

FEB 14 2002

FARM AGRICULTURE BUILDING EXEMPTION CERTIFICATE
(Submit in triplicate) NORTH COAST BRANCH OFFICE
WARRENTON

FOR AGENCY USE ONLY
NO. 98-611
ZONE: AF AREA: _____
BY: Rm June TITLE: Planner
COUNTY: CLATSOP DATE: 7/31/98

Name: W J SWANBERG Address: RT 3 BOX 476A
Address: RSTORIA Building Use: POLE BARN

I am the owner/lessee of the above noted structure to be erected, located on Taxlot 1401 Township 7N
Range 9W 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:

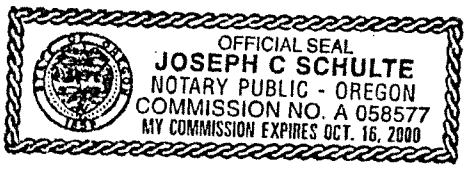
- A) A dwelling;
- B) A structure that has two or more exits or an open side and is used for a purpose other than growing plants in which 10 ore more persons are present at any time;
- C) A structure regulated by the State Fire Marshall pursuant to ORS chapter 476;
- D) A structure subject to sections 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 W J Swanberg, do hereby swear and affirm under the penalty of perjury that the above statements are true and correct.

Date: 7-31-98 Signature of Applicant: [Signature]
Subscribed and sworn before me on this _____ day of 7-31 19 98



[Signature]
NOTARY PUBLIC
My Commission Expires: 10/16/02

cc: Clatsop County Planning Dept.
State Building Codes
Applicant

18888

Control No.

STATE OF OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. 88-20

\$ 65.00

Fee

[X] New Construction

[] Repair

[] Other

Permit Issued To William Swanberg (Property Owner's Name)

7N (Township)

9W (Range)

19 (Section)

1401 (Tax Lot / Acct. No.)

Clatsop (County)

Lewis & Clark Road Astoria (Road Location) (City)

Charles H. Gray (Issued by - Signature)

03-16-88 (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)

SPECIFICATIONS

EXPIRATION DATE March 16, 1989

TYPE OF SYSTEM Standard

Design Sewage Flow 450 Gal's/Day

Tank Volume 1000 Gallons

Disposal Trenches [X]

Seepage Bed(s) [] Square Feet

Maximum Depth 36 inches.

Minimum Depth 24 inches.

225 Linear Feet

Equal [] Loop [] Serial [X]

Pressurized []

Minimum Distance Between Trenches 10 feet

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 DEO - 325-8660.

CERTIFICATE OF SATISFACTORY COMPLETION

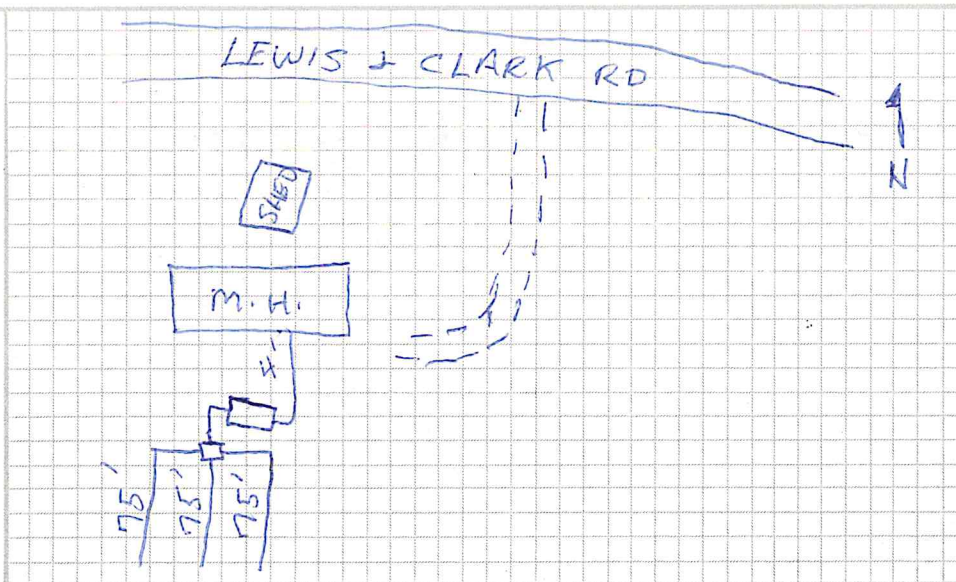
As-Built Drawing with Reference Locations

Installer Owner

Final Insp. Date 3-16-88

[] 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.

Charles H. Gray (Authorized Signature)

Regional Supervisor (Title)

3-21-88 (Date)

Astoria (Office)

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 749 Commercial, P.O. Box 869
 Astoria, Oregon 97103; 325-8660 or 1-800-452-4011

Received plot plan 3-15-88
FOR OFFICE USE ONLY
 Date Rec'd. 3-9-88
 Date Completed 3-21-88
 Required Fee 65.00
 Receipt No. 37387
 Control No. 18888

FOR APPLICANT'S USE -- (PLEASE PRINT)

57 ACRES
 Lot Size (Acreage or Dimensions)

111 J SWANBERG
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property T7W R9W 19 60N LOT 7 CHOT
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate _____
 (Subdivision Name) (Lot Number) (Block Number)

Proposed Facility
 Single Family Residence 2
 (Number of Bedrooms)
 Other _____
 (Specify)

Water Supply
 Public (Community System)
 Private Well
 (Indicate: Well, Spring, Etc.)

Existing Facility
 Single Family Residence 2 MH
 (Number of Bedrooms)
 Other _____
 (Specify)

APPLICATION FOR:

- | | |
|--|---|
| <input type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input checked="" type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| <input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input type="checkbox"/> Replace one mobile home with another or a house |
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedrooms |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> Other (Specify) _____ |

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

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.

