



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 32-84

COUNTY: Curry Co. 3255

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation: <u>96151 Sundown Dr.</u>		City <u>Brookings</u>	County <u>Curry</u>	Zip <u>97415</u>
2. Directions to Mobile Home Installation: <u>Sundown Dr. off of Cape Ferrello 2nd right off Sundown</u>		Legal Description if on Private Property 2a. <u>40 14 11C 3 TL 900</u>		
3. Is Mobile Home W/In City Limits <input type="checkbox"/> Yes <input checked="" 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>L.C. Dumas</u>	Address <u>P.O. Box 6699</u>	City <u>Brookings</u>	Phone No.	
7. Dealer-Installer <u>Cal-Ore Homes</u>	Address <u>Brookings</u>	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"/>		
12. * Date Inspection Is Requested	Manufacturer of Mobile Home <u>Tamarac</u>	Size of Mobile Home <u>14 X 66</u>		
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.C. Dumas</u>		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 type="checkbox"/> PLUMBING . . . . .
4. <input type="checkbox"/> CABANA (Factory Built) . . . . . \$15	8. <input type="checkbox"/> MECHANICAL . . . . .
TOTAL <input checked="" type="checkbox"/> CASH M.O. . . . . \$	

APPLICATION APPROVED BY: [Signature] DATE PERMIT ISSUED: 5-9-84

CURRY COUNTY PERMIT CLEARANCE FORM

NO. PC 528

APPLICANT INFORMATION:

Basic Information for Permit

Applicant THOMAS SOWELL  
 Address 96149 Sundown Dr  
 City, State, Zip BROOKINGS, OR 97415  
 Telephone: 469-2968

NOTE: Completion of this form does not constitute approval of the requested permit by the county; this form is for departmental use in evaluating the request for a specific use permit.

Property Description: Please attach a plot plan or map of your property which will locate the site and existing features. A plot plan is required by state law and the Uniform Building Code for the issuance of septic tank and/or building permits.

Township 40 S Range 14 W Section 11  
 Tax Map No. 17-3 Tax lot 700 Code \_\_\_\_\_  
 Acreage 2.2 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

I. Improvements:

No.	Explanation
A. Conventional Dwelling	_____
B. Mobile Homes	<u>FE</u>
C. Accessory Structures	_____
D. Other Buildings (Commercial, etc.)	_____

Other Improvements:

A. Domestic Use Water Source: Public \_\_\_\_\_ Private X  
 Drilled Well X Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Creek \_\_\_\_\_ Lake \_\_\_\_\_  
 Other water sources and/or use \_\_\_\_\_

B. Sewage Disposal: Individual Septic System X Public Sewer \_\_\_\_\_  
 C. Improved building site \_\_\_\_\_  
 D. Road or Driveway \_\_\_\_\_  
 E. Other \_\_\_\_\_

II. Present Use of Land:

Vacant X Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

III. Access to Land:

A. Name of Road adjacent to the property SUNDOWN DRIVE  
 Status of Road: County X Public \_\_\_\_\_ Private \_\_\_\_\_  
 Other, describe \_\_\_\_\_

IV. Request:

Please indicate the type of permit that you are requesting:

A. Zoning: \_\_\_\_\_ Explanation \_\_\_\_\_  
 1. Zone change \_\_\_\_\_  
 2. Conditional Use \_\_\_\_\_  
 3. Variance \_\_\_\_\_

B. Septic Tank Installation X \_\_\_\_\_  
 C. Building Permit \_\_\_\_\_ (Type of structure) \_\_\_\_\_  
 D. Mobile Home Permit X \_\_\_\_\_

The above information will be the basis for an approval or disapproval of the requested development permit; therefore, the person signing below will be responsible for its accuracy.  
 Signed THOMAS SOWELL Date 4-18-83

If the above signature is someone other than the owner of the property, please fill in below:  
 Property Owner: \_\_\_\_\_  
 Name THOMAS SOWELL  
 Address 96149 Sundown Dr  
 City, State, Zip BROOKINGS, OR  
 Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

The County cannot process this form until it is fully completed.  
 Mark all inapplicable entries as N. A.

DEPARTMENT CLEARANCE RECORD:

1. Planning Clearance Initial EW Date 4/19/83  
 2. Env. Sanitation Clearance Initial OPC Date 5/9/83  
 3. Building Receipt Initial Janell Date 5/11/83

zoned RR2.5