

Certificate of Satisfactory Completion

Installation of this onsite wastewater treatment system has been determined to comply with the applicable requirements in Oregon Administrative Rules Chapter 340, Divisions 071 and 073 and the conditions of Permit 500012 as follows:

PROPERTY INFORMATION

Property Owner: **McLaren Norman G 1/4** Township 4, Range 09, Section 22
Property Location: **79205 HWY 53, NEHALEM** Tax Lot **01000**
Facility Type: **Single Family Dwelling**
3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
Design Flow: **450 gals/day**
Minimum Septic Tank Size: **1500 gals**
Distribution Type: **Equal** Pump to gravity
Total Trench Length: **300 Linear feet**
Trench Spacing: **10 feet***
Media Type: **Rock and Pipe**
Maximum Trench Depth:
Minimum Trench Depth:
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 In accordance with Oregon Revised Statute 454.665, this Certificate of Satisfactory Completion is issued as evidence of satisfactory completion of an onsite wastewater treatment system at the location identified above.
- 2 Issuance of this Certificate does not constitute a warranty or guarantee that this onsite wastewater treatment system will function indefinitely without failure. Conditions imposed as permit requirements continue for the life of the system.
- 3 The area of the initial and the identified replacement area must not be subjected to activity that is likely to adversely affect the soil or the functioning of the system. Such activities may include, but are not limited to, vehicular traffic, livestock, covering the area with asphalt or concrete, filling, cutting, or other soil modification activities.
- 4 This onsite wastewater treatment system must be connected to the facility referenced herein within 5 years of the issuance of this Certificate of Satisfactory Completion (CSC) or rules for authorization notices, alteration permits, or construction-installation permits as outlined in OAR 340-071-0160, 340-071-0205, or 340-071-0210 apply, including payment of an additional fee.
- 5 This system must operate in compliance with OAR Chapter 340, Division 071 and must not create a public health hazard or pollute public waters.

6 Unless otherwise required by the agent, the system installer must backfill (cover) this system within 10 days after the issuance of this Certificate of Satisfactory Completion.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by *MAW*

Installer Name:

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.

MAW

Authorized Agent:
Mike McNickle

Onsite Wastewater Specialist
Title:

9/14
Date CSC Issued:

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-338-3606

*1/20/15 mailed to owner of certificate
received on*

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SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

To be valid, this document must be signed by an "Agent" as defined in OAR 340-071-0100.



Authorized Agent:

Mike McNickle

Onsite Wastewater Specialist

Title:

9/16/14
Date CSC Issued:

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-338-3606

Inspector,

Please Note:

The Multi wire Branch circuit
is on a double pole breaker in
Panel which is labeled
"Shop & Control / Septic".

No equipment ground in existing feeder
but articles 250.142 A 2
&
250.32 B 1 excep.

Allow me to ~~bond~~
use the grounded conductor
as equipment ground also
& no continuous metal
raceway or material.

09/15/15

Repair Permit - Single Family Dwelling - Major

This Repair Permit - Single Family Dwelling - Major Permit 500012 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Mclaren Norman G 1/4** Township **4**, Range **09**, Section **22**
Property Location: **79205 HWY 53, NEHALEM** Tax Lot **01000**
Facility Type: **Single Family Dwelling**
3 Bedrooms

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Media Type: **Rock and Pipe**
Maximum Trench Depth:
Minimum Trench Depth:
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

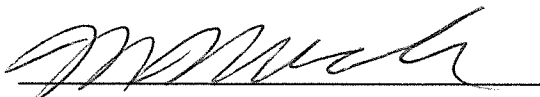
*Minimum undisturbed soil between trenches

ADDITIONAL CONDITIONS

- 1 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 2 Filter fabric is required over the drain media.
- 3 Install with dry soil conditions.
- 4 Each trench to be level and on contour.
- 5 Meet all required setbacks.
- 6 All work is to conform to Oregon Administrative Rules, Chapter 340, Divisions 071 and 073. Make no changes in system location or specifications without written approval from the permit issuing agent.
- 7 Vehicular traffic and livestock must be restricted from the system area.

INSPECTION REQUIREMENTS

For pre-cover inspection information, contact your agent below:



Authorized Agent:

Mike McNickle

Clatsop County Public Health

820 Exchange St Ste 100

Astoria, Oregon 97103

Phone: 503-325-8500

Fax: 503-338-3606

Title:

Onsite Wastewater Specialist

Date Issued:

9/15/14

Expiration Date:

12/25/2014

Clancie Adams

From: Michael McNickle
Sent: Tuesday, September 16, 2014 3:35 PM
To: Clancie Adams
Subject: FW: McLaren onsite septic repair

To be placed in the file. Thanks!

