



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

OR

MCC-132-77
MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: _____

COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation: <u>Hunters Creek Rd.</u>		City <u>Gold Beach</u>	County <u>Curry</u>	Zip <u>97444</u>
2. Directions to Mobile Home Installation: <u>E. Rizzi 37-15-1210 TL 1200</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
6. Owner <u>GAIL M. Creighton</u>		Phone No. <u>247-6841</u>		
7. Dealer-Installer <u>Leasure Living</u>		Address <u>Box 677</u>	City <u>Wedderburn</u>	Bldr. Bd. Reg. No. _____
8. Accessory-Installer _____		Address _____	City <u>Bandon</u>	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 <u>Pioneer</u>		Size of Mobile Home <u>14 X 70</u>
12. 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.				
13. <input checked="" type="checkbox"/> <u>Gail M. Creighton</u>		Signature of Owner (Date) _____ or _____ 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 \$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 \$15	8. <input type="checkbox"/> MECHANICAL _____
TOTAL <input checked="" type="checkbox"/> CASH M.O. \$ <u>25⁰⁰</u>	

APPLICATION APPROVED BY: M. Stanton DATE PERMIT ISSUED: 7-6-77

2-19-77 6 Tie Downs Required - Hill

PLUMBING PERMIT APPLICATION

Jurisdiction of Curry

Applicant to complete numbered spaces only.

JOB ADDRESS: Hunter Creek across from Hunter Creek Park

1 LEGAL DESCR. LOT NO. BLK TRACT (SEE ATTACHED SHEET)
37-15-120 TL 1200

2 OWNER MAIL ADDRESS ZIP PHONE
Gail Creighton Box 677 Wedderburn

3 CONTRACTOR MAIL ADDRESS PHONE LICENSE NO.
Leisure Living Mobile Homes

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

8 Class of work: NEW ADDITION ALTERATION REPAIR

9 Describe work: MH Install.

7-6-77

JOB ADDRESS
OWNER
Hunter Creek
Gail Creighton

MCC-34-77

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY PLANS CHECKED BY APPROVED FOR ISSUANCE BY
M. Hamilton

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	
	SEPTIC TANK & PIT	
	<u>Water & Sewer Hookup</u>	<u>15.00</u>
	PERMIT	\$
	TOTAL FEE	\$ <u>15.00</u>

NOTICE

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)
Gail M. Creighton

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 7-19-77 am pm

Name Paul Crighton

Location Hunters Creek Rd.

Blacking } OK
Plumbing }
Water }

to be done as required
each side call for
inspection when the downies
are installed

MCC-13277
By B. B. Hill