State of Oregon

Department of Environmental Quality

Onsite Permit ID: OS410274

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 OS410274 as follows:

PROPERTY INFORMATION

Property Owner: Bonita Degandi

Township 06N, Range 10W, Section 34

Property Location: 33420 Beerman Creek Road,

Tax Lot 708

Facility Type:

Single Family Dwelling

Clatsop County

3 Bedrooms

Seaside

SPECIFICATIONS AND REQUIREMENTS

System type: Standard

Design Flow:

375 gals/day

Minimum Septic Tank Size:

1000 gals

Total Trench Length:

147 Linear feet

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.

SCANNED OCT 1 2 2011

Installer Name: Keith Keranen Excavating, Inc.

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

Jon Onsite Wastewater Specialist

10/11/2011

Authorized Agent:

Title

Date CSC Issued

Don Jossie

Department of Environmental Quality Northwest Region - Warrenton Office 65 N Highway 101, Suite G

Warrenton, OR 97146 Phone: (503) 861-3280

Fax: (503) 861-3259

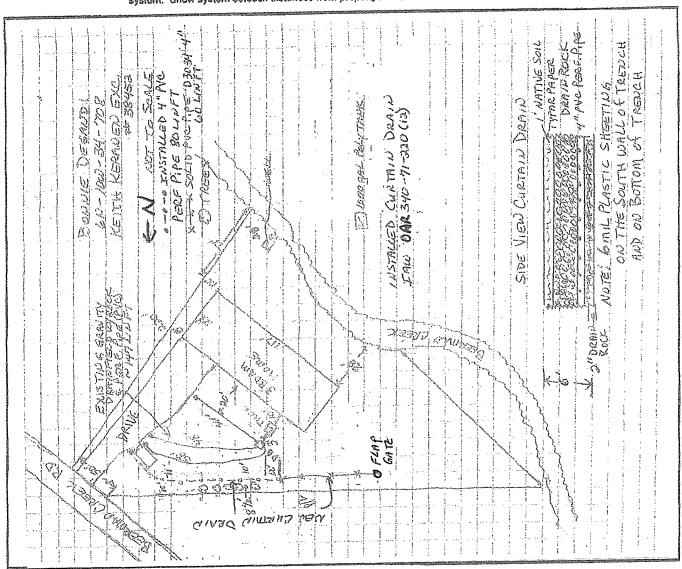
Final Inspection Request and Notice - Onsite ID: 410274 CT 1 0 2011

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: Own	er/Permittee	Informat	ion:		Towns	hip 06	N, Range 10W, Se	ection 34	
Name: Bonita [Degandi						nty TaxLot#: Tax I		
Property 33420 E Address:		ek Road,	Seaside	9			,		
SECTION 2: Syst	em Compon	ent Speci	fication	ns:					
A. Tanks/Pumps			8	Syster	n Type: Stan	dard			Water tight vorification*
Tanks(1) Volume:		Compartn	nents:		Manufacturer:		**************************************		Date:
Tanks(2) Volume:		Compartn	ents:		Manufacturer:				Date:
Pump(s) HP;	Model/Manuf.				Float(s)Type(1)		Model/Manuf.		
			,		Float(s)Type(2)		Model/Manuf.		
B. Piping			NE //25-14121-4521				Carry a Carry Carr		· · · · · · · · · · · · · · · · · · ·
Effluent Sowe	(tank to drainfl	eld) Yos	No	Dlam	neler:	ASTM	#/Other:	Len	gth:
Pros	suro Transport I	Pipo Yes	No	Diam	neter:	ASTM	#/Olher:	Len	gth:
C. Secondary Treatmen	nt Unit:								
Sand Filter	Yes No	Тура	:				Container Dim	ensions:	
Underdrain pip	e Diameter:	ASTI	V#/Other	;		jth:			
Manifold pipin	g Diameter:	AST	V#/Other	;				Leng	jth::
Internal Pum	p HP:	Mode	l/Manufa	cturer					
Floats(1	Туре:	Mode	sl/Manufa	cturer					
Floats(2	Type:	Mode	.VManufa	clurer					
ATI	Yes No	Model	!						
Certified Main	Provider Name	J ð:							
Operation and Main	Contract Rece	ived? Yes	No						
CURTAIN	DRAIN								
Тур	(Gravel, Pipe	or alternative	7)/740	6 DR	ROCK, 80	4" 9	ERF PIPE, 60	4"030	34 PVC PIP
Distribution Bo	Yes No U	6 m	IL P	LAS	TIC, TY	PAR	PAPER, 1 FA	LAPPER	VALVE
Drop Bo	-	-		to the second					
Distribution Pipe	Yes No	Diamel	er:	AS	STM#/Other:			Length);

SECTION 3 - As Built Plan

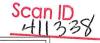
AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH. Show locusons of all wells within 200 feet of the system. Show system setbeck distances from property lines, structures, wells, streams, etc.



