



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MCC-241-77
**MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION**

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: MCC-241-77

COUNTY: CURRY

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation:		City	County	Zip
2. Directions to Mobile Home Installation:				
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
6. Owner		City	Phone No.	
7. Dealer-Installer		City	Phone No.	Bldr. Bd. Reg. No.
8. Accessory-Installer		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. Approx 11/25/77		Hometle		12' x 60'
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"/> Signature of Owner		or <input type="checkbox"/> Signature of Dealer-Installer or (Accessory-Installer)		

APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE:

ZONING APPROVAL: <u>C-1</u> Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received	Date
SANITATION APPROVAL: Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Received	Date <u>1977</u>
PARK LICENSE NUMBER	NUMBER OF APPROVED PARK SPACES	SPACE WHERE MH WILL BE LOCATED	
* CALL FOR INSPECTION: PHONE NO.	TIEDOWNS REQUIRED	<input checked="" 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 \$5
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. \$ <u>25-</u>	

APPLICATION APPROVED BY: Bob Hill DATE PERMIT ISSUED: 11-14-77

PLUMBING PERMIT APPLICATION

Jurisdiction of CURRY COUNTY

Applicant to complete numbered spaces only.

JOB ADDRESS: Rt. 1 Box 93AZ Brookings-

1 LEGAL DESCR.: So. of Coy. SAL. OFFICE on Hwy 101 (SEE ATTACHED SHEET)

2 OWNER: Tom Campbell MAIL ADDRESS: Rt. 1 Box 93AZ Brookings ZIP: 469-5365 PHONE: 469-5365

3 CONTRACTOR: _____ MAIL ADDRESS: _____ PHONE: _____ LICENSE NO.: _____

4 ARCHITECT OR DESIGNER: _____ MAIL ADDRESS: _____ PHONE: _____ LICENSE NO.: _____

5 ENGINEER: _____ MAIL ADDRESS: _____ PHONE: _____ LICENSE NO.: _____

6 LENDER: _____ MAIL ADDRESS: _____ BRANCH: _____

7 USE OF BUILDING: Set up mobile home

8 Class of work: NEW ADDITION ALTERATION REPAIR

9 Describe work: Plmg connections for mobile home.

JOB ADDRESS: _____
 OWNER: Tom Campbell
South of Coyote Salaries
MCC-58P-77

11-15-77

SPECIAL CONDITIONS:		PERMIT FEES		
No.	Type of Fixture or Item	Fee		
	WATER CLOSET (TOILET)	\$		
	BATHTUB			
	LAVATORY (WASH BASIN)			
	SHOWER			
	KITCHEN SINK & DISP.			
	DISHWASHER			
	LAUNDRY TRAY			
	CLOTHES WASHER			
	WATER HEATER			
	URINAL			
	DRINKING FOUNTAIN			
	FLOOR--SINK OR DRAIN			
	SLOP SINK			
	GAS SYSTEMS: NO. OUTLETS			
	WATER PIPING & TREATING EQUIP.			
	WASTE INTERCEPTOR			
	VACUUM BREAKERS			
	LAWN SPRINKLER SYSTEM			
	SEWER			
	CESSPOOL			
1	SEPTIC TANK & PIT			
1	WATER HOOKUP			
	PERMIT	\$		
	TOTAL FEE	\$	15.00	

APPLICATION ACCEPTED BY: _____ PLANS CHECKED BY: _____ APPROVED FOR ISSUANCE BY: Ballhill

NOTICE

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT: [Signature] (DATE) _____

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

INSPECTOR