[Signature]
 (Signature)

3-7-88
 (Date)

- Owner
 Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address

 Phone 325-7840

Applicant's Mailing Address (if different)

 Phone _____



Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1334 PHONE (503) 229-5696

North Coast Branch
P. O. Box 869
Astoria, Oregon 97103
Phone (503) 325-8660

March 7, 1988

William J. Swanberg
Rt. 3 Box 476A
Astoria, OR 97103

Re: OSS-Clatsop County
Site Evaluation, Approved
T7N, R9W, Sec 19, TL 1401

In response to your completed application of February 29, 1988, a field inspection was made on March 2, 1988. Topographic and physical features of the site were checked. Soil information was collected by examining soil pit(s). The field worksheet is attached for your reference.

Based on the field work, the site complies with the rules of the Oregon Environmental Quality Commission. At least one specific area meets Oregon Administrative Rules Chapter 340, Division 71, governing on-site sewage disposal. The attached favorable report of evaluation for one lot shows approval of a standard or alternative sewage disposal system.

An approved report is not a permit to construct the system. However, it is a valuable document, similar to the title to an automobile. The approval runs with the land and is transferable. A permit will be issued to the owner of the land upon receipt of a complete application and fee; it will be good for one year and is renewable. Conditions on the approved site or adjacent land must not be altered in manner that would prohibit permit issuance. For example, topsoil is removed from the approved site, neighbor drills a well too close, an improper partition, etc. The Department intends to honor this approval unless something occurs that would adversely affect the approved site. Technical rule changes will not invalidate the approval; however, a different type system may be required which may cost more to build than this sewage disposal system.

If you have any questions regarding this letter, approval, or the conditions, it is very important that you call me at 325-8660 before any development of the site.

Sincerely,

John Odisio
Environmental Analyst
Northwest Region

JO
Enclosures

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

For Office Use Only

REPORT OF EVALUATION FOR ONE LOT
ON-SITE SEWAGE SYSTEMS
(Technical Report — Not a Permit)

7N

(Township)

9W

(Range)

19

(Section)

1401

(Tax Lot/Acct. No.)

Clatsop

(County)

35.54 Ac.

(Lot Size)

(Subdivision Name)

(Lot No.)

(Block No.)

The Entire Property Has
 Has Not Been Evaluated

PLOT PLAN OF APPROVABLE AREA:

See the illustration on the
Site Evaluation Field Worksheet

Any alteration of the natural conditions in the area approved for the on-site system or replacement area may void this approval.

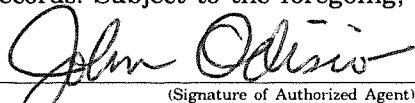
This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit in accordance with O.R.S. 454.605 through 454.755 and Administrative Rules of the Environmental Quality Commission. Any such subdivision, partitioning or alteration may void this report.

The site has been found suitable for installation of the following kinds of on-site sewage disposal systems, with the limitations and additional requirements indicated:

Standard Serial Distribution System

WARNING: This document is a technical report for on-site sewage disposal only. It may be converted to a permit **only** if, at the time of application, the parcel has been found to be compatible with applicable LCDC-acknowledged local comprehensive land use plans and implementing measures or the Statewide Planning Goals. The Statement of Compatibility may be made on the attached form or its equivalent. Authorized Agent approval is required before a construction permit can be issued.

This report is valid until an on-site sewage system is installed pursuant to a construction permit obtained from The DEQ - Astoria, or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the owners according to Department records or the County tax records. Subject to the foregoing, this report runs with the land and will automatically benefit subsequent owners.


(Signature of Authorized Agent)

Environmental Analyst
(Title)

March 7, 1988
(Date)

Astoria
(Office)

SITE EVALUATION FIELD WORKSHEET

Tax Reference 709-19-1401 Evaluator JOHN ODISIO
 Applicant BILL SWANBERG Date 3/2/88 Parcel Size 35.54 AC

Soil Matrix Color and Mottling (Notation), % Coarse Fragments, Roots, Structure, Layer Limiting Effective Soil Depth, etc.

	Depth	Texture	
Pit 1	0-48"	Silt loam	10YR 3/4
	48-58"	Silt loam	10YR 3/4 and 10YR 5/8, Very rocky
Pit 2			
Pit 3			
Pit 4			

Landscape Notes Uplands
 Slope _____ Aspect east Groundwater Type No permanent or temporary groundwater evident in test hole.
 Other Site Notes Mr. Swanberg wishes to construct a new home over his existing drainfield.

