

BUILDING DEPARTMENT
CLATSOP COUNTY, OREGON

JONES, Ruth

APPLICATION FOR BUILDING PERMIT

PLANNING AND ZONING

Map No.
 St. No. Assigned
 Field Check by
 Date

Type of Occupancy
 Total Floor Area
 No. Stories Total Height
 Area of Lot 1.68 acres
 Front Yard Setback 30' plus
 Side Yard Setback 5' plus
 Rear Yard Setback 30' plus
 New Const. Alter.
 Change of Occupancy From To

APPROVED: COUNTY SANITARIAN
 By *David W. Odum*

APPROVED: COUNTY PLANNING COMM.
 By

APPROVED: BUILDING OFFICIAL
 By

CLASS OF WORK

New	Demolish
Alteration	Repair
Addition	Move
Use of Building	Height
Size of Building	No. of Families
No. of Rooms	Size of Lot
No. of Floors	Use of Bldg.
No. of Bldgs.	Now on Lot
Now on Lot	

SPECIAL INFORMATION

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

CALLLED INSPECTIONS

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Septic Tank	Finish
Plaster	Sewer	Fixtures
Flues	Gas	Motors
Final	Finish	Final

LEGAL DESCRIPTION

CONTRACTOR
 Name: *Ruth Jones*
 Address: *714 1/2 Jones*
 City: *Clatsop*
 State Lic. No.: *1000*
 Tel. No.: *1000*

ARCHITECT
 Name: *Ruth Jones*
 Address: *714 1/2 Jones*
 City: *Clatsop*
 State Lic. No.: *1000*
 Tel. No.: *1000*

ENGINEER
 Name: *Ruth Jones*
 Address: *714 1/2 Jones*
 City: *Clatsop*
 State Lic. No.: *1000*
 Tel. No.: *1000*

Subdivision
 Lot No. *Blk.*

Type of Construction: *I, II, III, IV, V.*

Occupancy Group: *A, B, C, D, E, F, G, H, I, J.*
 Division 1, 2, 3, 4.

Use of Zone: *R1, R2, R3, R4, RA, A1, C1, C2, C3,*
ML, M2.
 Fire Zone: *1, 2, 3.*

I hereby acknowledge that I have read this application and state that the above is correct and agree with all County Ordinances and State laws regulating building construction.

Signature of Permittee: *Ruth Jones*
 By: *Ruth Jones*

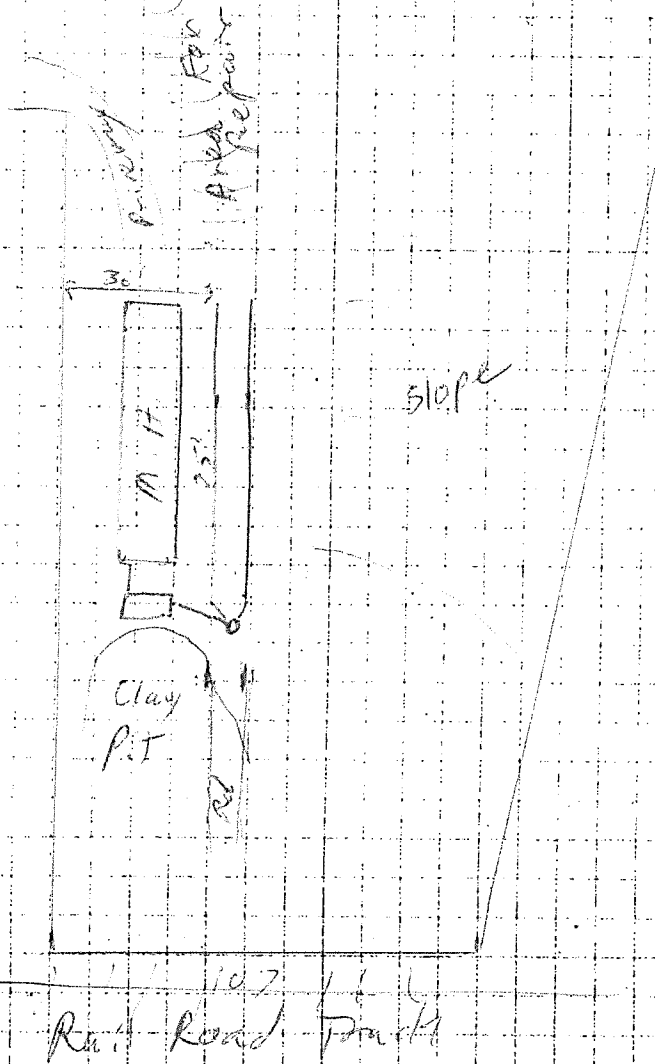


CLATSOP COUNTY HEALTH DEPARTMENT
Sewage Disposal Plot Plan

Date:
Owner:

