

Property History

Account ID:14869

Legal Description:

Legal Type

TIP/ix

Additional Information:

LT 6, EXC RD, LESS TL 1201

Account History:

<u>From Account Id</u>	<u>From TaxMapKey</u>	<u>To Account Id</u>	<u>To TaxMapKey</u>	<u>Year of Change</u>
14869	708190001200	14869	70819DC00100	2009

Owner(s):

<u>Current Ownership:</u>	<u>Owner Name</u>	<u>Ownrshp %</u>	<u>Type</u>
	Chilton Inc		Incorporated

Ownership History:

<u>Create Dte</u>	<u>Effective Dte</u>	<u>Instrmnt ID</u>		
09/11/2012	08/23/2012	201206747	Vielmette Kenneth N	Owner
01/21/2020	01/17/2020	202000413	Chilton Inc	Incorporated

Voucher History:

Voucher 1 Source: Clerk Effective Date: 01/17/2020 Map Key:
Document Type Code: Warranty Deed Date Created: 01/21/2020 Instrument Id: 202000413
Operation: Name Change Completed Date: 01/21/2020 Book:
Operation Type: Name Voucher Type: Assessment Page:
Completeness Status: Completed Consideration: \$660,000 Status: Active
Partition Flag: No Remarks: Multi TLs 78919DC-100 7830-100;800
User Id: HCHAPMAN

Voucher 2 Source: Clerk Effective Date: 01/01/2012 Map Key:
Document Type Code: Death Certificat Date Created: 01/21/2020 Instrument Id: 202000412
Operation: Posting Only Completed Date: 01/21/2020 Book:
Operation Type: Information Voucher Type: Assessment Page:
Completeness Status: Completed Consideration: Status: Active
Partition Flag: No Remarks: DC for Nicholas Stefanowicz Jr
User Id: HCHAPMAN

Voucher 3 Source: Clerk Effective Date: 08/23/2012 Map Key: 70819DC00100
Document Type Code: Bargain & Sale Date Created: 09/11/2012 Instrument Id: 201206747
Operation: Name Change Completed Date: 09/11/2012 Book:
Operation Type: Name Voucher Type: Assessment Page:
Completeness Status: Completed Consideration: \$0 Status: Active
Partition Flag: No Remarks: Includes 7819DC-100, 7830-100, 800
User Id: SRADFORD

State Building Codes/Clatsop County
65 North Highway 101, Suite G
Warrenton, Oregon 97138
503-861-7140

FARM AGRICULTURE BUILDING EXEMPTION CERTIFICATE
(Submit in triplicate)

Name: Nick Stefanowicz
Address: 89015 Green Mt. Rd
Astoria, OR

FOR AGENCY USE ONLY	
NO. <u>00-448</u>	
ZONE: <u>AF</u>	AREA: <u>Green Mtn. Rd.</u>
BY: <u>Jim Allen</u>	TITLE: <u>Planning Tech.</u>
COUNTY: <u>Clatsop</u>	DATE: <u>5-18-00</u>

Building Use: tree farm equipment

I am the owner/lessee of the above noted structure to be erected, located on Taxlot 1200 Township 7 Range 8 Section 19 and do hereby declare said structure is an agriculture building as defined in Oregon Revised Statutes (ORS) number 455.315 (attached), and is exempt from State Structural Codes. Plans will not be required to be submitted and a building permit will not be required. Electrical, Plumbing, Mechanical, Elevator and Boiler permits ARE required. ORS 455.315.

I declare that said building is NOT:

- A) A dwelling;
- B) A structure that has two or more exits or an open side and is used for a purpose other than growing plants in which 10 or more persons are present at any time;
- C) A structure regulated by the State Fire Marshall pursuant to ORS chapter 476;
- D) A structure subject to sections 4001 to 4126, title 42, United States Code (the National Flood Insurance Act of 1968) as amended, and regulations promulgated thereunder.

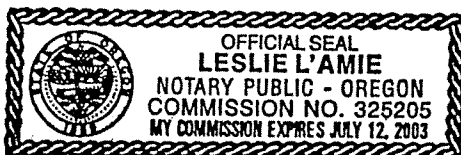
I further declare that prior to any change in use of said structure that would remove said structure from the exemption, will require a building permit, and the structure will be made to comply to all requirements of the appropriate State Codes in force and effect at the time of the change, as though the structure was a new building.

STATE OF OREGON

County of Clatsop

I Nick Stefanowicz do hereby swear and affirm under the penalty of perjury that the above statements are true and correct.