SYSTEM SPECIFICATIONS

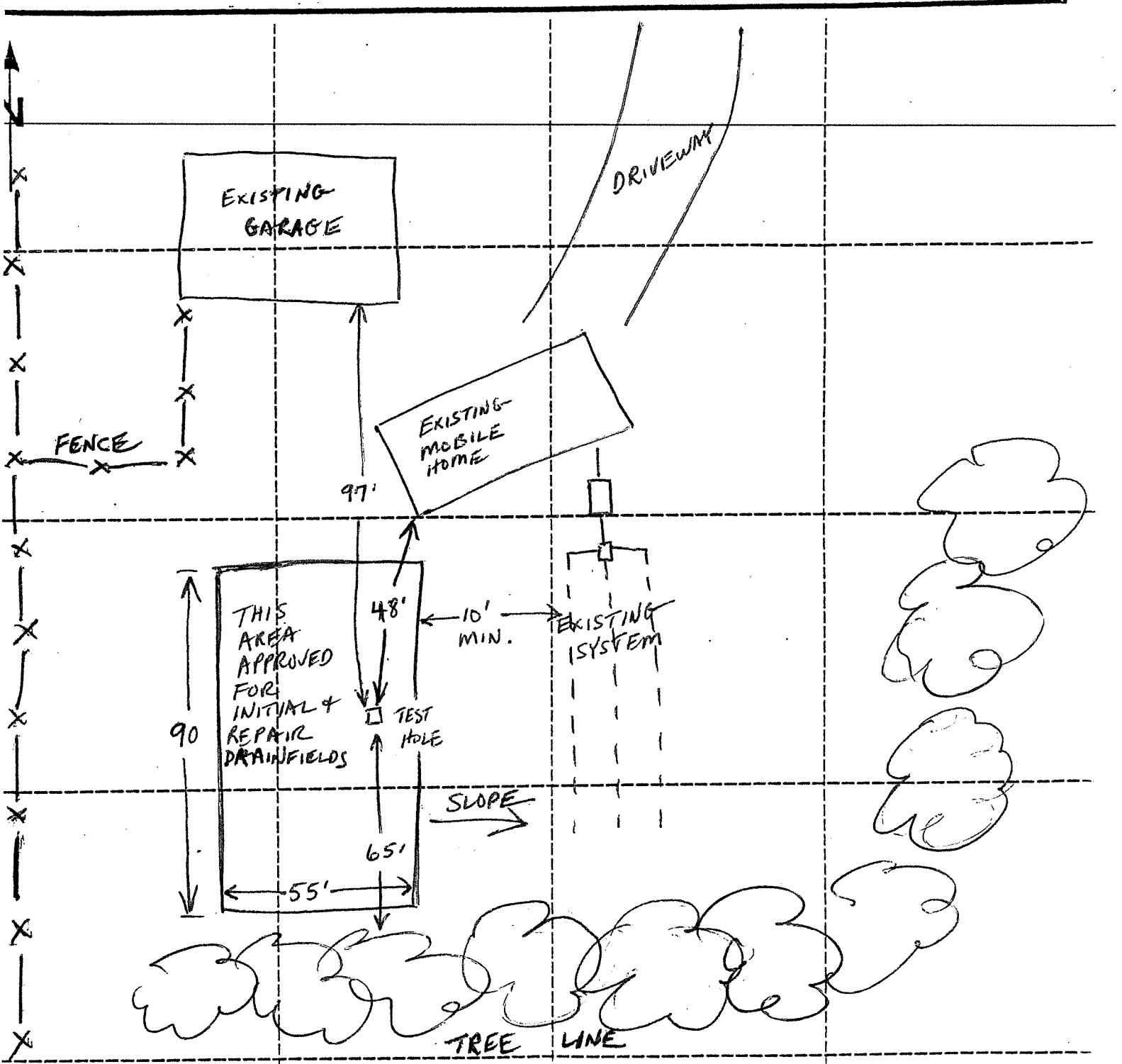
Type System: Standard Design Flow 450 gpd Disposal Field Size 225 Linear Feet
 Initial serial System Sizing 75' /150 g. Max. Depth Absorption Facility (in) 36
 Replacement serial System Sizing 75' /150 g. Max. Depth Absorption Facility (in) 36

Special Conditions _____

Tax Reference 709-19-1401
Applicant BILL SWANBERG

Evaluator: JOHN ODISIO

Date: 3/2/88



NOTE: BILL SWANBERG PLANS TO BUILD HIS NEW HOME OVER THE EXISTING DRAINFIELD.

STATE OF OREGON
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 749 Commercial, P.O. Box 869
 Astoria, Oregon 97103; 325-8660 or 1-800-452-4011

FOR OFFICE USE ONLY
 Date Rec'd. 2-29-88
 Date Completed 3-7-88
 Required Fee 165.00
 Receipt No. 37378
 Control No. _____

FOR APPLICANT'S USE -- (PLEASE PRINT)

57
 Lot Size (Acreage or Dimensions)

William J. SWANBERG
 (Property Owner's Name)

(Applicant's Name if Different from Owner)

Legal Description of Property T7N R9W 19 146/15595-08 CLATSOP
 (Township) (Range) (Section) (Tax Lot/Acct. No.) (County)

For Parcels in Platted Subdivisions, Indicate _____ (Subdivision Name) _____ (Lot Number) _____ (Block Number)

Proposed Facility
 Single Family Residence 2
 (Number of Bedrooms)
 Other _____
 (Specify)

Water Supply
 Public (Community System)
 Private Well
 (Indicate: Well, Spring, Etc.)

Existing Facility
 Single Family Residence 2
 (Number of Bedrooms)
 Other _____
 (Specify)

APPLICATION FOR:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Site Evaluation Report | <input type="checkbox"/> Authorization Notice |
| <input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System | Purpose of Authorization Notice |
| <input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System | <input type="checkbox"/> Connect to an existing system not currently in use |
| <input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System | <input type="checkbox"/> Replace one mobile home with another or a house |
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Replace or rebuild a house |
| <input type="checkbox"/> Existing System Report | <input type="checkbox"/> Addition of one or more bedrooms |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Personal hardship |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Temporary housing |
| | <input type="checkbox"/> Other (Specify) _____ |

This application will be returned if it is not filled out completely and accompanied by the appropriate fee and attachments required in the guidance packet. Your site must be prepared according to instructions in the guidance packet before action can be taken on this application.

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.

