



DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION
401 LABOR AND INDUSTRIES BUILDING
SALEM, OREGON 97310

APPLICATION FOR BUILDING PERMIT

JRISDICTION 808-198D-200/300
800

STATE OFFICE _____
ADDRESS _____
TELEPHONE _____

Applicant to complete numbered spaces only.

JOB ADDRESS 1 <u>Rt. 2, Box 156-A, Ast. 97103</u> is building within city limits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IDENTIFYING NAME OF BUILDING 2 <u>SFD</u> COUNTY <u>Clatsop</u>	
LEGAL DESCR. 3	LOT NO. _____ BLOCK _____ TRACT <u>Claremont Addn.</u> (<input type="checkbox"/> See Attached Sheet)
TAX LOT NO. <u>800</u> <u>200/300</u>	Township <u>8</u> Range <u>8</u> W.M. <u>8819DB</u> Section No. <u>19DB BD</u>
OWNER 4 <u>James O'Bryan</u>	MAIL ADDRESS <u>Same</u> ZIP _____ PHONE <u>325-4633</u>
CONTRACTOR 5 <u>Self</u>	MAIL ADDRESS _____ PHONE _____ LICENSE NO. _____
ARCHITECT OR DESIGNER 6 _____	MAIL ADDRESS _____ PHONE _____ LICENSE NO. _____
ENGINEER 7 _____	MAIL ADDRESS _____ PHONE _____ LICENSE NO. _____
USE OF BUILDING 8 <u>Res</u>	
9 Class of work: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> ADDITION Existing Sq. Ft. _____ <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE Additional Sq. Ft. _____	
10 Describe work: <u>Construct 1-story addn w/ full basement (6x16) kitchen</u>	
11 Change of use from _____ to _____	
12 Total area of building <u>96</u> Sq. Ft.	No. of stories <u>1</u> No. of bedrooms <u>—</u> No. of living units or apts. <u>1</u> Flood hazard zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13 Declaration of Valuation of work \$ <u>3879</u>	14 LOCAL GOVERNMENT APPROVALS
15 Signature Required to Become Valid	SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.	ZONING Use Zone <u>R2.1</u> Fire Zone _____ Zoning Permit No. <u>84-105</u> Date <u>10/18/84</u> Signature <u>Blaine Edwards</u>
	SANITATION Public _____ Private <input checked="" type="checkbox"/> DEQ Permit No. <u>None Required</u> Date <u>June 18, 1984</u> Signature <u>John Smith</u>
	DEPT. OF HUMAN RESOURCES — HEALTH DIVISION Public Swimming Pool No. _____ Date _____ Signature _____
Signature of Contractor (Date) <u>Arlene A O'Bryan</u> <u>6-18-84</u>	Signature of Owner (If Owner Builder) (Date) _____ _____
16 Directions to job-site. Draw map if necessary. <u>\$ 44.50</u> <u>1.78</u> <u>28.93</u> <u>\$ 75.21</u>	

OFFICE USE ONLY

Plans reviewed for:			Plan Review No. _____
Plan Review — Structural and F&LS. <input type="checkbox"/>	Name _____	Date _____	Permit No. <u>8970-84</u>
Plan Review — Structural Only. <input type="checkbox"/>	Name _____	Date _____	Application Accepted By _____
Plan Review — Fire & Life Safety Only. <input type="checkbox"/>	Name _____	Date _____	Initial _____ Date _____

CLATSOP COUNTY - LAND and WATER DEVELOPMENT PERMIT

Name: JAMES O'BRYEN
 Address: 513 BOV 156-A
 Telephone: 325-4633
 Signature: _____

FILE NUMBER (for office use only)
 T 8 R 8 Sec TL No. 94-105

BD 200/300
800

Proposed Use or Activity:
CONSTRUCT 9607 Kitchen and
41 SFN.

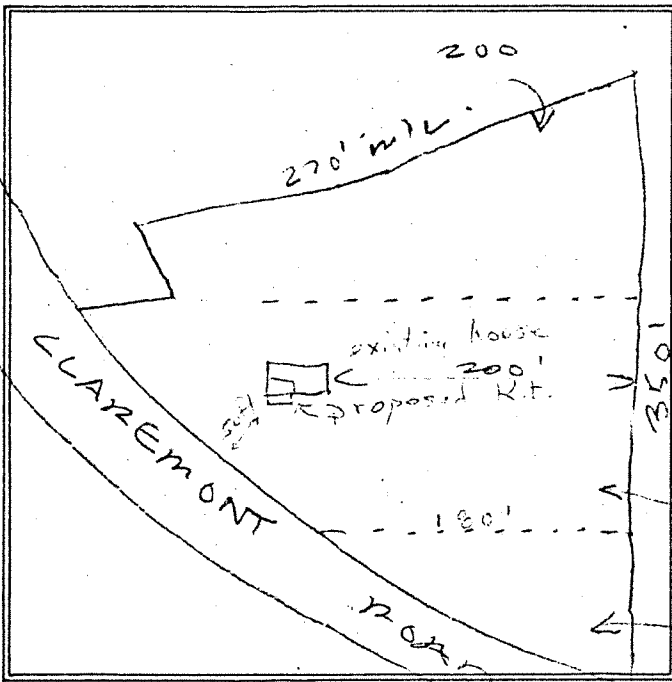
Department of Planning and Development
 Clatsop County Courthouse
 P.O. Box 179
 Astoria, Oregon 97103. Phone: 325-8611

FINDINGS

Plot Plan



Please show location of all property boundaries, water courses, wetlands, buildings, septic systems, driveways, roads, etc. Include setbacks from property lines.



