



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MECHANICAL PERMIT

QB 7 M83
Per. 2774

Jurisdiction of J.B.
STATE • COUNTY • CITY

Applicant to complete numbered spaces only.

JOB ADDRESS: 1225 So Ellenburg Box 7

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

2 OWNER: Monty D Wilson MAIL ADDRESS: 1225 So Ellenburg Box 7 PHONE: J.B.

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: Single Family Dwelling

8 Class of work: NEW ADDITIONS ALTERATION REPAIR

9 Describe work: Fireplace insert

10 Declaration of Valuation of work \$

JOB ADDRESS
OWNER
PERMIT NO.
PR REVIEW NO.

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	
1	<u>Fireplace insert</u>	<u>14.50</u>
PERMIT		\$ <u>57</u>
TOTAL FEE		\$ <u>15.08</u>

SPECIAL CONDITIONS

APPLICATION ACCEPTED BY _____ PLANS CHECKED BY _____ APPROVED FOR ISSUANCE BY [Signature]

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) _____

Monty D. Wilson 6/9/83

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

Curry County, Oregon
Building Inspection Request

Date 6/9/83 am pm

Name Monty Wilson

Location 1225 S Ellensburg
Box 1 G B

Fireplace insert
Installed to
code

John Hanell

By

Curry County Reporter, Gold Beach, Ore.

487018-4