[Signature]
 (Signature)

2-29-88
 (Date)

- Owner
 Authorized Representative
 Licensed Installer
 License No. _____

Owner's Mailing Address
RT 3 Box 476A
ASTORIA OREGON

Applicant's Mailing Address (if different)

Phone 325-7840
242-8700

Phone _____

CLATSOP COUNTY HEALTH DEPT.
857 COMMERCIAL STREET
ASTORIA, OR. 97103
TELEPHONE 325-7441 EXT. 35
SUBSURFACE SEWAGE DISPOSAL SYSTEM
FINAL INSPECTION

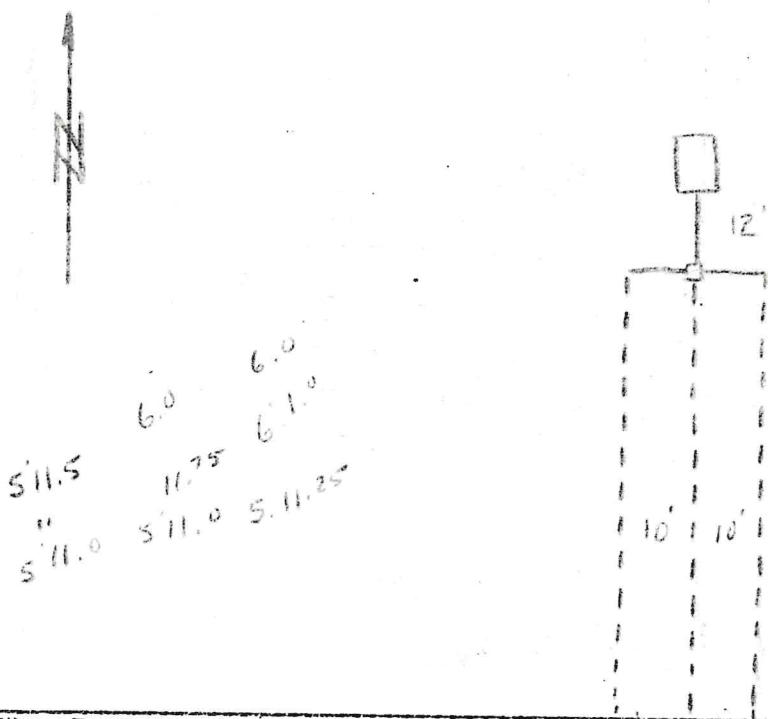
709-19-1401

C

PERMIT NO. 78-207

OWNER'S NAME Wm SWANBERG ADDRESS PO BOX 207 AST
 PROPERTY ADDRESS 109-19-1401 INSTALLER SWL
 RESIDENTIAL ; COMMERCIAL ; NO. OF LIVING UNITS 1; NO. OF BEDROOMS 3
 WATER SUPPLY: PUBLIC , COMMUNITY , PRIVATE . TYPE OF WELL _____
 DEPTH _____ FT., ISOLATION DISTANCE _____ FT.; SOIL CLASSIFICATION 5.01M
 SEPTIC TANK: STEEL , CONCRETE , CAPACITY 1000 GALLONS
 STONE: SIZE 3/4-2 1/2", WASHED , BELOW TILE 6 IN., ABOVE TILE 2"
 TRENCH WIDTH 24 IN; TRENCH 10 FT. ON CENTER; TOTAL SQ. FT. 600 SQ. FT.
 TILE: CONCRETE , CLAY , PLASTIC ; BUILDING SEWER: MATERIAL ASTM 2661

PLOT PLAN: This plot plan is not drawn to scale and is to be used only to give an approximate location and design of the system.



APPROVED: Installation conforms to DEQ Requirements.
 DISAPPROVED: Installation does not conform to DEQ Regulations.
 REMARKS: _____
 DATE: OCT. 18 1976 SANITARIAN Bill Mason

NOTE: This inspection was made to determine: The amount of stone, sizing of the system and general construction. It should be noted that this inspection does not necessarily include the final backfilling operation.

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

Property Owner W.M. J. Swanberg
T. 7 R. 9 Sec. 19 Tax Lot/Acct. No. 1401
Loc./Road 1st St

Permit Number 78-257
Expiration Date 10-1-79
Issued By R. M. Brown

PERMIT

[NOT TRANSFERABLE]

New Construction of Repair of Connection of Alteration of

A SUBSURFACE SEWAGE SYSTEM

All work to conform to Oregon Administrative Rules Chapter 340 71-030. Work shall be done by property owner or by Licensed Sewage Disposal Service.

[MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL]

SPECIFICATIONS

Tank size 1000 gallons. Disposal trenches 600 Square ft. 300 Lineal ft.
Maximum trench depth 36" Minimum trench depth 24"
 Loop Equal Serial Distance between lines on center 10'
Total rock depth 12" Below pipe 6" Above pipe 2" Rake sidewalls
Special Conditions. [Follow Attached Plot Plan]

PRE-COVER INSPECTION REQUIRED - CONTACT:

CLATSOP COUNTY HEALTH DEPT.
857 Commercial - P. O. Box 206
Astoria, Oregon 97103

POST ON SITE

DEQ/WQ-404 Rev. 1/78

SP*54377-340

PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM
 Installed. Complete top part of form to
 signature and submit both copies with
 application.

(Exhibit No. 1)