1. Zoning: RA-1
2. Area of Lot: 30,000 sq. ft.
3. Water Source: EXISTING FERNHILL WATER
4. Building Height (max): 35'
5. Septic Approval (Y/N): EXISTING
6. Minimum Setbacks from Property Lines:
 Front: 25'
 Side: 15'
 Rear: 20'
7. Other Setbacks (Resource Zones, (Rip. Veg, etc.): NO
8. Access to Property: CLAREMONT RD
9. Other: _____

APPROVED _____ DENIED _____ APPROVED WITH CONDITIONS _____

CONDITIONS OF DEVELOPMENT: _____

(Any Additional Conditions Attached)

Approval of Development Permit based on information submitted by the applicant as outlined above. Any change of plans or incorrect information submitted may result in revocation of permit.

NOTE: Permit Void if Conditions of Development Detached

Signed: Brian G. August
 Date: Nov 10, 2000

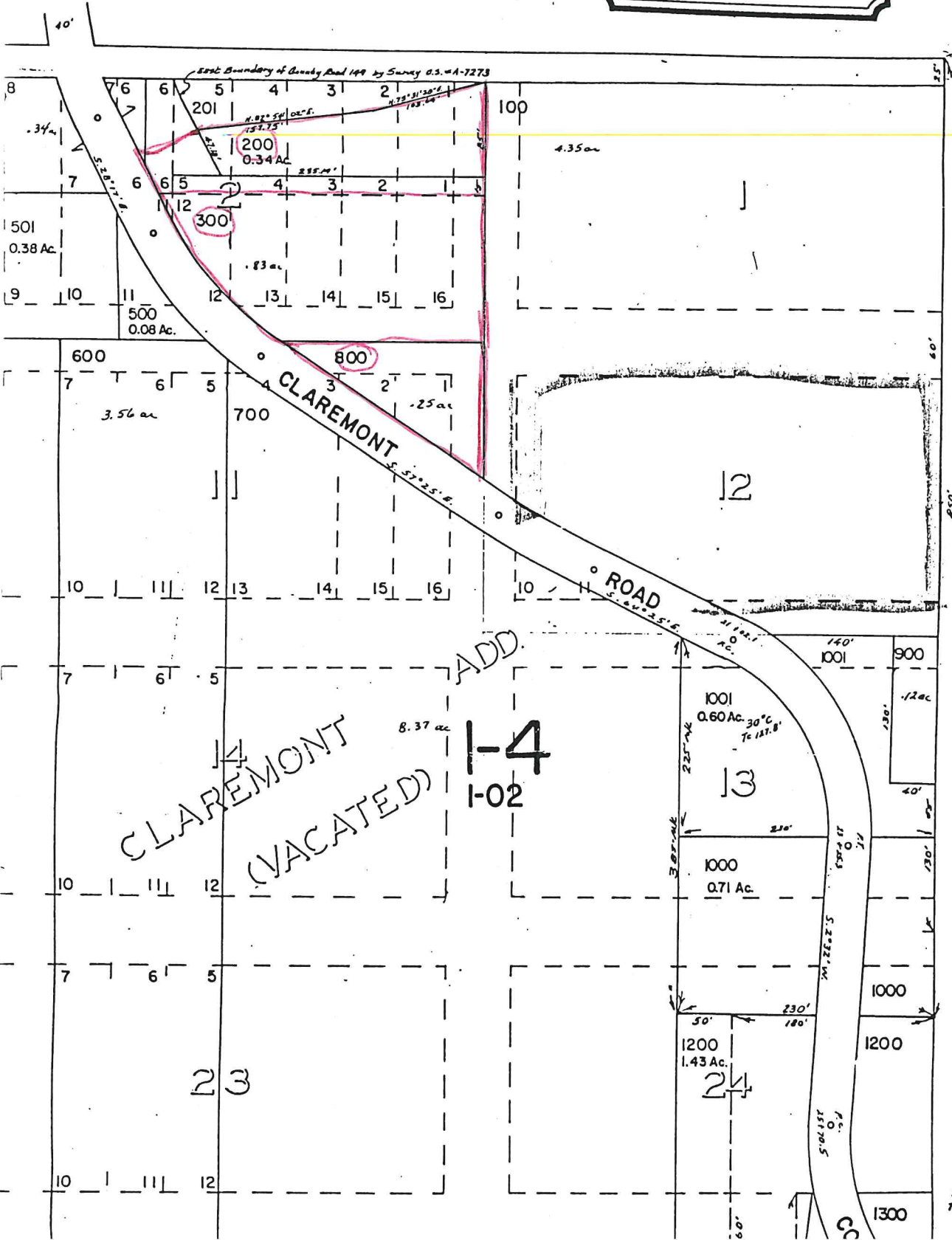
W1/4 SEC 19 T8N R8 W W.1v.
LATSOP COUNTY

1" = 100'

SEE MAP 8 8 19

PROPERTY
OF THE
CLATSOP COUNTY
ASSESSORS OFFICE

8 8 19BD



NE COR.
SE 1/4 NW 1/4

CLAREMONT
(VACATED)

ADD
1-4
1-02

SEE MAP 8 8 19

28° C
Tc 190.6'