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	Certifled Ins	ılaller wi	Cortification#:	Print Namo: Kr	SITH KER	AL	EN	EXC	AUA TIL	16
Licensed Installer:	Annual Control of the Party of	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	CHICAGO CONTRACTOR CON	3452		Certifi	cation#:		182	
Owner/ Certified Installor:	Signature	AL	Ywan		Date:	4	11	Phone 50	#: 3 <i>-7/7-3</i> :	300
SECTION 5 - Of	ice Use O	nly:			Installer/Owner					
Notice Accepted	Yes	No	Date:		(Permittee) Natilied			No	Date:	
If No, Reason for h Acceptai								المراجعة الم	To a Color of the Paragraphic Color of the C	
Comm	1611f;				and the state of the second and the state of the second and the state of the second and the seco			77 b 1 min market 1		
										appearance of the second secon



State of Oregon

Department of Environmental Quality

Onsite ID: **OS410274** Expiration Date: 3/16/2012

Repair Permit - Single Family Dwelling-Major

This Repair Permit - Single Family Dwelling-Major Permit OS410274 authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: Bonita Degandi

Clatsop County

Property Location: 33420 Beerman Creek Road, Seaside

Township 06N, Range 10W, Section 34

Facility Type:

Single Family Dwelling

Tax Lot 708

3 Bedrooms

SPECIFICATIONS AND REQUIREMENTS

System Type: Standard

Design Flow:

375 gals/day

Minimum Septic Tank Size:

1000 gals

Total Trench Length:

147 Linear feet

ADDITIONAL CONDITIONS

- ¹ Install curtain drain as per OAR 340-71-220(12) with the addition of 6 md plastic sheeting on the bottom and only on the side adjacent to the existing drainfield as per plan.
- ² 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.



INSPECTION REQUIREMENTS

- ¹ A final inspection request and notice form including a detailed and accurate as-built plan of the constructed system and a list of all materials used in the construction of the system must be completed and submitted prior to requesting a final inspection.
- ² Precover.

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

Onsite Wastewater Specialist

3/16/2011

3/16/2012

Authorized Agent:

Title

Date Issued Expiration Date

Del Cline

Department of Environmental Quality Northwest Region, Warrenton Office 65 N Highway 101, Suite G