Permit No. 78-207

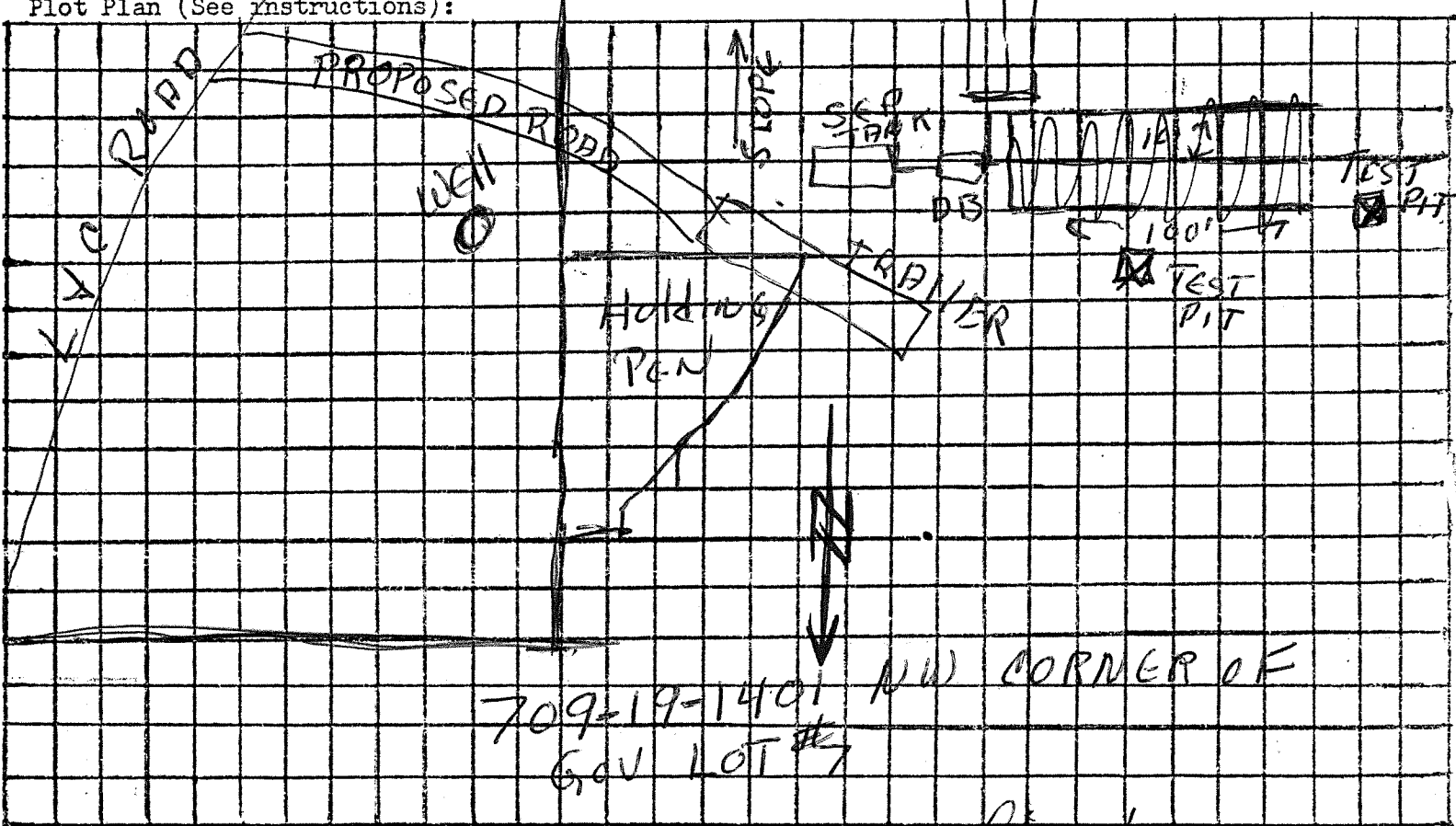
Installer's Name W J SWANBERG		Property Address APPROX RT 3 BOX 475			
No. Living Units 1	Bedrooms 3	Baths 2	Basement Yes ___ No X	Water Supply Community ___ Public WCII Other -List	

Septic Tank:
 Ft. from well **115'** Steel ___ Concrete **X** No. Compartments **2** Gallon Capacity **1000**

Inside Dimensions: Feet Length 8' Width 70" Diameter 69" Depth 81"	Tile Disposal Field: Distribution Box: Yes X No ___
---	---

Applicant Name WILLIAM J SWANBERG	Other Distribution - Type
Mailing Address PO BOX 202	Feet from Well: 115' Foundation:
Address ASTORIA OREGON	Lot Line Front: Side: Rear:

Length of Lines - Ft. 100'	Trench Width: 2'	Total Sq. Ft.: 600	Ft. between lines: 10'	Filter Type: Rock	Filter depth above tile: 2 in	Filter depth below tile: 6 in
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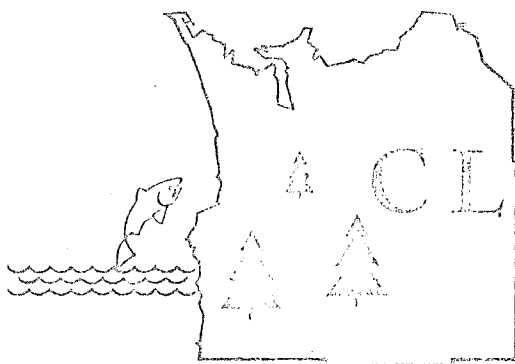


Date: **10-6-78** Signature: *W J Swanberg*

For Sanitarian Use Only:
 Approved: System Installation Conforms to DEQ Rules for Subsurface Sewage Disposal.
 Disapproved: Does not Conform to DEQ Rules for Subsurface Sewage Disposal.

Remarks: *Drainfield on diagram to be changed regarding direction.* Date: **10-11-78**

Bill Mason
 Sanitarian's Signature



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
857 COMMERCIAL STREET
P. O. BOX 202 ASTORIA, OREGON 97103
TELEPHONE 325-7441 EXT. 30

July 18, 1978

Mr. William J. Swanberg
P.O. Box 202
Astoria, Oregon 97103

Re: 709-19-1401 (N.W. corner of Government lot #7)

Dear Mr. Swanberg:

On July 17, 1978, we performed an on site evaluation of the property identified above to determine whether a Subsurface Sewage Disposal Permit could be issued.

As a result of this evaluation, we have determined that the conditions on the site are in compliance with the Oregon Administrative Rules Pertaining to Standards for Subsurface and Alternative Sewage and Nonwater-Carried Waste Disposal. A permit will be granted when the required plot plan and fee are received by the Department.

A Subsurface Sewage Disposal Permit costs \$50.00. If you have already paid the initial \$25.00 site inspection fee, please bring in your receipt and this amount will be deducted from the permit fee. Make all checks payable to the Clatsop County Health Department.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

A handwritten signature in cursive script that reads "Bill D. Mason".