Building Application # 72-283
Installer

Instructions: All plans shall be drawn to scale showing direction and approximate slope of the surface, location of wells and water supply lines, areas intended for vehicular use, and all structures on the plot. It shall also show the number of bedrooms in each structure, and the location of the proposed subsurface sewage disposal system with respect to lot lines and structures. (See example on reverse side.)



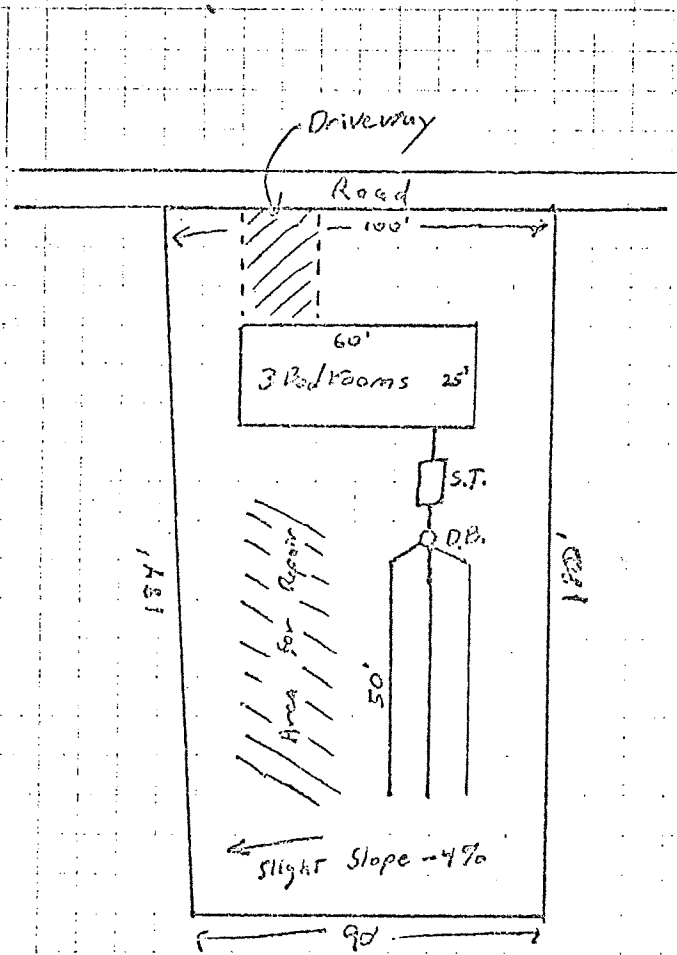
Approved: County Sanitarian

By David W. O'Brien

Date 10-2-72

Scale: One square equals 10 feet

Plot plan example:

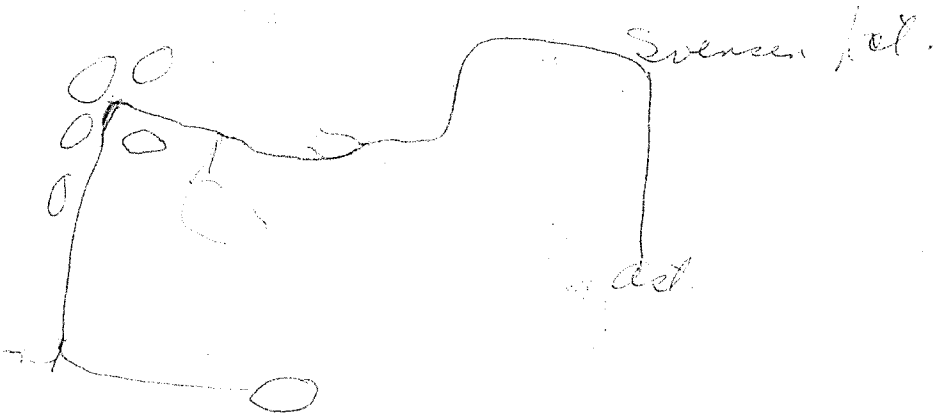


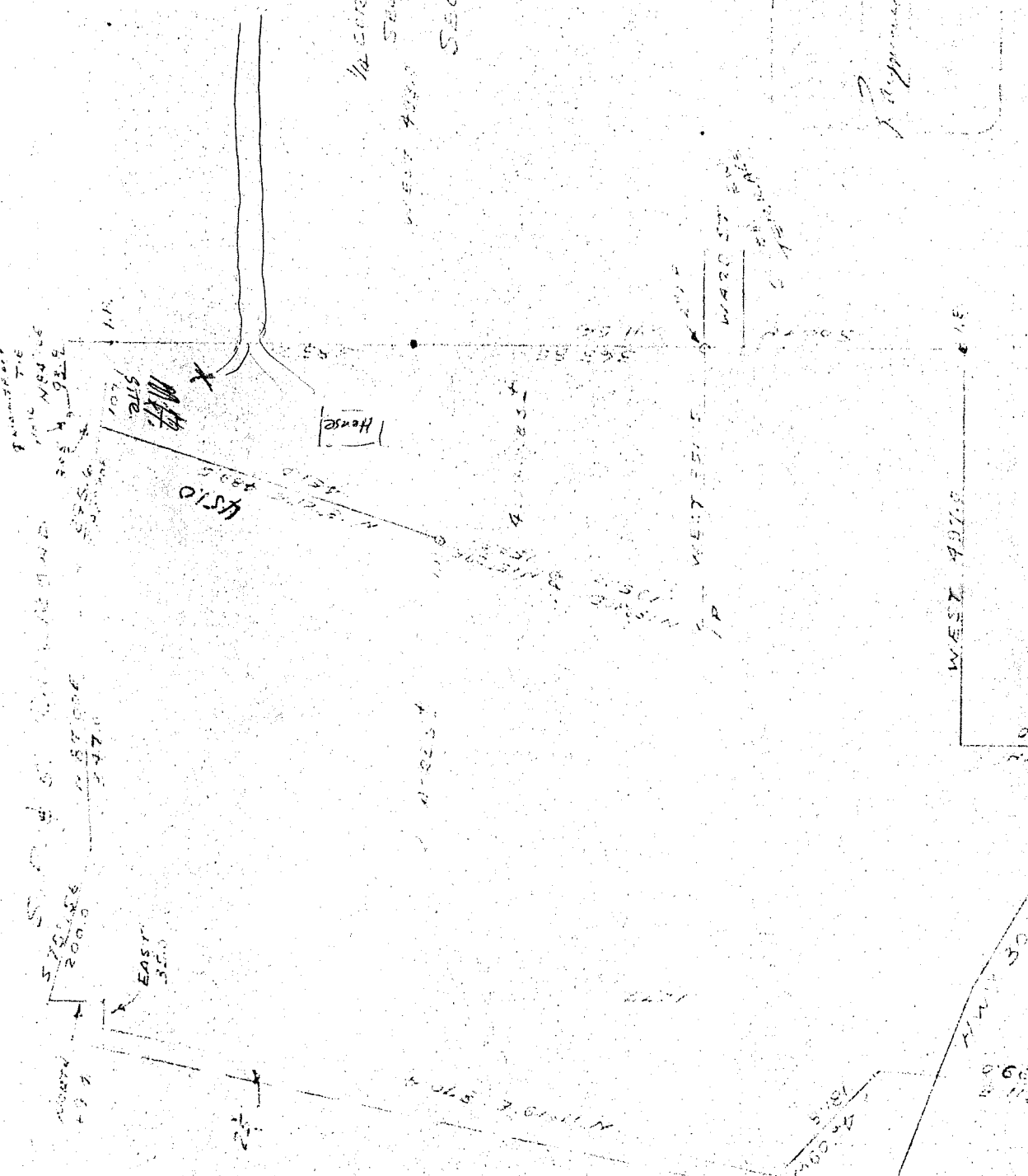
Turn left at Svensen Junction - Market Rd.