From: Michael McNickle
Sent: Tuesday, September 16, 2014 3:33 PM
To: ericfilley@gmail.com
Cc: mmcewan3569@charter.net
Subject: McLaren onsite septic repair

Hi Eric. I got your note in the control panel on this repair. Please contact Mike McEwan and ask him if he approves the use of the grounded conductor as the equipment grounder since he is the licensed installer. Thank you.

Mike McNickle
Clatsop County Public Health



Final Inspection Request and Notice -

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) when the construction, alteration or repair of a system for which a permit was issued is completed and prior to backfilling or covering the installation. The Department (or Agent) has 7 days to perform an inspection of the completed construction/installation following the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a Certificate of Satisfactory Completion is issued. Please complete sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: Owner/Permittee Information:

Name: NORM MCLAREN
 Property: 79205 HWY 53
 Address: SEASIDE, OR 97138

Township 4N Range 10W Section 22
 Clatsop County TaxLot#: Tax Lot 1006

SECTION 2: System Component Specifications:

A. Tanks/Pumps		System Type: Pressure Distribution			Water tight verification*
Tanks(1)	Volume: <u>1500 gal</u>	Compartments: <u>2</u>	Manufacturer: <u>WAITE CONG.</u>		Date: <u>9/3/09</u>
Tanks(2)	Volume: <u>-</u>	Compartments: <u>-</u>	Manufacturer: <u>-</u>		Date: <u>9/3/09</u>
Pump(s)	HP: <u>1/2</u>	Model/Manuf. <u>FRANKLIN 30 gpm</u>	Float(s) Type(1): <u>A</u>	Model/Manuf. <u>ORENCO 3A FLOAF</u>	
			Float(s) Type(2): <u>-</u>		

B. Piping

Effluent Sewer (tank to drainfield)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: <u>4"</u>	ASTM#/Other: <u>-</u>	Length: <u>-</u>
Pressure Transport Pipe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: <u>1 1/4"</u>	ASTM#/Other: <u>2241</u>	Length: <u>140'</u>

C. Secondary Treatment Unit:

Sand Filter**	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Type: <u>-</u>	Container Dimensions: <u>-</u>
Underdrain pipe	Diameter: <u>-</u>		ASTM#/Other: <u>-</u>	Length: <u>-</u>
Manifold piping	Diameter: <u>-</u>		ASTM#/Other: <u>-</u>	Length: <u>-</u>
Internal Pump	HP: <u>-</u>		Model/Manufacturer: <u>-</u>	
Floats(1)	Type: <u>-</u>		Model/Manufacturer: <u>-</u>	
Floats(2)	Type: <u>-</u>		Model/Manufacturer: <u>-</u>	
ATT	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Model: <u>-</u>	
Certified Maint.	Provider Name: <u>-</u>			
Operation and Maint.	Contract Received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