Bill D. Mason, R.S.
Clatsop County Sanitarian

RESTRICTIONS:

- 1) Provide an absorption area of 200 square feet per bedroom with a septic tank of at least 1000 gallons capacity for the proposed three bedroom structure.
- 2) Place the drainfield in the elevated portion of the N.W. corner of Government lot #7.
- 3) Submit a detailed plot plan and obtain a sewage disposal system construction permit through this office prior to construction.
- 4) This approval is void of in conflict with any local planning or building regulations.

encl:
BDM/jc

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY
CERTIFICATE
OF FAVORABLE SITE EVALUATION FOR
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
(Not a permit for construction)

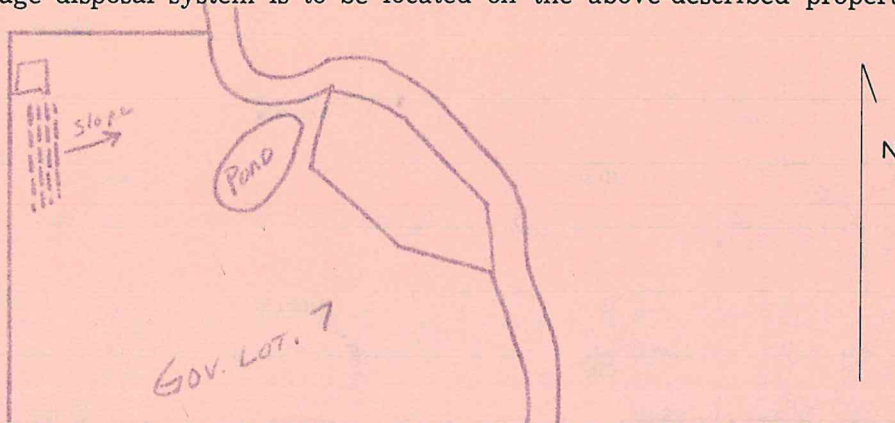
This is to certify that the following described property

709-19-1404 (N.W. corner of Government lot #7)

has been evaluated on July 17, 1978 and found to be approvable for the installation of one subsurface sewage disposal system in accordance with ORS 454.605 through 454.755 and administrative rules of the Environmental Quality Commission promulgated thereunder.

This approval is given on the basis that the lot or parcel described above will not be further partitioned or subdivided and that conditions on subject or adjacent properties have not been altered in any manner which would prohibit issuance of a permit under the statutes and rules noted above. Any such subdivision, partitioning or alteration voids this certificate.

The subsurface sewage disposal system is to be located on the above-described property as follows:



A system to be located anywhere on the lot or parcel other than as described above will require an additional site evaluation along with an additional fee.

This certification is valid until a subsurface sewage disposal system is installed pursuant to a permit obtained from CLATSOP COUNTY HEALTH DEPARTMENT or until earlier cancellation, pursuant to Commission rules, with written notice thereof by the Department of Environmental Quality to the then owners according to Department records or the county tax records, whichever are more current. Subject to the foregoing, this certification runs with the land and will automatically benefit subsequent owners of the land.

Issued: July 18, 1978
Date

To: Mr. William J. Swanberg
Landowner

P.O. Box 202
Address

Astoria, Oregon 97103
City State Zip

By Bill D. Mason
DEQ or Contract Agent

CLATSOP COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT (to be filled out by the Planning Department)

Tax Lot 1401 Section 19

Township 7 Range 9

Size of Lot ³⁵ 2.55 acres

Zone Designation R-A

Lot Frontage on Public Road Yes No ()

Major Partition Required Yes () No

Patricia A. Kutala
(Signature of Planning Department)

7-5-78
(Date)

CLATSOP COUNTY HEALTH DEPARTMENT
Sanitation Section

PERMIT # _____

Name and Address to which permit or inspection should be mailed:

WILLIAM J. SWANBERG
P O BOX 202
ASTORIA ORE

Lot Evaluation Fee (paid) BDM 7-7-78 25⁰⁰

Permit Fee (paid) 200⁰⁰ / bdrsm
silt loam, 36" +

Person to be contacted in regard to this application:

Name William J SwANBERG

Phone No. 325-7840

Directions to property to be inspected:

TEST HOLES HAVE BEEN DUG 7-10-78
WILL CALL WHEN READY [Signature]

Department of Environmental Quality
1234 S. W. Morrison
Portland, Oregon 97205

Land Quality
County

Application to the Department of Environmental Quality
for a Permit to Construct a
New or Repair a Subsurface Sewage
Disposal System

Permit Fees: New \$50.00 Repair, Alteration \$15.00

A. REFERENCE INFORMATION

William J Swannberg

Name of Applicant

Section 19 T 7 R 9

Tax Lot or Account # _____

Bo. Box 202

Address

Location Grant Lot 7

ASTORIA

City

Installers Name _____

B. GENERAL DESCRIPTION

New Construction Repair _____

Installation will serve: House _____ Mobile Home Mobile Home Park _____

Commercial Building _____ Other (Explain) _____

No. of Living Units 1 No. Bedrooms 2

Water Supply: Public _____ Community _____ Private Garbage Disposal? _____

C. REQUIRED EXHIBITS

1. Proposed Subsurface Sewage Disposal System DEQ Interim Form #2

2. Planning Evaluation - Building Permit (Local Option)

3. Other (Local Option) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

W J Swannberg
Signature (Owner/Installer)