Warrenton, OR 97146

Phone: (503) 861-3280 X25

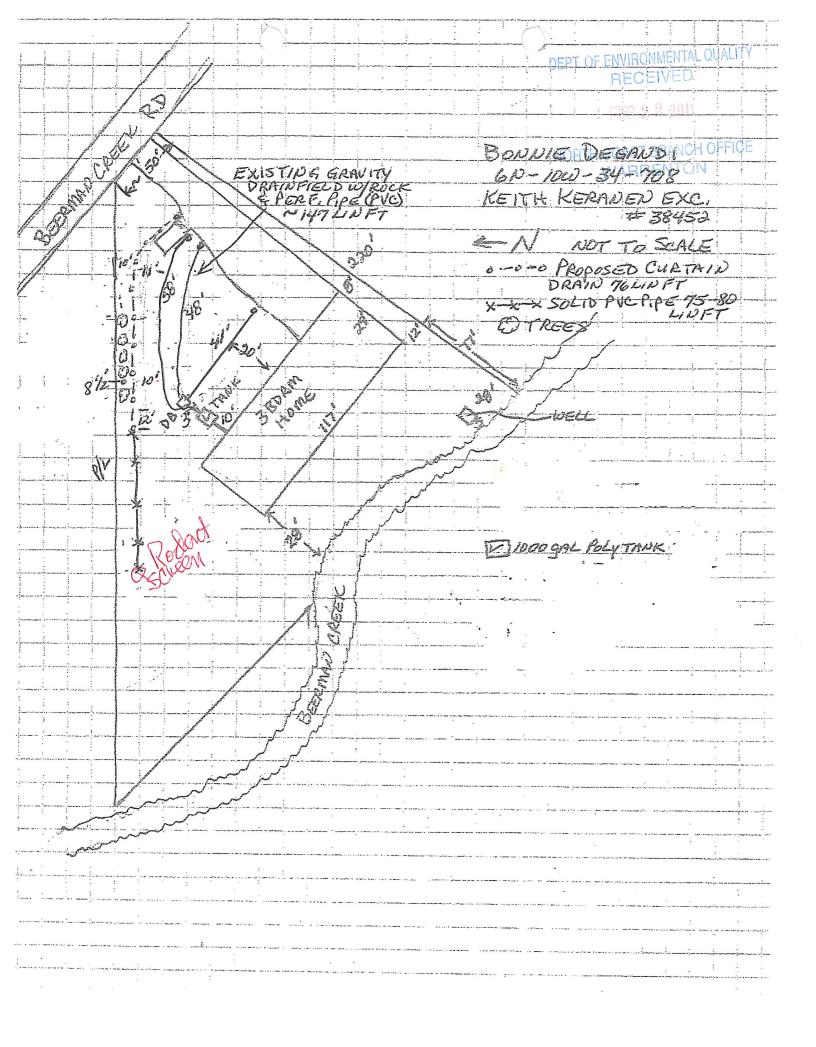
Fax: (503) 861-3259

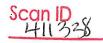
See the Attachment 1 for additional information about your permit.

CONSTRUCTION/REPAIR PERMIT WORKSHEET

Applicant Benish Degand, Township Range 10 Section 34 TL/TA# 708
Site Plan Checked Date 3-16-1/ Comments
Type of Permit: New Construction Repair Alteration AN Repair
Type of System EXECU DF Eq. Tank Volume Executions
Design Sewage Flow 375 Gals/Day Maximum Depth Minimum Depth
Linear Feet 14 Minimum Distance Between Trenches feet Rock Depth
Special Conditions 1590 (and Alaster - Correspondence of the Roth
and only on the Side Adjacant to the exister DF
As fer Alan V
•
No. of Inspections Required / at What Stages of Construction
Date Issued 3-17-1/ Date of Expiration 3-1/-/2
11 Id Em
Signature of Sanitarian

DEQ/SWR/CBBO 3/84







Department of Environmental Quality

North Coast Branch Office 65 N Highway 101, Suite 202 Warrenton, OR 97146 (503) 861-3280 FAX (503) 861-3259

February 3, 2011

Dear Bonita Degandi,

We are extending your application sixty days from the day you applied.

During that time you will need to locate your existing drain field trench.

Please contact our office on February 15 when you are ready for another site visit.

Thank you,

Vicky Schiele

Administrative Assistant

503-861-3280





Application for Onsite Sewage Treatment System

Department of Environmental Quality 65 N Highway 101, Suite G Warrenton, OR 97146

> Phone/TTY: (503) 861-3280 Fox: (503) 861-3250

Date Stamp:	For DEQ Use Only: Date Received 12/15/10
RECEIVE	Fee Paid 509.00
MEQ = 18	Receipt Number 145016
000 1 0 000	Application Number 4/1/338
DEC 1 5 2010	Date of 1st Response
	Date of 2nd Response
MIH COAST BRANCH OFFIC	Date of Final Response
	Date of Completion
WARRENTON	Scanned Data Entry

