



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

MCC-122-77

PERMIT NO: _____

COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation:		City	County	Zip
			CURRY	97444
2. Directions to Mobile Home Installation: ACROSS FROM CLUB HOUSE AT GOLF COURSE 35-14-16 - TL 1200				
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. Dealer-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
JOHN W TYRHOLM	P.O. Box 548	KLAMATH FALLS, ORE.	882-5540	
7. Accessory-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
WALKER THE WEEPER		MEBORD, ORE.	779-4814	
8. Accessory-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
JACK KING		MEBORD, ORE.	NOT KNOWN	
9. Describe Work: Install Mobile Home <input checked="" type="checkbox"/> 10. Install Awning or Carport DECK <input type="checkbox"/> 11. Install Cabana <input type="checkbox"/>				
* Date Inspection Is Requested		Manufacturer of Mobile Home		Size of Mobile Home
JULY 11TH 1977		Kaufman & Broad		28x68
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>John W Tyrholm</u> Signature of Owner (Date)		or <input type="checkbox"/> _____ 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 type="checkbox"/> SINGLE WIDE (Inc. Tip-Out)	\$25	5. <input type="checkbox"/> AWNING OR CARPORT	\$5
2. <input type="checkbox"/> DOUBLE WIDE	<u>\$40</u>	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>\$4000</u>	

APPLICATION APPROVED BY: Bobb Hill DATE PERMIT ISSUED: 6-23-77

PLUMBING PERMIT APPLICATION

Jurisdiction of Curry

Applicant to complete numbered spaces only.

JOB ADDRESS
ACROSS FROM CLUB HOUSE AT GOLF COURSE T35S R14W SEC. 16 T.L. 1200

1 LEGAL DESCR.	LOT NO.	BLK	TRACT	<input type="checkbox"/> (SEE ATTACHED SHEET)
T.L. 1200			T35S R14W SEC. 16	
2 OWNER	MAIL ADDRESS		ZIP	PHONE
JOHN W TYRHOLM	P.O. Box 548 KLAMATH, FALLS		97601	
3 CONTRACTOR	MAIL ADDRESS		PHONE	LICENSE NO.
SEVEY PLUMBING	GOLD BEACH, ORE.		247-7829	
4 ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE	LICENSE NO.
NONE				
5 ENGINEER	MAIL ADDRESS		PHONE	LICENSE NO.
NONE				
6 LENDER	MAIL ADDRESS		BRANCH	
NONE				
7 USE OF BUILDING				
HOME				
8 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR (Mobile Home)				
9 Describe work: SEPTIC TANK INSTALLATION AND INSTALL PIPE LINE TO WATER				

JOB ADDRESS
OWNER
John Tyrholm
John Tyrholm

MCC-30P-77

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY _____ PLANS CHECKED BY _____ APPROVED FOR ISSUANCE BY *M. Handen*

NOTICE

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) *6/21/77*

SIGNATURE OF OWNER (IF OWNER BUILDER) _____ (DATE)

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	
<input checked="" type="checkbox"/>	SEPTIC TANK & PIT	10 00
<input checked="" type="checkbox"/>	Water Hood up	5 00
	PERMIT	\$
	TOTAL FEE	\$ 15 00

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

Mail copy to Ed Bennett
Box 45
Gold Beach
INSPECTOR