Rd Turns left + runs parallel to Svensen ~~Market~~ Rd

~~Rock Rd to left~~

Go to the end of this Rd + Then there is a gravel road that turns off to the left.





Property of James Myron James

SURVEY No 69-32
 MYRON JAMES
 PLACED IN SECTIONS
 15 & 22, T8N R2W W. 1/4
 CLATSOP COUNTY, OREGON
 SOURCE 19200, NOV. 1969

RECORD
 COUNTY SURVEY
 SURVEY # 726

176.5 WEST 335
 433.5

50
 60
 70

172.15 SO R/W R

WEST 4921.5

WARD ST
 W. 4921.5

1/4 SEC 10, 22

1/4 SEC 11, 22

MATE STE

4510

House

WARD ST
 W. 4921.5

WARD ST
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TO: Karsten Sjoli, County Building Official

FROM: David W. O'Guinn, County Sanitarian

10-2-72

Re: Permit # 72-283
Ruth Jones

We have signed the above entitled building permit. Our approval is subject to the following conditions:

1. Plot plan is fairly accurate. The mobile home is already on the property - set in the location shown on the plot plan.
2. There is a sewage violation on a house on this same piece of property. Owner has been notified to repair system.

CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET
P. O. Box 206

TELEPHONE 325-7441 EXT. 30
ASTORIA, OREGON 97103

October 2, 1972

Ruth Jones
P.O. Box 414
Astoria, Oregon 97103

Re: Building Permit #72-283

Dear Mrs. Jones:

Your building permit application has been reviewed and approved by this department. Enclosed is a copy of the minimum standards for septic systems and, on the reverse side of the bulletin under "special instructions", you will find listed the specific requirements for your lot. Also enclosed a copy of the approved plot plan. As a permit that the approved const

special instructions

When you have completed allow a member of this prior to backfilling. way possible to comply safe, properly function

Sincerely,

CLATSOP COUNTY HEALTH

Minimum Requirement Sheet

David W. O'Guinn
David W. O'Guinn, R.S
Clatsop County Sanita

Re: *Permit # 72-283*
Ruth Jones

1. Septic tank size 750 gallon
2. 150 feet of 3 feet wide disposal trench.
3. Minimum of 2 trenches $7\frac{1}{2}$ feet on centers.
4. Distribution Box
5. Call Health Dept for inspection prior to backfilling.

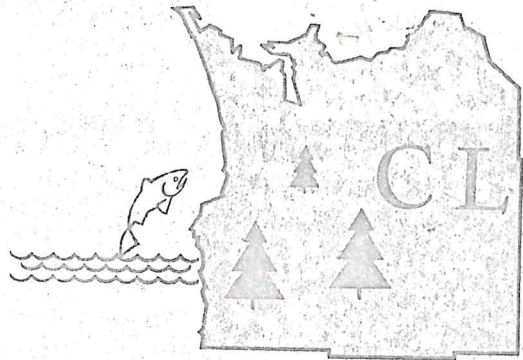
DWO/hj

Enclosure: 2

Note: The disposal field shall not be installed in fill or modified

8-15-100

C



CLATSOP COUNTY

CLATSOP COUNTY HEALTH DEPARTMENT
857 COMMERCIAL STREET
P. O. BOX 206, ASTORIA, OREGON 97103
TELEPHONE 325-7441 EXT. 30

April 6, 1977

Mrs. Victor Olson
Route 4, Box 579-D
Astoria, Oregon 97103

Re: Ruth Jones' property
P.O. Box 414
Astoria, Oregon; 808 - 15 - 100

Dear Mrs. Olson:

This letter shall serve as an approval of the existing subsurface sewage disposal system on the above referenced property. The system was installed and inspected under county permit number 72 - 283; 750 gallon septic tank and 450 square feet of drainfield to accomodate a two bedroom structure. Any increase in the number of bedrooms will require the system to be increased accordingly.

Should further assistance be necessary, please call or come by.

Sincerely,

CLATSOP COUNTY HEALTH DEPARTMENT

Bill D. Mason

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

BDM/wel

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