## MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE INSTALLATION PERMIT APPLICATION

Department of Public Services Building Division P.O. Box 746 Gold Beach, OR. 97444

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

		PERMIT NO: MC	C 69-84
		COUNTY: Curr	4
APPLICANT TO COMPLETE NUMBERED SPACES ONLY:		COUNTY: Carre	Rec. 04064
Address of Proposed Mobile Home Installation:	City	Co	ounty Zip
1.16332 Campbell Rd.	Beodeings	Cun	19 97415
Directions to Mobile Home Installation:	the second of th	Description if on Private Property	
2. So. Bank Cheteo Rd, to Campbe	ell Rel, 2a.Ta		41 Range 13 Sec. 2
	On Private Property 🔀 Yes [	In a Mobile  No 5. Home Park	☐ Yes 🕱 No
6. Lennon Gibbs 163	32 Cambell	Ra Brone No. Brks C	Cre. 97415
Dealer-Installer Address	City	Phone No.	Bldr. Bd. Reg. No.
7. OWNER Accessory-Installer Address	City	Phone No.	Bldr. Bd. Reg. No.
8.			
9. Describe Work: Install Mobile Home 💢	10. Install Awning or Ca	port 🔲 11. Install (	Cabana 🔲
* Date Inspection Is Requested	Manufacturer of Mobile Ho	ne Siz	e of Mobile Home
13. This permit expires in 180 (	days.	3 1	
I HEREBY CERTIFY THAT I HAVE READ AND	EXAMINED THIS APPLICA	TION AND KNOW THE	SAME TO BE TRUE AND
CORRECT. ALL PROVISIONS OF LAW AND	ORDINANCES GOVERNING	THIS TYPE OF WORK V	VILL BE COMPLIED WITH
WHETHER SPECIFIED HEREIN OR NOT. THE CANCEL THE PROVISIONS OF ANY OTHER	STATE OF LOCAL LAW P	FOULATING MOBILE HOL	ME INSTALLATIONS.
CANCEL THE PROVISIONS OF ANY OTHER	The part	LOULATING MODILE TO	
Venon Fleth an	7,11-1901 -		
Signature of Owner (Date)		Signature of Dealer-Installer or	(Accessory-Installer) (Date)
			1
APPLICAN	NT PLEASE DO NOT WRITE BELOW	HIS LINE:	Yes (
ZONING APPROVAL: Required Tyes	NO Rece		Date
		ived	Date Date
ZONING APPROVAL: Required [ Yes	□ No Rece	ived ived SPACE	Date
ZONING APPROVAL: Required Yes SANITATION APPROVAL: Required Yes PARK LICENSE	□ No Rece □ No Rece NUMBER OF APPROVED	ived ived SPACE	Date Date WHERE MH
ZONING APPROVAL: Required Yes SANITATION APPROVAL: Required Yes PARK LICENSE NUMBER	□ No Rece □ No Rece NUMBER OF APPROVED	ived ived SPACE WILL B	Date Date WHERE MH
ZONING APPROVAL: Required Yes SANITATION APPROVAL: Required Yes PARK LICENSE NUMBER * CALL FOR INSPECTION: PHONE NO.	□ No Rece □ No Rece NUMBER OF APPROVED	ived ived SPACE WILL B	Date Date WHERE MH
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ZONING APPROVAL: Required Yes SANITATION APPROVAL: Required Yes PARK LICENSE NUMBER * CALL FOR INSPECTION: PHONE NO.  SPECIAL CONDITIONS:  1. []_SINGLE WIDE (Inc. Tip-Out)	□ No Rece  □ No Rece  NUMBER OF APPROVED PARK SPACES  5.	ived ived SPACE WILL B	Date  Date  WHERE MH E LOCATED  Yes   No
ZONING APPROVAL: Required Yes  SANITATION APPROVAL: Required Yes  PARK LICENSE NUMBER  * CALL FOR INSPECTION: PHONE NO.  SPECIAL CONDITIONS:  1. SINGLE WIDE (Inc. Tip-Out)	□ No Rece  □ No Rece  NUMBER OF APPROVED PARK SPACES  5.  \$50. 6.	ived ived  SPACE WILL B TIEDOWNS REQUIRED  AWNING OR CARPO	Date  Date  WHERE MH E LOCATED  Yes   No
ZONING APPROVAL: Required Yes SANITATION APPROVAL: Required Yes PARK LICENSE NUMBER * CALL FOR INSPECTION: PHONE NO.  SPECIAL CONDITIONS:  1. SINGLE WIDE (Inc. Tip-Out) 2. DOUBLE WIDE	□ No Rece  □ No Rece  NUMBER OF APPROVED PARK SPACES   5.  \$35.  \$50.  \$15.  7.	ived  SPACE WILL B  TIEDOWNS REQUIRED  AWNING OR CARPO  ELECTRICAL	Date  Date  WHERE MH E LOCATED  Yes  No  RT . \$20.
ZONING APPROVAL: Required Yes  SANITATION APPROVAL: Required Yes  PARK LICENSE NUMBER  * CALL FOR INSPECTION: PHONE NO.  SPECIAL CONDITIONS:  1. SINGLE WIDE (Inc. Tip-Out)	□ No Rece  □ No Rece  NUMBER OF APPROVED PARK SPACES   5.  \$35.  \$50.  \$15.  7.	ived ived  SPACE WILL B  TIEDOWNS REQUIRED  AWNING OR CARPO  ELECTRICAL	Date Date WHERE MH E LOCATED  Yes  No
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For Office Use Only Planning Date 13/84	CURRY COUNTY DEPARTMENT OF PUBLIC SERVICES
Zoning \$4-40	PERMIT CLEARANCE FORM
Sanitation Poate 6-14-84	CIENDANCE TO MALTE TOP 100 TOP
Bldg. Date 8-30-84	CLEARANCE IS VALID FOR 180 DAYS
	Application for:
	eptic System Permit . Sobile Home Permit
	uilding Permit:
20-12	Single Family Dwelling Multiple Dwelling
	Commercial/Industrial type
_	
E	XISTING DEVELOPMENT ON THIS TAX LOT:
C C	onventional Dwelling How many?  Obile Home How many?
So	ewage Disposal:
e	On Site
W	Community
	On Site
	Community
Oth	ner buildings ( How many Type
r <del>'\ /</del> i	
Vac	cant :************************************
FOR APPLICANTS USE:	PIEASE DOTNO Please note: Completion of this for
Daniel Tailor O	initiates the development permit process with this department & does
Property Owner's Name Property Description:	Vernon Gibbs not constitute approval of the reque permit. You will be contacted in regards to permits, fees and approva
Township 4/ Rang	e 13 Section 2 Tax Lot # 401 Acres 80
Name and lot if in a s	ubdivision
Do you (or the owner) If so, list numbers	own tax lots adjacent to the above tax lot?Yes $ imes$ _No
Please show plot plan	on reverse side required by Sanitation and Building Div.
	tify that the information I have furnished is correct an tment of Public Services and its divisions permission to bed property for the purpose of this application.
Signature Just 1	
	Date 6-13-84
Owner's Mailing Addres	TFTTT MITTING Address:
Vernon Gibbs	Justin A. Niemiec
P.O. BOX 3023	
	Brookings Or. 97415
Phone # 469-4425	Phone # 0/0 000 t