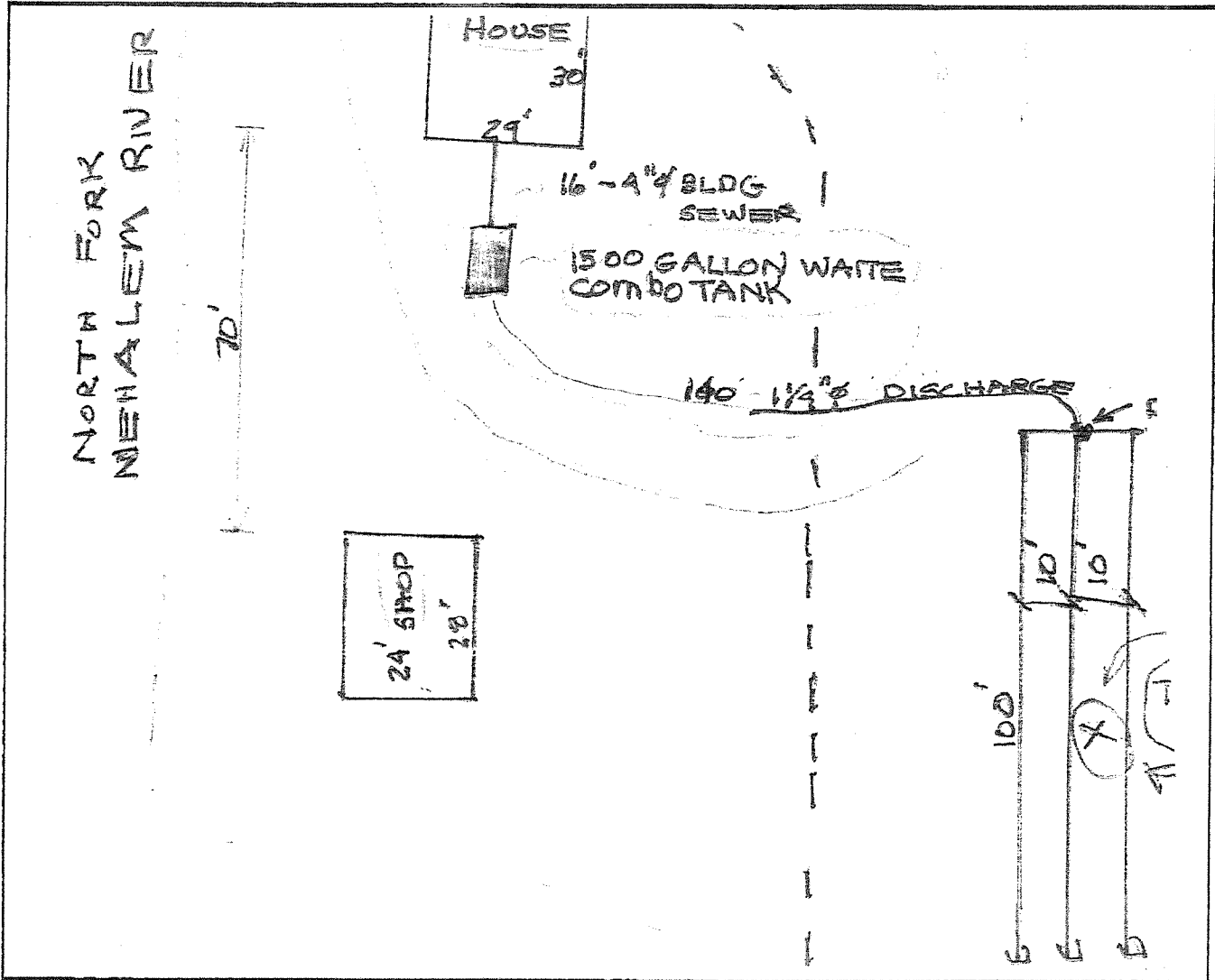
D. Drainfield Media

Type	(Gravel, Pipe or alternative?) <u>GRAVEL TRENCH</u>			
Distribution Box	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Drop Box	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Distribution Pipe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Diameter: <u>4"</u>	ASTM#/Other: <u>2729</u> Length: <u>300'</u>
Comment	<u>-</u>			

*All Tanks(s) were tested for water-tightness after installation and passed in accordance with OAR 340-073-0025(3)
 **Attach sieve analysis for Underdrain Media and Filter Sand

SECTION 3 - As Built Plan

AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locations of all wells within 200 feet of the system. Show system setback distances from property lines, structures, wells, streams, etc.



SECTION 4 - Construction was performed by (Signature Required)

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of onsite wastewater treatment systems (OAR Chapter 340, Divisions 71 and 73).

Owner/Permittee or Certified Installer w/Certification#:	Print Name: MICHAEL R. MCEWAN		
Licensed Installer:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License#: 37079	Certification#: RI 83
Owner/ Certified Installer:	Signature: Michael R McEwan	Date: 9/11/14	Phone#: 503-440-0223

SECTION 5 - Office Use Only:

Notice Accepted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
-----------------	------------------------------	-----------------------------	-------

Installer/Owner (Permittee) Notified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
---------------------------------------	------------------------------	-----------------------------	-------

If No, Reason for Non Acceptance: _____

Comment: _____

Michael McNickle

From: Michael McNickle
Sent: Tuesday, September 09, 2014 1:13 PM
To: 'Michael McEwan'
Subject: Norm McLaren Repair

Hi Mike!

I am inquiring about the Norm McLaren repair application. The information in the file is rather incomplete. Are you sending in a site plan with your proposed design for the repair? I am trying to get these out to the industry as fast as possible, and this one is still in the pending file. Please let me know what the status is of this site when you have a second.

Thanks!

Michael McNickle, MPH, MPA, RS
Environmental Health Supervisor
Clatsop County Department of Public Health
820 Exchange Street, Suite 100
Astoria, OR 97103
Phone: 503-325-8500, ext. 1927
FAX: 503-325-8678
Email: mmcnickle@co.clatsop.or.us

SITE EVALUATION FIELD WORKSHEET

Township: _____ Range: _____ Section: _____ Tax Reference: _____ Parcel Size: _____
 Owner/Applicant: McLaren Evaluator: CDC
 Inspection Date(s): 7-18-14 Application Number: Clatsop

DEPTH	TEXTURE	SOIL MATRIX COLOR AND CONDITIONS ASSOCIATED WITH SATURATION, ROOTS, STRUCTURE, EFFECTIVE SOIL DEPTH, ETC... <i>adm Roots</i>
0-19	L	7.5YR 3/2 WK B/LK → gran Dry
19-45	sic L	3/4 Rodex mod B/LK, few roots
45-60	sic/Sap	sticks, str B/LK " "
		ESD = 45"
Pit 2		
Pit 3		
Pit 4		