	1x. (303) 601-3239	VVARHENTON	Scanned Data Entry
	A. Property	Owner Information	
Bonita Bonnie Degandi Name	35364 Searls Rd Astorio	a, OR 97103	503-338-9688 Phone Number
	B. Legal Pro	operty Description	
6N 10W Township Range Clatsop County	34 708 Tax Lot	Tax Account Numbe	T acre Acreage or Lot Size Block
,			
Property Address: 33420 B	eerman Creek Rd	Seaside City	OR 97138 State Zip Code
-	o So on Huar 101 thru Specide	e. Go .8 miles So. of Seaside and	The state of the s
Directions to Property:G	0 30. On rwy 101 thu Seaside	e. Go .o miles So. of Seaside and	turn leit onto
Beerman Creek Rd. Go .5	miles to location. Brown house	on right.	
	C. Existing Facility / Propo	osed Facility / Water Informati	on
Existing Facility:	Proposed Facility		
✓ Single Family Residence	☐ Single Family	Residence Publ	
Number of Bedrooms Other	Number of Bedro Other	oms Priva	Name ate Beerman Creek Well, Spring, Shared
	D. Type	of Application	
Site Evaluation Construction Permit Repair Permit Major Minor Alteration Permit Major Minor	D. Type Renewal Permit Existing System Evaluation Permit Transfer Permit Reinstatement	Authorization Notice Connecting to an Existi	ing System Not in Use ome or House with Another Mobile Home r More Bedrooms
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Construction Permit Repair Permit Major Minor Alteration Permit Major Minor If the required fee and attachm with your name and address at and it's authorized agents perm Signature George Owen Applicant's Name – Please Print Legil 89647 Manion Dr. Warrento	Renewal Permit Existing System Evaluation Permit Transfer Permit Reinstatement The entrance to the property. Flag The information I have furnished in the information to enter onto the above designation of the entrance to the property.	Authorization Notice Connecting to an Existic Replacing a Mobile Ho or House The Addition of One or Personal Hardship Temporary Housing Other – Please Specify Dilication, it will be returned to you as and number the test holes. Secorrect, and hereby grant the Depart Scribed property for the sole purpose 13/15/10 Date 503-717-8681/717-2477	ing System Not in Use ome or House with Another Mobile Home or More Bedrooms s incomplete. Post a flag or sign or timent of Environmental Quality of this application.
Construction Permit Repair Permit Major Minor Alteration Permit Major Minor If the required fee and attachm with your name and address at By my signature, I certify that and it's authorized agents perm Signature George Owen Applicant's Name – Please Print Legil 89647 Manion Dr. Warrento Applicant's Mailing Address	Renewal Permit Existing System Evaluation Permit Transfer Permit Reinstatement The entrance of the property. Flag The information I have furnished in the information to the above des Webby On, OR 97146 Authorized Representative	Authorization Notice Connecting to an Existic Replacing a Mobile Howard The Addition of One of Personal Hardship Temporary Housing Other – Please Specify Other	ing System Not in Use ome or House with Another Mobile Home or More Bedrooms s incomplete. Post a flag or sign or timent of Environmental Quality of this application. Applicant's E-mail Address
Construction Permit Repair Permit Major Minor Alteration Permit Major Minor If the required fee and attachm with your name and address at By my signature, I certify that and it's authorized agents perm Signature George Owen Applicant's Name – Please Print Legil 89647 Manion Dr. Warrento Applicant's Mailing Address	Renewal Permit Existing System Evaluation Permit Transfer Permit Reinstatement The entrance to the property. Flag The information I have furnished in the information to enter onto the above designation. The entrance to the property of the information of the entrance to the property. Flag The information of the above designation of the enter onto the above designation. The entransfer of the property of the entrance to the property. Flag The information of the entrance to the property of the entrance to the property. The entransfer of the entra	Authorization Notice Connecting to an Existic Replacing a Mobile Howard The Addition of One of Personal Hardship Temporary Housing Other – Please Specify Other	ing System Not in Use ome or House with Another Mobile Home or More Bedrooms s incomplete. Post a flag or sign or timent of Environmental Quality of this application. Applicant's E-mail Address



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

NOTICE AUTHORIZING REPRESENTATIVE

BONDIE DEGANDI	, have authorized
George Owen (Property Owner/Print Name)	
(Authorized Representative/ Print Name)	s my agent in performing
the activities necessary to obtain site evaluations, permits, and otl	
treatment program services provided by the Department of Enviro	
property described below in accordance with OAR chapter 340, di costs not satisfied by the Authorized Representative are my response	
books not outloned by the realismade representative are my respe	in Gibrinty.
PROPERTY IDENTIFICATION:	
Property Situs or Road Address	
And described in the records of Clatsop County as:	
Township 6N Range 10W Section 34 Map ID	Tax Lot #(s) 708
Township Range Section Map ID	Tax Lot #(s)
PROPERTY OWNER:	
Printed Name: Bonnie De Gardi	
Signature: Thomas & Da And	
Address: 1000 NHoliday # 108	Phone: 503 738-7754
City, State, Zip: Seasiel en OR 97/38	Fax:
E-mail Address: 1 hom sue O Charter No	
AUTHORIZED REPRESENTATIVE:	
Printed Name: / George Owen	
Signature: Missage M. Owen	Date: 12/14/10
Address: 89647 Manion Dr	Phone: 503-717-8681/717-2477
City, State, Zip: Warrenton, OR 97146	Fax: 503-717-8681
E-mail Address:	