Date: 5/18/00 Signature of Applicant: Nick Stefanowicz
Subscribed and sworn before me on this 18th day of May 192000



Leslie L'Amie
NOTARY PUBLIC
My Commission Expires: 7/12/03
Leslie L'Amie
Notary Public

cc: Clatsop County Planning Dept.
State Building Codes
Applicant



DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION
401 LABOR & INDUSTRIES BLDG.
SALEM, OREGON 97310
PHONE 378-4133

BUILDING PERMIT APPLICATION

RESIDENTIAL

Rt 1 Box 748 Green Mtn
JOB LOCATION / ADDRESS

Astoria
CITY

Clatsop
COUNTY

DIRECTIONS TO JOB SITE

OWNER

Nick Stefanowicz

ADDRESS

James

CITY

COUNTY

ZIP CODE

97103

HOME:

WORK:

TELEPHONE

ZONING

LOCAL GOVERNMENT APPROVALS

SANITATION

USE ZONE F-38

FLOOD ZONE ☐ YES

☒ NO

7-8-19

TWNSHP

RG

TL

PERMIT #

PUBLIC

PRIVATE

DEQ PERMIT #

87-74

BY:

TITLE

PHONE

DATE

BY:

Betty Hoffman

Sec
TITLE

PHONE

DATE

DESIGNATED CONTRACTORS

GENERAL CONTRACTOR

ADDRESS

PHONE

REG #

EXP

ELECTRICAL

ADDRESS

PHONE

REG #

EXP

PLUMBING

ADDRESS

PHONE

REG #

EXP

MOBILE HOME

ADDRESS

PHONE

REG #

EXP

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. I FURTHER CERTIFY THAT I AM IN FULL COMPLIANCE WITH BUILDERS BOARD REQUIREMENTS (ORS 701.055) IN THAT:

☒ I AM THE PROPERTY OWNER DOING MY OWN WORK AND AM EXEMPT.

☐ ONLY REGISTERED CONTRACTORS/EMPLOYEES WILL BE USED ON THIS JOB.

☐ I AM REGISTERED WITH THE BUILDERS BOARD REG # _____ EXP _____

Nick Stefanowicz
SIGNATURE OF PERMIT APPLICANT

July 17, 1987
DATE

17658

Control No.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 87-74

\$ 65.00

Fee

☒ New Construction☐ Repair☐ OtherPermit Issued To Nick Stefanowicz
(Property Owner's Name)7N
(Township)8W
(Range)19
(Section)1200
(Tax Lot / Acct. No.)Clatsop
(County)Green Mountain Road
(Road Location)Astoria
(City)John Odisio
(Issued by - Signature)8-13-87
(Date Issued)**PERMITS ARE NOT TRANSFERABLE**

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE. (MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL)

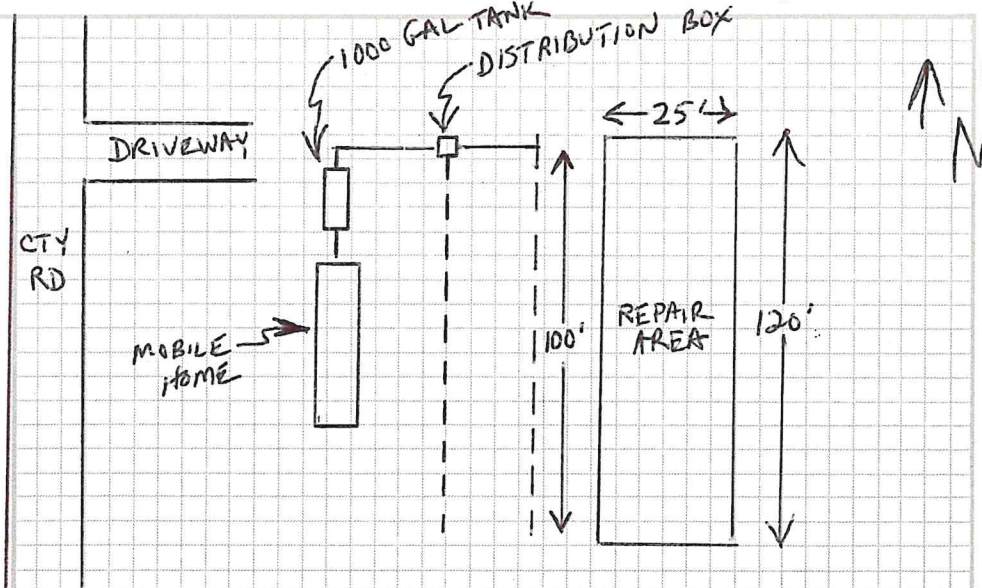
SPECIFICATIONSEXPIRATION DATE August 13, 1988TYPE OF SYSTEM StandardDesign Sewage Flow 450 Gal's/DayTank Volume 1000 GallonsDisposal Trenches ☒Seepage Bed(s) ☐ Square Feet

Maximum Depth _____ inches.