Landscape Notes: House Lower than Pit
 Slope: _____ Aspect: _____ Groundwater Type: temp @
 Other Site Notes: _____

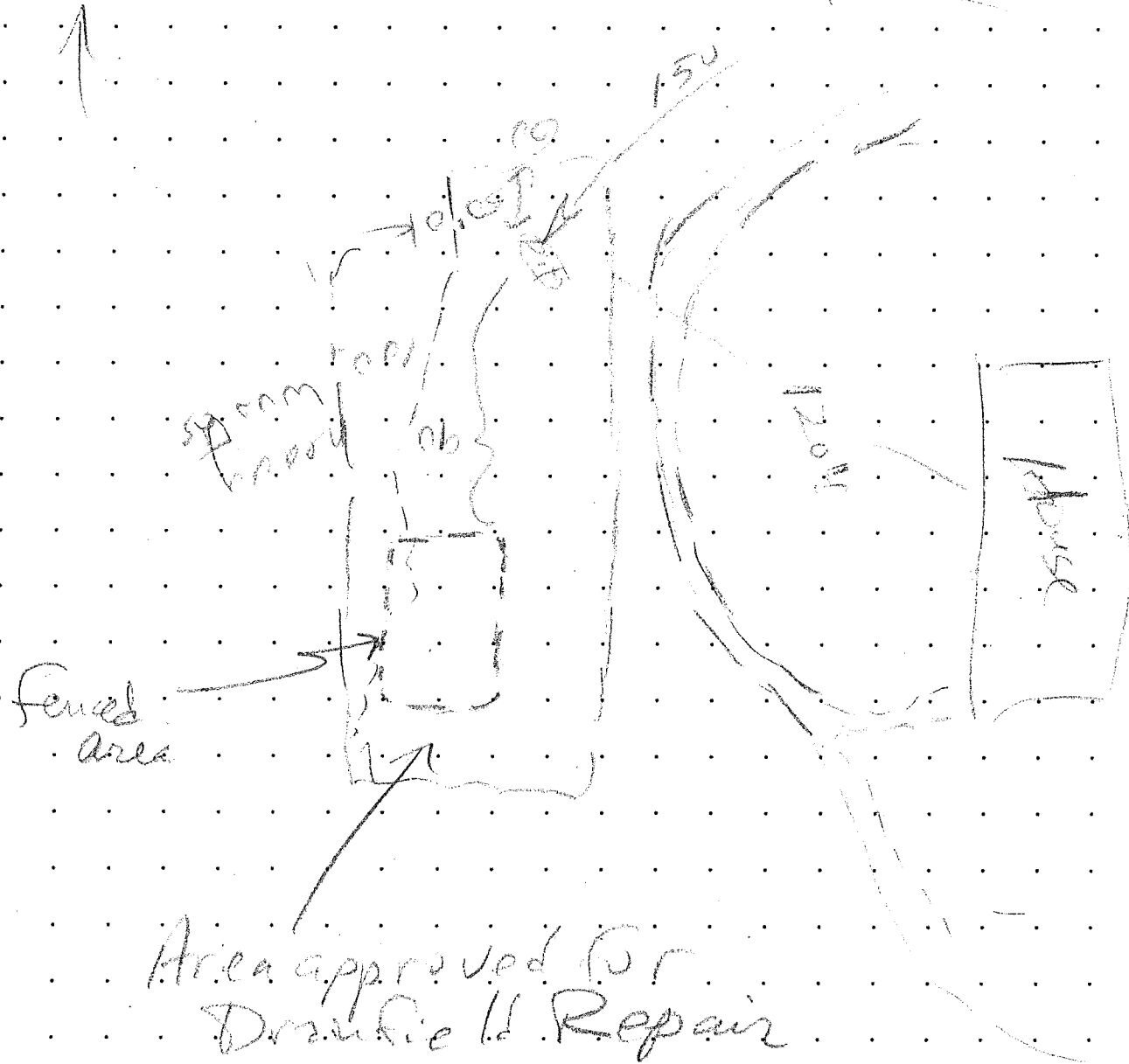
SYSTEM SPECIFICATIONS

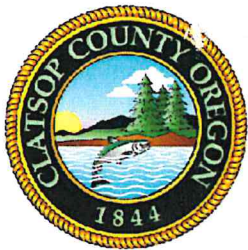
Design Flow: _____ gpd
 Initial System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Replacement System: _____ ATT Treatment Standard: _____
 Disposal Facility: _____ linear feet/square feet Maximum Depth: _____ inches Minimum Depth: _____ inches
 Special Conditions: _____