Warrenton DEQ Onsite Authorization Letter- December 2005

SECTION 1 - TO BE FILLED OUT BY APPLICANT (may be filled in electronically using Tab key to move to each field)

1.	Applicant Name/Property Owner: Bonnie Digandi
	Mailing Address: 35364 Searls LN Telephone: 503-338-9688
	City: Astoria State: OR Zip: 97103
2.	Property Information:
	County: Clatsop Tax Lot Number: 708
	Township: 6N Range: 10 Section: 34 MARRED
	Property Address: 33420 Beerman Creek Rd
	Block: Lot: Subdivision Name (if applicable):
3.	This proposed facility is for: ✓ An individual, single-family dwelling. Other. Describe the type of development, business, or facility and the provided services or products:
	Permit or approval being requested: On-site construction-installation permit for: Non-water-carried facility requests (for example, pit privy/vault toilet for camp grounds). On-site Authorization Notices for: Replacement of dwelling Bedroom addition Other changes in land use involving potential sewer flow increases CTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL
5.	The proposed facility is located: inside city limits inside UGB outside UGB
	If inside the UGB, the proposed facility is subject to: ☐ City jurisdiction ☐ County jurisdiction ☐ Shared city/county jurisdiction
6.	Property Zoning: EFU Zoning Minimum Parcel Size: 80-a -
7.	Is a public notice and hearing required? Yes Hearing Date: No
8.	Does the proposed facility comply with all applicable local land use requirements: ☐Yes ☐ No Comments:
9.	Planning Official Signature: Wwwfer Pound Print Name: LWW FO BONCH Title: Name Telephone No.: 503-325-86V Date: 12/15/10
*	Planning Official Signature:
	Print Name: Title:
	Telephone No.: Date:
*	Both city and county planning officials may need to sign if use is within a UGB.