Minimum Depth _____ inches.

200-225 Linear FeetEqual ☐ Loop ☐ Serial ☒Pressurized ☐Minimum Distance Between Trenches 10' on centers.Total Rock Depth 12 Inches.Below Pipe 6 Inches.Above Pipe 2 Inches.☐ Rake Sidewall

Special Conditions (Follow Attached Plot Plan) _____

PRE-COVER INSPECTION REQUIRED - CONTACT Astoria DEQ - 325-8660.**CERTIFICATE OF SATISFACTORY COMPLETION**As-Built Drawing
with Reference LocationsInstaller ownerFinal Insp. Date 8-5-87☐ Issued by Operation of Law☐ Pre-cover inspection waived
pursuant to OAR 340, Division 71

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

John Odisio
(Authorized Signature)Environmental Analyst
(Title)9-10-87
(Date)Astoria
(Office)



State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY

INTEROFFICE MEMO

To: File - Stefanowicz - 708,19,1200

Date: 8/25/87

From: John Odisio

Subject:

An on-site sewage disposal system was installed on Mr. Stefanowicz's property approximately 2 years ago without a required permit.

On July 16, 1987, in response to a complaint, I investigated the property and found Mr. Stefanowicz hooking up a mobile home to the illegal system.

He agreed to pay the fees for a site evaluation and a construction permit for a standard system.

The tank that had been installed was substandard and he replaced the tank at my request with an approved 1000 gallon concrete septic tank. Approximately 200 feet of drainline had been installed. I inspected the drainline in 3 locations and it appeared that it was installed properly.

Final inspection was made on August 5, 1987.

FOR OFFICE USE ONLY

STATE OF OREGON
Department of Environmental Quality

FOR OFFICE USE ONLY

Date Test Holes Ready

Date Rec'd 7-22-87
Date Completed 9-16-87
Required Fee \$165 + \$65
Receipt No. 36260 + 36261
Control No. 17658

APPLICATION FOR:

- ☐ Site Evaluation Report
☐ Permit to Construct On-Site Sewage Disposal System
☐ Permit to Repair On-Site Sewage Disposal System
☐ Permit for Alteration of On-Site Sewage Disposal System
☐ Permit Renewal
☐ Authorization Notice
☐ Other (Specify) _____

(Required fee and land use compatibility statement must accompany application)

FOR OFFICE USE ONLY:

PLOT PLAN REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VICINITY OR TAX LOT MAP REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TEST HOLES REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
LAND USE COMPATIBILITY STATEMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL ITEM(S) REQUIRED

FOR APPLICANT'S USE — (Please Print)Nick Stefanowicz
(Property Owner's Name)7
(Township)8
(Range)19
(Section)1200
(Tax Lot/Acct. No.)Clatsop
(County)

(Subdivision Name)

(Lot No.)

(Block No.)

(Lot Size)

(Public Water Supply)

(Private Water Supply, Specify Type)

☐ Single Family Residence 1
(Number of Bedrooms)☐ Other Well
(Specify)

Directions to Property:

202 To Olney - Green Mt. Road

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

Nick Stefanowicz
(Signature)

(Date)