Owner/Applicant: _____ Evaluator: _____

Inspection Date(s): _____ Application Number: 11

11/10/11





Clatsop County

www.co.clatsop.or.us

Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us

Public Health
820 Exchange Street, Suite 100
Astoria, OR 97103
Phone 503-325-8500 FAX 803-325-8678
health@co.clatsop.or.us

#5183
\$697

Application for Onsite Sewage Treatment System

A. Property Owner Information

NORM MCLAREN Name 34042 HWY 26 SEASIDE, OR 97138 Mailing Address (Street, PO Box, City, State, Zip) 503-738-7390 Phone Number

B. Legal Property Description

4N Township 9W Range 22 Section 1000 Tax Lot — Tax Account Number 7.2 ACRE Acreage or Lot Size
CLATSOP County — Subdivision Name — Lot — Block

Property Address: 79205 Hwy 53 (Street, City, State, Zip)

Directions to Property SOUTH ON 101, EAST ON 26, SOUTH ON 53 PAST NORTH FORK LANE ON EAST SIDE (MP 7.5 ON LEFT BEFORE BRIDGE)

C. Existing Facility / Proposed Facility / Water Information

Existing Facility
 Single Family Residence
3 BEDROOM Number of Bedrooms
 Other _____

Proposed Facility
 Single Family Residence
_____ Number of Bedrooms
 Other _____

Water Supply
 Public _____ Name
 Private WELL Well, Spring, Shared

D. Type of Application

- Site Evaluation
- Construction
- Permit Repair
 - Major
 - Minor
- Alteration Permit
 - Major
 - Minor
- Renewal Permit
- Existing System Evaluation
- Permit Transfer
- Permit Reinstatement
- Authorization Notice for:
 - Connecting to an Existing System Not in Use
 - Replacing a Mobile Home or House with Another
 - Mobile Home or House
 - The Addition of One or More Bedrooms
 - Personal Hardship
 - Temporary Housing
 - Other-Please Specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

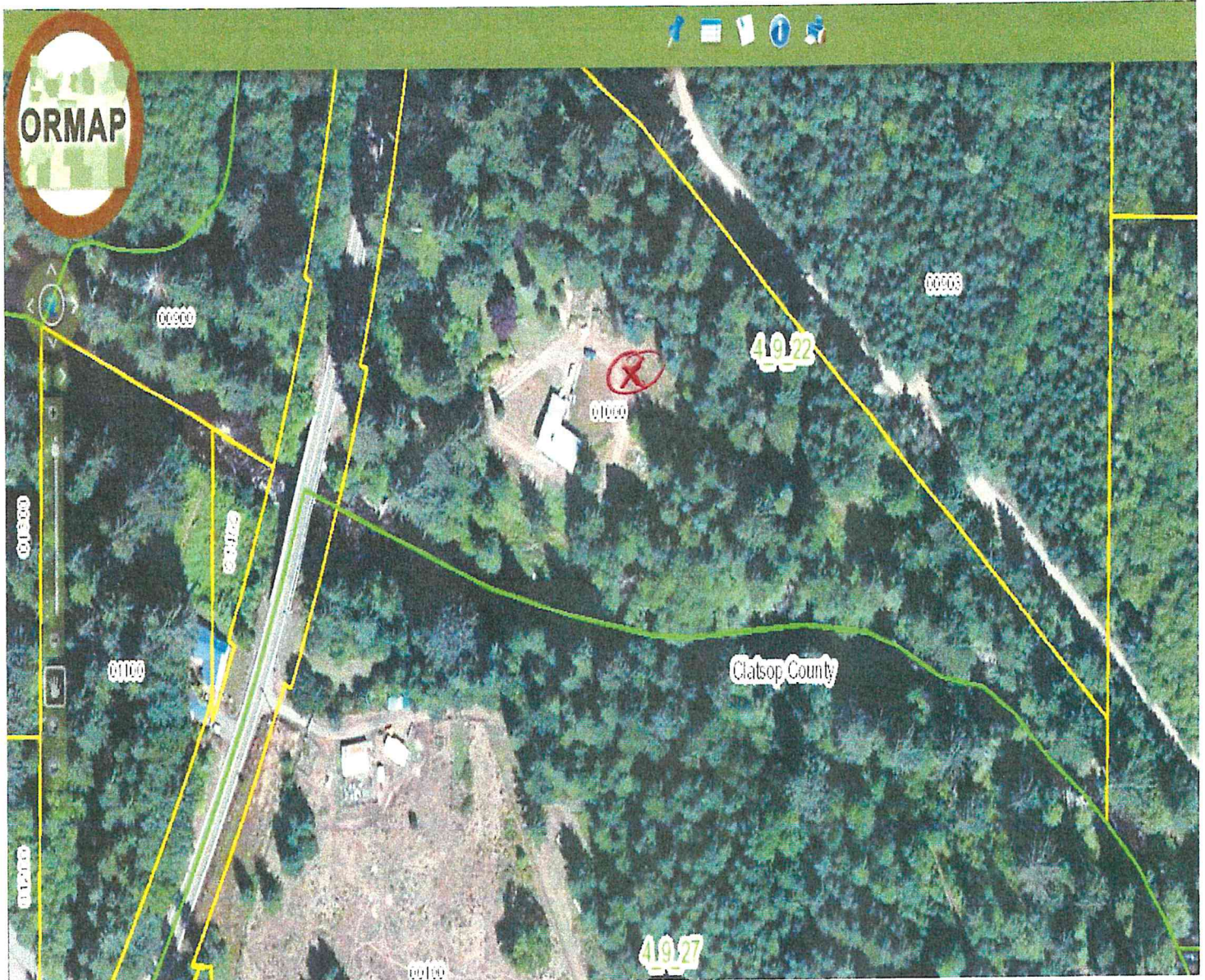
By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Michael R. McEwan Signature 7/19/14 Date