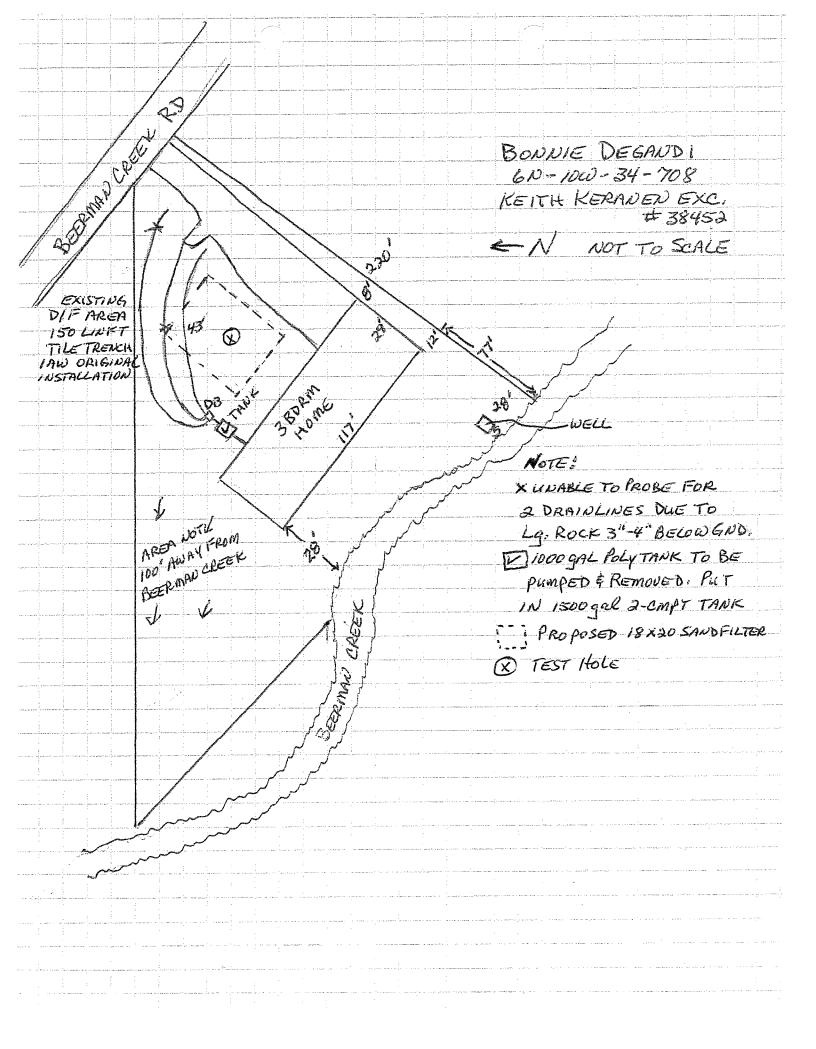


EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1.	Your existing septic system consists of (check all that apply): ☑ Septic Tank ☑ Disposal Trenches ☐ Capping Fill ☐ Sandfilter ☐ Seepage Bed ☐ Cesspool or Pit ☐ Unknown ☐ Other (Describe)
2.	When was your septic system installed? 10-37-71 71-255 (Date) (Permit Number)
3.	Tank material: ☐ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
4.	Septic tank volume (in gallons) 1000
5.	When was the septic tank last pumped? <u>uvknow</u> Attach receipt if available.
6.	Number of disposal trenches 3
7.	Total length of disposal trenches (in feet) _/50
8.	Do you propose to use the existing septic system? Yes ☑ No□
9.	Is your septic system currently in use? Yes ☑ No ☐ If no, date of last use
10.	If the septic system currently serves a dwelling: How many bedrooms are in the dwelling? How many people occupy the dwelling?
11.	How many bedrooms will be in the proposed dwelling? How many occupants?
12.	If the septic system serves a business: How many total employees are there? N/A Type of business
13.	Is there a proposed change of use of your structure (home or business)? Yes \(\Boxed{\text{No}}\) No \(\overline{\text{U}}\)
14.	Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.
-	my signature, I certify that the above information and the plot plan on the reverse side of this form are curate and true to the best of my knowledge. 12/14/10 (Date) Date Date
Perm	Q use only: Record of existing system: Yes □ No □ Attached □ Date Issued

Last Updated 10-30-02 by BJK





Receipt Number: 145016

Oregon Department of Environmental Quality Warrenton Office 65 N Highway 101, Suite G

Date Received 12/15/2010

Received From Bonita Degandi

(Check Name): 1000 N. Holladay No.108

Seaside, OR 97138

For **T06N R10W S34** Property TaxLot 708 At: Clatsop County

33420 Beerman Creek Road

Seaside, OR 97138

Current Payment

Check # Money Order #

Amount Paid Payment Type Purchase Order # 509.00 Check 002748

Bank Number

24-7038

Amount Applied

509.00

Total Amount Applied

Application Description

\$509.00

Onsite Fees

Base Fee:

449.00

Surcharge Fee:

60.00

Plan Review Flow Fee:

Pump Evaluation Fee:

Flow Fee:

Reinspection Fee:

Total Fee

\$509.00

Application ID: 411338

Application Type: Repair Permit

System Type: Standard

Pump Evaluation: No

Flow: 450

gallons/day

Single Family Dwelling-Major

Payments

Previous Payments:

0.00

Current Payment:

509.00

Over Payment:

0.00

Total Payments:

\$509.00

Receipt Amount:

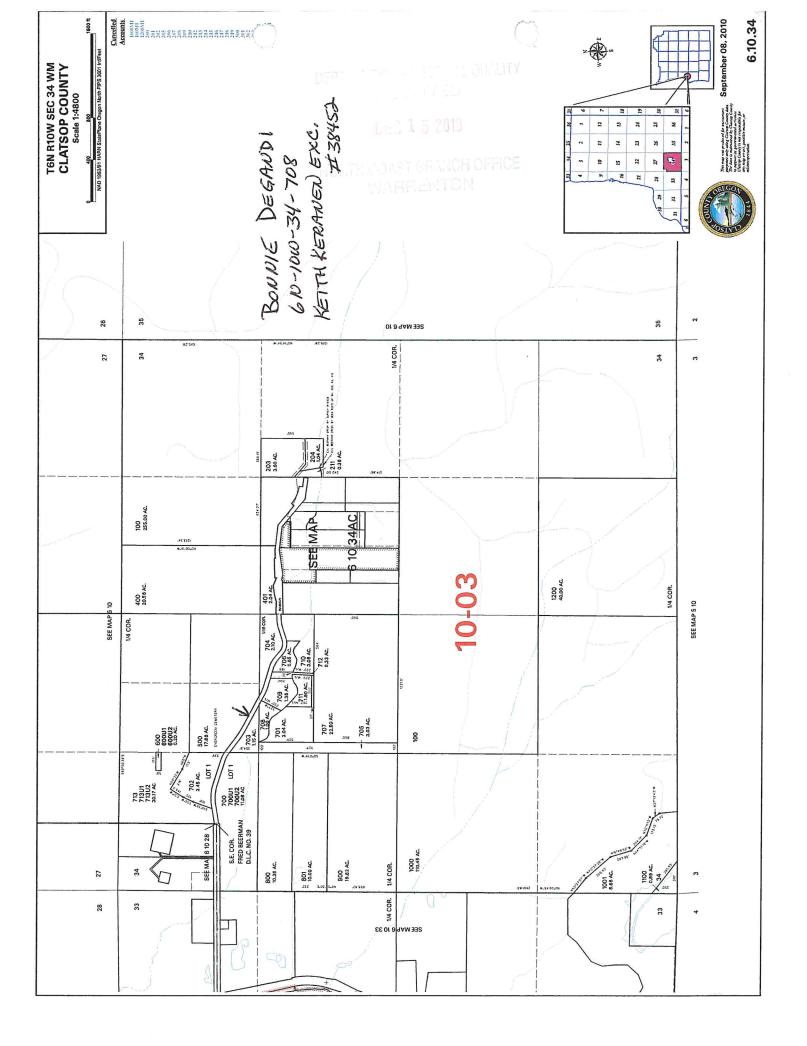
\$509.00

Receipted By:

Date of Entry:

Vicky Schiele

12/15/2010



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TYPE OF EST	ABLISHMENT OR FACILITY: (SPECIFY	Y EXACT TYPE:	LE., GRO	JP CA	RE - HO	SPITAL, I	DAY NURS	ERY, ETC.)		
	SITE										
	OME										
	ARE										
D-ICE PLAN											
E-INDUSTRIA	AL PREMISE										
F-INSTITUTI	on										
G-LABOR CA	MP		ом1	LK ES	TABLIS	HMENT _					
HPRIVATE F	PREMISE 3 B.R.	NEW	P								
SAMPLES COLI	ECTED DATE	RESULT		TESTS	PERFORM	ED	DATE		R	ESULT	

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FIELD INCORCE	TON DECORD COMMITTEE				,						
RECORD CODE	ION RECORD COMPLETED:		SKETC	HES,	GRAPH,	DIAGRAN	4 (SHOW	LOCATION) 		
1	TITLE OF FORM										
! 2	SCHOOL AND INSPECTION FORM										\neg
3	SCHOOL AND INSPECTION FORM SCHOOL PLANT SURVEY REPORT						-				
4	REPORT ON PROPOSED SCHOOL SITE	-									
5	FOSTER HOME REPORT	-									
6	VA HOME LOAN REPORT					 	1	 			

1	ICE FACTORY INSPECTION FORM								
2	SCHOOL AND INSPECTION FORM								
3	SCHOOL PLANT SURVEY REPORT								
4	REPORT ON PROPOSED SCHOOL SITE								
5	FOSTER HOME REPORT								
6	VA HOME LOAN REPORT								
7	STATE VET LOAN REPORT								
8	FHA HOME LOAN REPORT								
9	OTHER HOME LOAN REPORT								
10									
11									
12									
RECORD CODE	DATE FORM COMPLETED								

LH8-8 12-64

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DATE	ENTER VERY BRIEFLY—OFFICE AND FIELD VISIT DATA, PHONE CALL DATA, TRANSCRIPT OF LETTERS	WORKE
6-70	EV. Inspection of property with her De Handi	
	Plane to build a 3 B. R. house in the	
	future: This projection will have to be	
	filled so an appropriate senter can be	
	installed. Property Slove at diller t	
	times of the year. The location of the	
	house will be on the highest shot	
	on the property	BRU
2-24.7/	F.V. Suspection of property with Jack	
	Phillips Contractor. the ground	
	work plans regarding fiel x	
	tacation were thick the foundation	
	will be built 4 above the footings	
	so an alequate fell can be put	
	in (sand). Final house plane will	
	be reviewed when to Bedg	
7-4-71	O.V. my De de ei une i all:	BRU
	Sail State Weters to all i	
	wanted a water and	
	appeared al lange & Divile	
	come from Been Seek Crawwith.)
	Told him we did not take samueles	/
	of row water a creek is wan approved	
	source. He said he wanted to	
	Calormate the system told him	
	The state Veterain would give	
	approval for that. If they of tid it	
1201	They of could take a water samply	BR
13.//	F.V. Susp for C Bldg parmet #71-255	
	Plans called for 900 gol Sofelie tunk	
	Plans called for 900 gal Sofetie tank dist Bay, 150' tele Therebes 3' worde	
	apart well call for mosses.	
	Josh Phillips Court to general Contractor	
1	Constant of 150 Handers The	BAL

