STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MECHANICAL PERMIT

Jurisdiction of CURRY CO.
STATE - COUNTY - CITY

CC 90M85
Rec 04981

Applicant to complete numbered spaces only.

JOB ADDRESS: 97880 CHILCOTE LN. BROOKINGS OR.

1 LEGAL DESCR. | LOT NO. | BLK | TRACT | (☐ SEE ATTACHED SHEET)

2 OWNER: R. + D.T. LANSING | MAIL ADDRESS: 97880 CHILCOTE LN. | ZIP: 97416 | PHONE:

3 CONTRACTOR: STATELINE CHIMNEY SWEEP | MAIL ADDRESS: 96040 BROOKSIDE DR | PHONE: 469-2621 | LICENSE NO.: 46379

4 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | LICENSE NO.

5 ENGINEER | MAIL ADDRESS | PHONE | LICENSE NO.

6 Is installation address within city limits? (Check one box) YES ☐ NO ☒

7 USE OF BUILDING: RESIDENCE

8 Class of work: ☐ NEW ☐ ADDITIONS ☒ ALTERATION ☐ REPAIR

9 Describe work: INSTALL WOODSTOVE (OWNER TO TAKE CARE OF HEARTH AS NEEDED)

10 Declaration of Valuation of work $ 6,00.00

OWNER | JOB ADDRESS | PR REVIEW NO. | PERMIT NO.

Type of Fuel: Oil ☐ Nat. Gas ☐ LPG ☐

SPECIAL CONDITIONS

APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY: H Farrell

PERMIT FEES

No.	Type of Equipment		Fee
	Air Cond. Units—H.P. Ea.		$
	Refrigeration Units—H.P. Ea.		
	Gas Fired A.C. Units—Tonnage Ea.		
	Forced Air Systems—B.T.U.	M Ea.	
	Gravity Systems—B.T.U.	M Ea.	
	Floor Furnaces—B.T.U.	M	
	Wall Heaters—B.T.U.	M	
	Unit Heaters—B.T.U.	M	
	Evaporative Coolers		
	Clothes Dryers		
	Ventilation Fan		
	Range Hood		
	Air Handling Unit—	C.F.M.	
	Incinerator		
1	M Home approved W S		14 50
		4%	58
	PERMIT		$ 14 50
	TOTAL FEE		$ 15 08

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

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] 10-1-85
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (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

Part 1—Office Copy—White Part 2—Applicant—Canary Part 3—Inspector—Blue Part 4—Auditor—Goldenrod

INSPECTOR

Form BCD-2 Reorder from: Department of Commerce—Building Codes Division—Salem, Ore. 97310