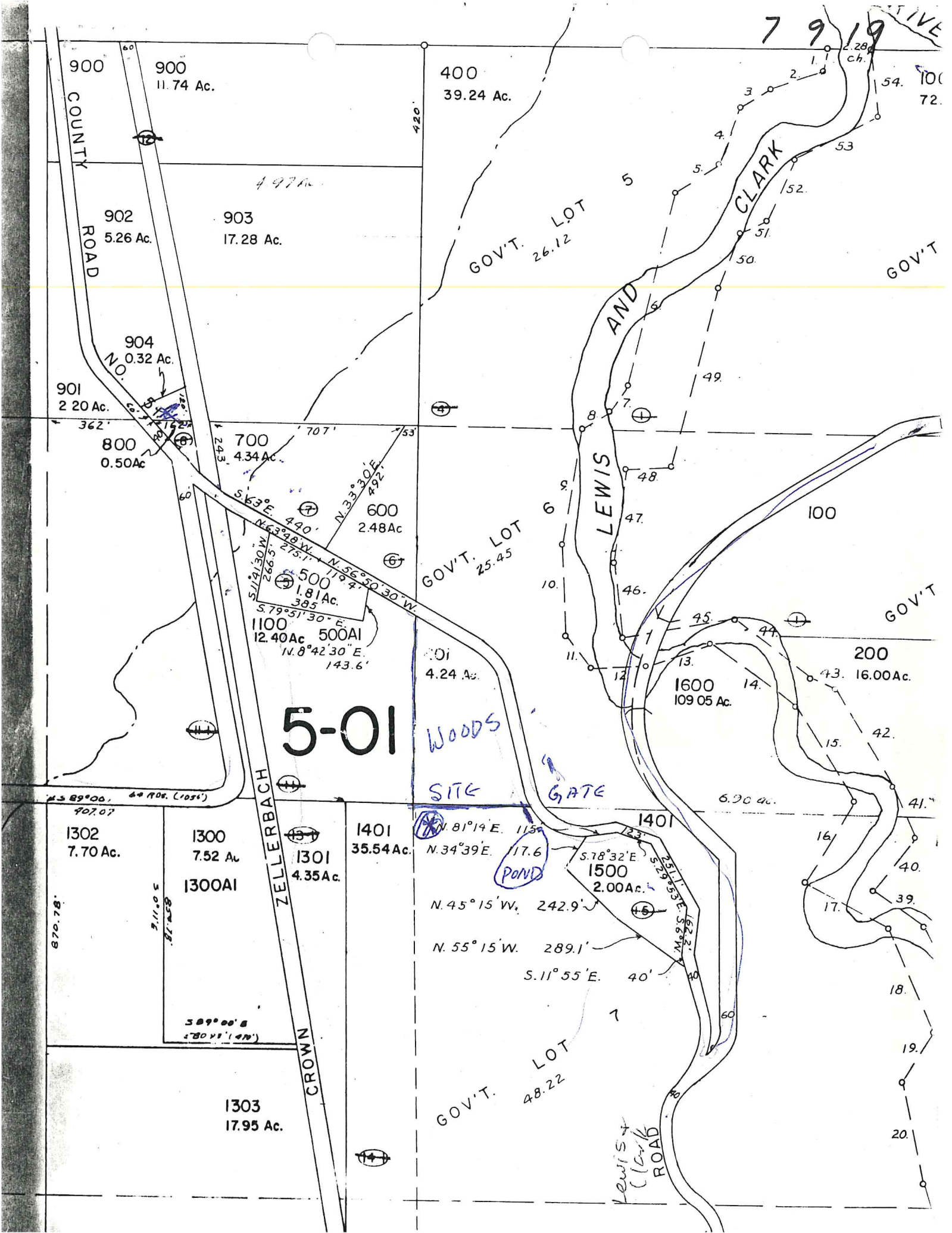
Permit No. _____

Date 7-7-78

Issued _____

Date

Interim Form #1



7 9 19

900 11.74 Ac.

400 39.24 Ac.

902 5.26 Ac.

903 17.28 Ac.

904 0.32 Ac.

901 2.20 Ac.

800 0.50 Ac.

700 4.34 Ac.

600 2.48 Ac.

500 1.81 Ac.

1100 12.40 Ac.

1401 35.54 Ac.

1301 4.35 Ac.

1302 7.70 Ac.

1300 7.52 Ac.

1300AI

1303 17.95 Ac.

GOV'T. LOT 26.12

GOV'T. LOT 25.45

GOV'T. LOT 48.22

CLARK

LEWIS AND

5-01

WOODS

SITE

GATE

POND

ZELLERBACH CROWN

Lewis Clark ROAD

GOV'T

GOV'T

GOV'T

GOV'T

1401

1500

1600

1700

1800

1900

2000

2100

2200

2300

2400

2500

2600

2700

2800

2900

3000

3100

3200

3300

3400

3500

3600

3700

3800

3900

4000

4100

4200

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4400

4500

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8900

9000

9100

9200

9300

9400

9500

9600

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BUILDING PERMIT APPLICATION

Clatsop County Building Dept.
P.O. Box 179, Astoria, Ore.

325-7441, Ext. 70

SPECIAL INFORMATION

If access to a County Road is necessary an Approach Permit obtainable from the Clatsop County Road Department Office will be required before construction is commenced.

Comments: _____

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State Laws regarding building construction.

Applicant: [Signature]

By: _____

THIS SPACE FOR OFFICE USE ONLY

Date Received: 8-10-78

APPROVED: COUNTY PLANNING & DEVELOPMENT

By: _____

Date: _____

APPROVED: COUNTY SANITARIAN

By: [Signature]

Date: 8-21-78

APPROVED: BUILDING OFFICIAL

By: [Signature]