- ☐ Owner
☐ Authorized Representative
☐ S.D.S. License No. _____

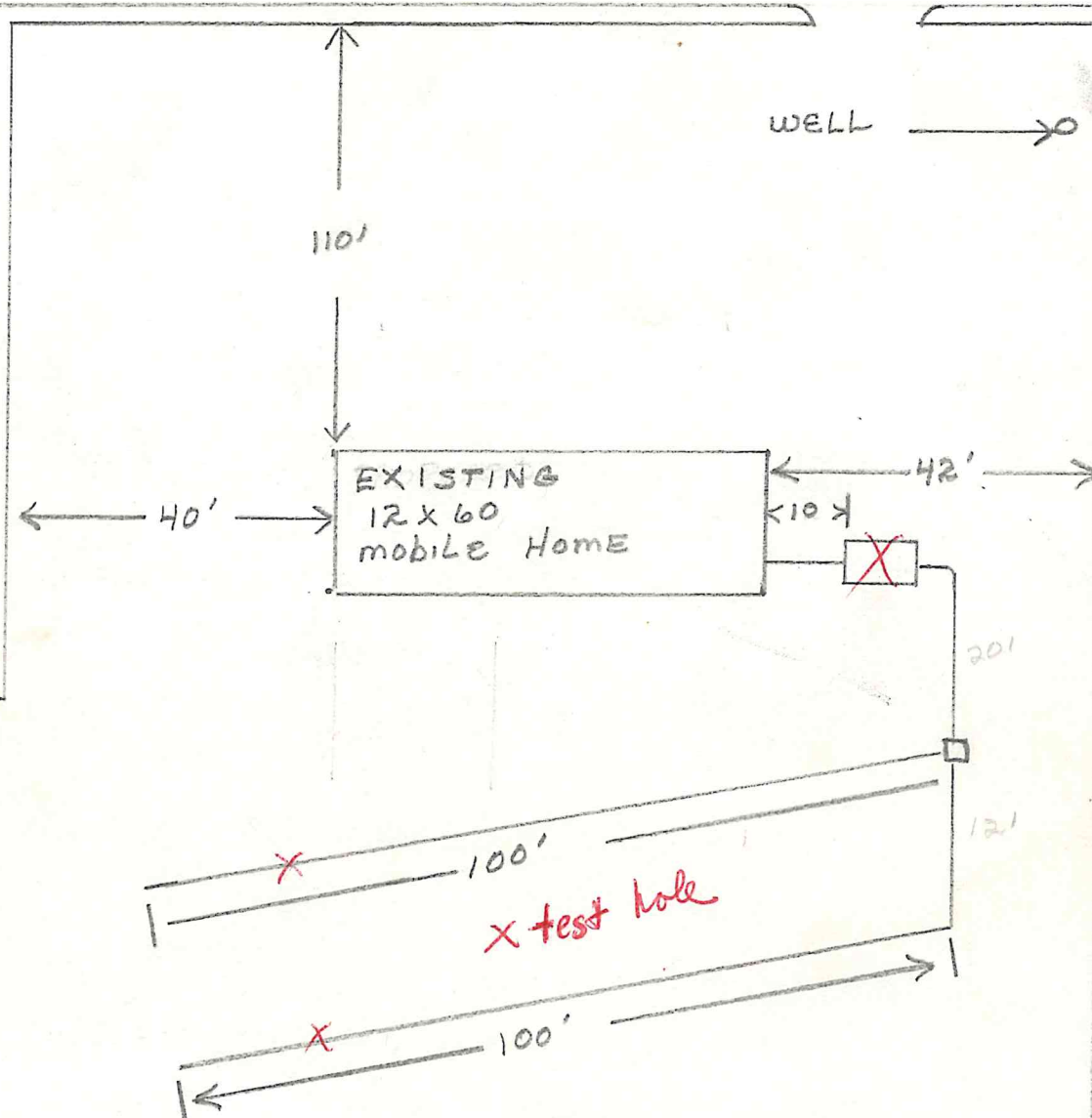
Owner's Mailing Address

Applicant's Mailing Address (if different)

RU#1, Box 748
Astoria ORC.Phone 325-3007

Phone _____

GREEN MOUNTAIN ROAD



OWNERS EXISTING PROPERTY REFER TO MAP
TAX LOT No 1200

EXISTING SEWAGE DISPOSAL SYSTEM DESCRIPTION

Answer the following as best you can.

1. The existing sewage disposal system consists of (check one):

☒ Septic tank and disposal trenches
☐ Septic tank and seepage bed
☐ Septic tank and dry well
☐ Dry well only
☐ Cesspool
☐ Other (Describe) _____

2. Volume of the septic tank in gallons 1000

3. Tank material:

☒ Steel
☐ Concrete
☐ Fiberglass
☐ Polyethylene

4. Number of disposal trenches 2

5. Total length of disposal trenches (feet) 200'

6. When was your sewage disposal system installed? 1982

7. When was the septic tank last pumped? WAS NEVER USED

8. Is your sewage disposal system currently in use? Yes ☐ , No ☒
If no, how long has the dwelling or business been vacant? 5 YRS

9. If the sewage disposal system serves a dwelling, how many bedrooms in the dwelling? 1 How many people occupy the dwelling? _____

10. If the sewage disposal system serves a business, how many employees do you employ? _____

11. Is there currently any evidence of system malfunction?
Yes ☐ , No ☒

12. If yes, please explain briefly.

13. Have you experienced any difficulty with your sewage disposal system in the past? Yes ☐ , No ☐ If yes, please explain.

Rich Stephens

Signature of owner or legally
authorized representative

78 9

MOUNTAIN ROAD

EAST
460'
401
3.13 Ac.

300

610' WEST

1100
2.85 Ac.

Govt. Lot 5

2.50

3154.8'

1200
25.15 Ac.

N.E. Cor.
Joseph Martin
DLC No. 37

1000
7.00 Ac.

Govt. Lot 6
23.6'

1002
0.45 Ac.



1/4 Cor.

1003
25.34 Ac.

See IV