MICHAEL R. MCEWAN Applicant's Name (Please Print Legibly) 503-738-3569 Applicant's Phone mmcewan3569@charter.net Applicant's E-Mail Address

PO Box 2845, GEARHART, OR 97138 Applicant's Mailing Address

Applicant is the Owner Authorized Representative Authorization Attached Licensed Septic Installer
Michael R. McEwan Installers Name



Bob McEwan Construction, Inc.
OR CC 48302 Excavating Contr.
P.O. Box 2845 Gearhart, OR 97138-2845
Phone (503) 738-5954 FAX 738-4198

(X) TEST HOLE
NORM MCLAREN
4-9-22-1000



State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
North Coast Office
65 N. Highway 101, Suite 202
Warrenton, OR 97146
Telephone: (503) 861-3280 Fax: (503) 861-3259

NOTICE AUTHORIZING REPRESENTATIVE

I, Norman G. McLaren, have authorized
(Property Owner/Print Name)

MICHAEL R. MCEWAN to act as my agent in performing
(Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION:

29205 Hwy 53 Nehalem, Oregon 97131
Property Situs or Road Address

And described in the records of CLATSOP County as:

Township 4 Range 9 Section 22 Map ID _____ Tax Lot #(s) 1000

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: Norman G. McLaren

Signature: Norman G. McLaren Date: 6-22-14

Address: 34042 Hwy 26 Phone: 503-738-7390

City, State, Zip: Seaside, Oregon 97138 ~~Fax~~ 503-717-3053

E-mail Address: normg.mclaren@aol.com

AUTHORIZED REPRESENTATIVE:

Printed Name: MICHAEL R. MCEWAN

Signature: Michael R. McEwan Date: 6/22/14

Address: PO Box 2845 Phone: 503-738-5954

City, State, Zip: GEARHART, OR 97138 Fax: 503-738-4198

E-mail Address: mmcewan3569@charter.net

SECTION 1 – TO BE COMPLETED APPLICANT

1. Applicant Name/Property Owner: NORM MCLAREN (MIKE MCEWAN
Mailing Address: 34042 Hwy 26 PO Box 2845
City/State/Zip: SEASIDE, OR 97138 GEARHART, OR 97138
Telephone: 503-738-7390 503-440-0223

2. Property Information:
County: Clatsop Tax Lot No: 1000
Township: 4 N Range: 9W Section: 22
Physical Address: 79205 Hwy 53, Nehalem
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

3. This proposed facility is for:
 An individual, single family dwelling
 Describe the type of development, business or facility and the provided services or products: _____

4. Permit or approval being requested:
 Construction-Installation permit for: New Construction Repair Alteration
 Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)
 Authorization Notice for: Replacement of dwelling Bedroom Addition
 Other changes in land use involving potential sewage flow increases

SECTION 2 – TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: RA-5 Zoning Minimum Parcel Size 5 ac.