Date: 8-21-78

CALLLED INSPECTIONS

Structural _____ Mechanical _____

Foundation _____ Underground _____

Frame _____ Rough-in _____

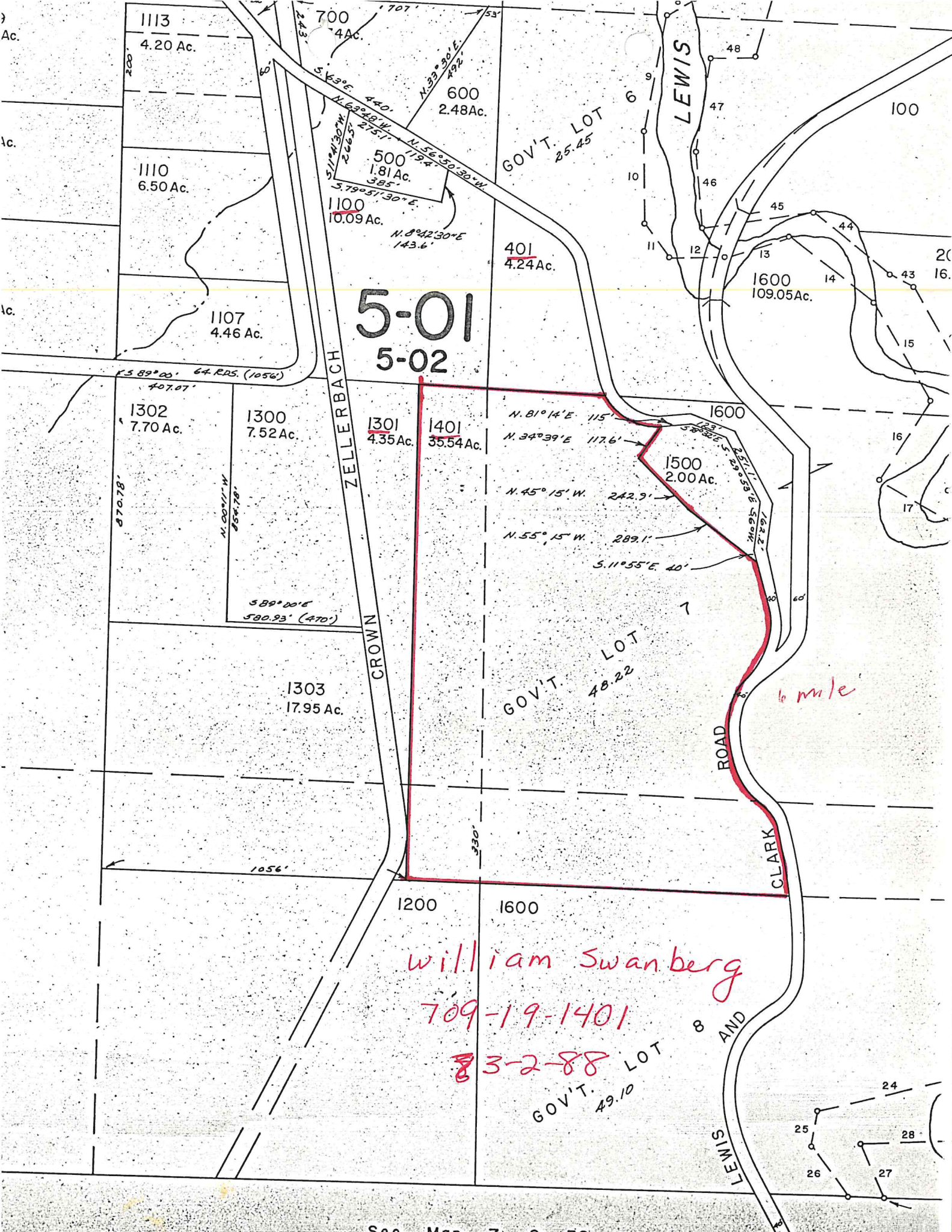
Cover _____ Fixtures _____

Final _____ Final _____

Valuation	Date Issued
\$ <u>6200.00</u>	<u>8-21-78</u>
Area - 1st Floor	Basic Fee
	<u>25.00</u>
Area - 2nd Floor	Mechanical Fee
Additional Area	% Surcharge
Area - Type M	Plan Checking Fee
TOTAL	
TYPE OF WORK	
S Structural	M Mechanical
New	Mechanical
Residence	Heating
Addition	Refrigeration
Alteration	Air Conditioning
Repair	Vacuum
Garage	Incineration
Shed	Other
Mobile Home	
Size of Building	x Height
	<u>12 x 9</u> ft.
No. of bedrooms	No. of floors
SPECIFICATIONS	
Foundation Material	
Size of footing	Wall width
Girders	Size
Joists	X
Studs	X
Rafters	X
Trusses	X
Type of Roofing	
Type of Siding	

PLANNING AND ZONING	
Comp. Plan Designation:	
Zone:	<u>R-A</u>
Area of Lot	<u>35.54 ac.</u>
Front Yard Setback	
Side Yard Setback	<u>2 ac.</u>
Rear Yard Setback	<u>R 15 ac. L 3 ac.</u>
Access (Name of Rd. or Esmt.)	<u>Lowrey-Clock Rd.</u>
Min. Frontage on Public Road:	Yes <input type="radio"/> No <input type="radio"/>
Comments:	<u>#78-PC4 - Cond. Use.</u>
PLOT PLAN	
Plot Plan should show location of all buildings, water service, sewer lines, and disposal area.	
<u>[Hand-drawn Plot Plan]</u>	

Building Address: 1701 N. 207th St. Astoria, Ore.
 Locality: Clatsop County
 Parcel Address: 1701 N. 207th St.
 Address: 1701 N. 207th St.
 City: Astoria Zip: 97103
 Parcel No.: 1701
 Address: _____
 City: _____ Zip: _____
 Parcel No.: _____
 Address: _____
 City: _____ Zip: _____
 Block: _____
 Subdivision: _____
 Parcel No.: 1701 Plat _____
 Type of Construction: I, II, III, IV, V
 Occupancy Group: A, E, I, H, B, R, M
 Division: 1, 2, 3, 4
 Fire Zone: 1, 2, 3
 Size of Septic Tank _____ gals.
 Water Supply _____
 Source: Private Public _____



5-01
5-02

william swanberg
709-19-1401
83-2-88

1/2 mile