3 .	TO THE THE BAIA, THORE CALL DATA, TRAP TIPLOF LETTERS	WORKER
10-10-11	ON Mule 1 101 PT	
	Ali Made inspection of System. Ron Tohuson did the work of the was installal as	-
	Meanmendiel.	<i>eo.</i>
	acamanica.	K.
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BUILE, G PERMIT	PLOT PLAN							of the state of th														Map No	St. No. Assigned	Field Check by	Date	ONING AND TOWN	SAINOT ONE SHARET	Type of Occupancy	Total Floor Area	No. Stories Total Height	Area of Lot	Front Yard Setback	Side Yard Setback	Rear Yard Setback	New Const.	Change of Occupancy From	To (2/100													
APPLICATION FOR BUILE	Date Issued	Basic Fee (+) 50% 1, 11, 11					Basic Fee		Basic Fee		Basic Fee (+) 50% I, II, II		(+) 50% (, 11, 11		(+) 50% 1, 11, 11		Basic Fee (+) 50% 1, 11, 11		, (() 50% V, J	Plan Checking Fee	TOTAL	CALLED INSPECTIONS	PLUMBING ELECTRIC	1		iank			sh Final	SPECIAL INFORMATION	If access to a County Road is necessary, an Approach	Permit, obtainable from the Clatsop County Road De-	partment Office, Clatsop County Courthouse will be required before starting construction.								F			V			4			1
	Bldg Permit No.		Valuation S	100	Area—ist Hi00r	Area—2nd Floor	Additional Area	Area—Type V J	CALLE	BUILDING	-			L.		Final Finish	SPECIA		Permit, obtainable fro	partment Office, Clatsop County required before starting construction					S S				APPROVED; COUNTY SANITARIAN		By		APPROVED: COUNTY PLANNING COMM	by By	•	APPROVED: BUILDING OFFICIAL	By													
6R16 35X	7.708	CLASS OF WORK	Demolish	Repair	Move		Height	No. of Families	Size of Lot	Use of Bldg.	Now on Lot	SPECIFICATIONS	FOUNDATION	Exterior Piers				Size Spacing Span									COVERING	Roof	Reroofing	FLUES	Fl. Furnace	Water Heater	Gas Oil	hat I have read this application is correct and agree to comply ces and State laws regulating																
S DEPARTMENT	COPINTY, OPEGON	SEYTO CLASS	New	Alteration	Addition	Use of Building	Size of Building	No. of Rooms	No. of Floors	No. of Bidgs.	Now on Lot	SPEC	FOL	Material	Width of Top	Width of Bottom	Depth in Ground	- R. W. Plate S	Girders	Joist—1st Floor	Joist-2nd Floor	Joist—Ceiling	Exterior Studs	Interior Studs	Roof Rafters	Bearing Walls	90	Exterior Walls	Interior Walls		-		Furnace	In nereby acknowledge that I have read the and state that the above is correct and agricult, all County, Ordinances and State lav.		Signature of Permittee	Ву													
BUIL NG DEPARTMENT TORIO	i, hearte								Tel. No.					Tel, No.				Tel. No.				Bik								Type of Construction: 1. 11. 111. 1V. V.		upancy Group: A, B, C, D, E, F, G, H, I, J.	Division 1, 2, 3, 4.	of Zone: R1, R2, R3, R4, RA, A1, C1, C2, C3,	M1 M2	1 2 3	i													
) = (<i>Sm</i> \ 0		CALITY		AREST OSS STREET		Name	Address	City	Name	Address	City		State Lic. No.	Name	Address	City	State Lic. No.		Subdivísion		Lot. No.			and the second s					Type of Construct		upancy Group: A, E	Division	of Zone: R1, R2, R.	W	Fire Zone: 1														

