Sanitation

BC:sll
file

Basic Information for Permit

Applicant L.R. GILTON, III, ET AL.
Address P.O. BOX 13
City State Zip WENDELBURN OREGON 97149

Property Description:

Township 35 Range 11 Section 18
Tax Map No. 35-11-18 Tax lot 400 Code _____
Acreage Subdivision _____ Lot _____

I. Improvements:

Number of Structures: Existing _____ Proposed or Replacement _____
A. Conventional Dwelling _____
B. Mobile Homes 1
C. Accessory Structures _____
D. Other Buildings (Commercial etc.) _____

Other Improvements:

A. Domestic Use Water Source: Public _____ Spring _____ Lake _____
Drilled Well Dug Well _____

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 _____

III. Access to Land:

A. Name of Road adjacent to the property AGNESS ROAD
Status of Road: County Public _____ Private _____
Other, describe _____

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 Janis R. Patterson Date 10/12/82

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 _____

Owner has been contacted: Yes _____ No _____

PLANNING DEPARTMENT USE ONLY:

A. Plan Designation of subject property _____
B. Zoning of subject property C-1
1. Proposed use is allowed: Outright Conditional _____ Not allowed _____
2. Need: Plan Change _____ Zone change _____ Conditional use: _____
C. Minimum lot size of zone is _____
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: Front _____ Side _____ Height Limit _____
Variance Required _____

E. Inventory Check:	Comment	No Conflict
Agricultural Land		X
Forest Land		X
Mineral Resource		X
Wildlife Resource		X
Historical Resource		X
Archeological Resource		X
Natural Hazards	Good plumb bank erosion	X
Coastal Shorelands		X
Estuary		X

Planning Department Clearance:

1. No Conflict Signed/Date RW 10/2/82

2. Planning Department action required as described below:

DEPARTMENT OF ENVIRONMENTAL SANITATION:

A. Feasibility

1. Septic Feasibility: Approved _____ Denied _____

a. Date _____

b. Size & type of system(s) required _____

(A. Feasibility con'td)

C. Comments

B. Septic Installation Permits

1. Septic installation permit(s) issued:

a. Dates Nov. 19, 1982
b. Permit number(s) 08-37C-82
c. Expiration date _____
d. Size & types of system(s) required 300 gpd
flow - 2 bedroom home
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 Clearances:

1. Approved Not approved _____
Signed Baban Cipe, P.S. Date 11/10/82

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 _____

Date 11-12-82