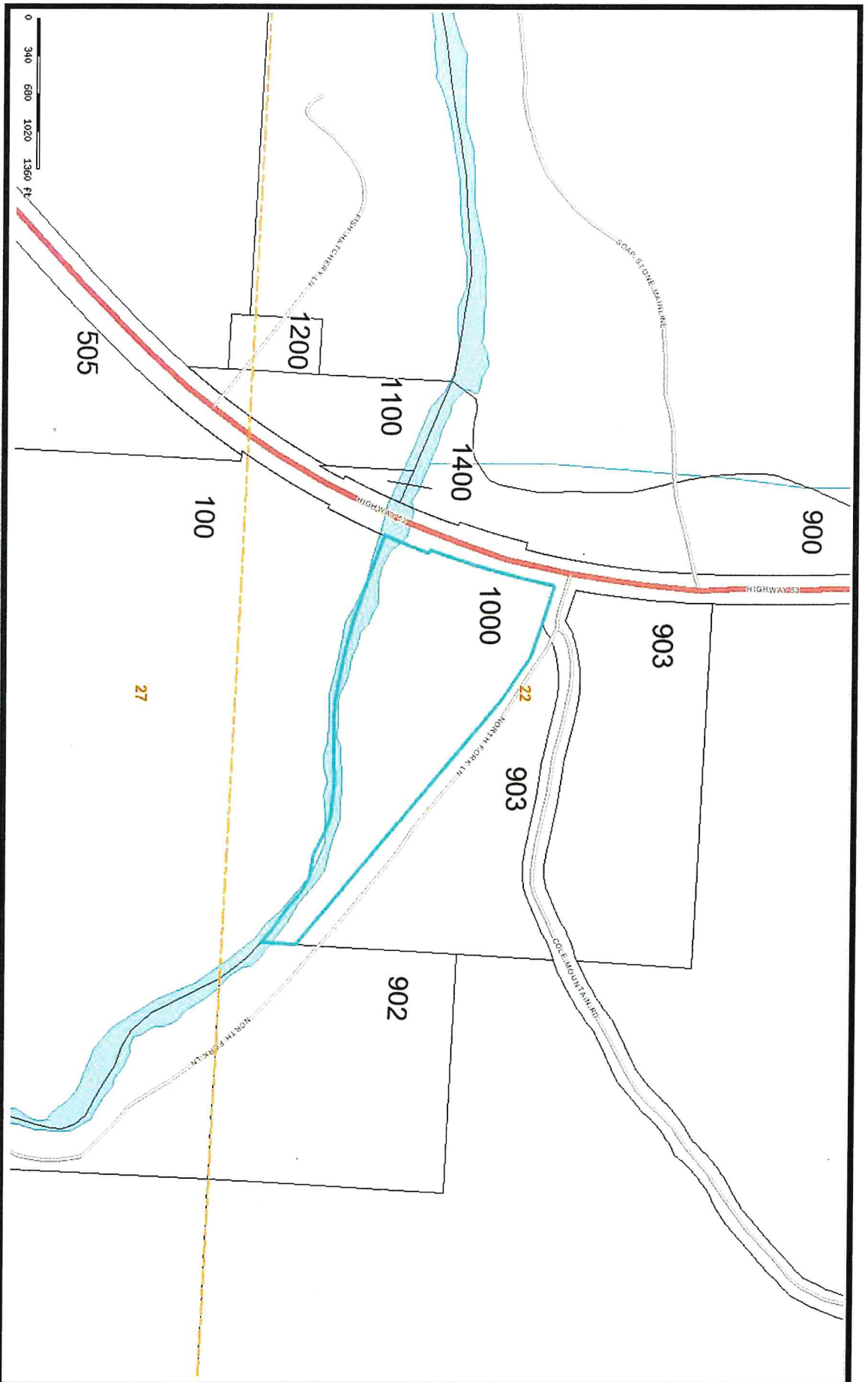
6. The facility is located: inside city limits inside UGB outside UGB

7. Does the proposed facility comply with all applicable local land use requirements: Yes No

If you answered "Yes" above, was this compliance based on:
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)
Either provide reasons for affirmative compliance decision or attach findings of fact: LWDUO 3.220

8. Planning Official Signature: Bart A. Catching
Print Name: Bart A. Catching Date: 7/14/14
Title: Code Compliance Specialist Telephone: (503) 325-8611

79205 Hwy 53 (McLaren)



Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.





Receipt

This is not a Permit

Clatsop County Planning and Development
800 Exchange St Ste 100
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3666

For Department Use Only

Permit #: 20140337
Permit Type: Type I
Entry Date:
Entered By:
Assigned To:
Permit Status: Completed

Permit Timeline

User	Status	Date
Bart Catching	Completed	07/14/2014

Proposed Use

Proposed Use: **DEQ LUCS**

Zone: **RA-5**

Description: Residential LUCS

Owner/Project Location

Owner: Name: **Mike McEwan & McLaren R I/G W Tr 1/4**
Address: PO Box 2845
City, State, Zip: Gearhart, OR 97138

Ph. #: (503) 440-0223
Cell: () -
Fax: () -

Situs Address: 79205 HWY 53 I R S Q S Qq S Taxlot
City: NEHALEM State: OREGON 4 09 22 0 0 01000

Applicant/Agent

Applicant: Name: Mike McEwan
Address: PO Box 2845
City, State, Zip: Gearhart, OR 97138

Ph. #: (503) 440-0223
Cell: () -
Fax: () -

Ph. #: () -
Cell: () -
Fax: () -

Fees

Fee Type:
Planning/Development

Permit Fee Total:

\$32.00

Total: **\$32.00**

Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Mike McEwan	Check	5183	07/14/2014	\$32.00

Balance Due: \$0.00

Signatures

1. For Commercial and industrial uses, include parking and loading plan, sign plan and erosion control plan.
2. For residential and other uses, include an erosion control plan.
3. Review attached applicant's statement and sign below.

I have read and understand the attached APPLICANT'S STATEMENT and agree to abide by the terms thereof.

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____



Receipt

For Department Use Only

Clatsop County Planning and Development
800 Exchange St Ste 100
Astoria, OR 97103

Permit #: 20140337

Ph. (503) 325 - 8611 Fax (503) 338 - 3666

Zoning District Requirements

Property Access Info.

Access to Property:
County Permit Required?
State Permit Required?

Direction	Setbacks	
	Req.	Actual
F:		
S1:		
S2:		
R:		

Property Information

Compliance/Permit Requirements

Clatsop County Compliance

Except as noted, the Clatsop County Community Development Department finds the proposed use(s)/action(s) in compliance with the Clatsop County Land & Water Development and Use Ordinance and with the Clatsop County Comprehensive Plan.

The evaluation of the land parcels outlined above is based on the information presented at this time, standards provided in the Clatsop County Land & Water Development & Use Ordinance, and policies of the Comprehensive plan, and the Zoning/ Comprehensive Plan Map.

The applicant or property owner must comply with the conditions noted below and on the attached applicants statement.
This permit is not valid unless the conditions are met.

Permit Requirements

Details

DEQ	No Plumbing or Additional Bedrooms Proposed. Applicant is responsible for ensuring that development will not violate the State of Oregon's standards regarding sewage disposal, including the proper placement of structures in relation to septic and drainfield locations.
-----	--

Entered by:

Entered Date:

Applicants Signature: _____

Date: _____

Clatsop County Authorization: _____

Date: _____



Receipt

Applicant's Statement

1. *Pertaining to the subject property described, I hereby declare that I am the legal owner of record, or an agent having the consent of the legal owner of record, and am authorized to make the application for a Development Permit/Action so as to obtain the following permits: Building, Sanitation, U.S. Army Corps of Engineers, Oregon Division of State Lands, Oregon Department of Transportation, Oregon Department of Parks and Recreation, or a Clatsop County Road Approach. I shall obtain any and all necessary permits before I do any of the proposed uses or activities. The statements within this application are true and correct to the best of my knowledge and belief. I understand that if the permit authorized was based on false statements, or it is determined that I have failed to fully comply with all conditions attached to and made a part of this permit, this permit approval is hereby revoked and null and void.*
2. *It is expressly made a condition of this permit that I at all times fully abide by all State, Federal, and local laws, rules, and regulations governing my activities conducted or planned pursuant to this permit.*
3. *As a condition for issuing this Development Permit/Action, the undersigned agrees that he/she will hold Clatsop County harmless from and indemnify the County for any and all liabilities to the undersigned, his/her property or any other person or property, that might arise from any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersign's failure to build, improve or maintain roads which serve as access to the subject property or from the undersign's failure to fully abide by any of the conditions included in or attached to this permit.*
4. **WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD FOR ZONING AUTHORIZATIONS.**
I have been advised that this Land and Water Development Permit/Action by the Clatsop County Community Development Director may be appealed within twelve (12) calendar days of the date of permit issuance and authorization (note: if the twelfth day is a Saturday, Sunday or legal holiday, the appeal period lasts until the end of the next day which is not a Saturday, Sunday or legal holiday). I understand that if the approval authorized by the County and referenced above is reversed on appeal, then the authorization granted prior to the end of the appeal period will be null and void. I further understand and consent to the fact that any actions taken by me in reliance upon the authorization granted during the appeal period shall be at my own risk, and that I hereby agree not to attempt to hold Clatsop County responsible for consequences or damages in the event that removal of improvements constructed during the appeal period is ordered because an appeal is sustained.
5. *I am aware that failure to abide by applicable Clatsop County Land and Water Development and Use Ordinance 80-14, as amended and Standards Document regulations may result in revocation of this permit or enforcement action by the County to resolve a violation and that enforcement action may result in levying of a fine.*
6. *I understand that a change in use, no matter how insignificant, may not be authorized under this permit and may require a new Development Permit/Action (check first, with the Clatsop County Community Development Department).*
7. *I understand that this Development Permit/Action expires 180 days from the date of issuance unless substantial construction or action pursuant to the permit has taken place. Upon expiration, a new development permit must be obtained.*