

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 501097 as follows:

PROPERTY INFORMATION

Property Owner: **Leach Donald S/Joanne F Tr** Township 8, Range 10, Section 25 0 0
Property Location: **92550 Fort Clatsop Rd, Astoria** Tax Lot **01000**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type: **Standard**
Design Flow:
Minimum Septic Tank Size: **1000.00 gals** A-1 CONCRETE
Distribution Type: **Equal** NEW TANK AND D-BOX
Total Trench Length: **250.00 Linear feet**
Trench Spacing:
Media Type:
Maximum Trench Depth:
Minimum Trench Depth:
Drain Media Total Depth:
Drain Media Below Pipe:
Drain Media Above Pipe:

*Minimum undisturbed soil between trenches

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.

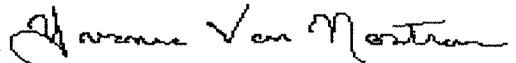
7 Clatsop County Public Health recommends that the owner inspect the septic tank every 3 years and pump it when necessary.

SYSTEM INSPECTIONS AND COMPLETION DATES

Pre-Cover Inspection by

Installer Name:

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

Yvonne Van Nostran

Authorized Agent:

Yvonne Van Nostran

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-325-9303

Onsite Wastewater Specialist

Title:

8/17/2018

Date Issued:

FINAL INSPECTION REQUEST AND NOTICE – ONSITE ID: 501097

RECEIVED

Aug 17 2018

CLATSOP COUNTY PUBLIC HEALTH

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 County 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 County has seven (7) days to perform an inspection of the completed construction/installation following the official notice date, unless the County elects to waive the inspection and authorizes the system to be backfilled. Recipe and acceptance of this completed form by the County establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Original 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 County. Forms that are determined to be incomplete will be returned.

Section 1: Owner/Permittee Information:

Name: Leach Donald S/Joanne F Tr
 Property Address: 92550 Fort Clatsop Rd, Astoria
 Township 8 Range 10 Section 2500 Tax Lot(s) 01000

Section 2: System Component Specifications:

System Type:

A. Tanks/Pumps

Water tight verification – All tanks were tested for water tightness after installation and passed in accordance with OAR 340.073.0025(3)

Tanks(1) Volume 1000 Compartments 1 Manufacturer A-1 Ready Mix Date 6-18-18
 Tanks(2) Volume _____ Compartments _____ Manufacturer _____ Date _____
 Pumps: HP _____ Model/Manuf _____ Float(s)Type(1) _____ Model/Manuf _____
 _____ Float(s)Type(2) _____ Model/Manuf _____

B. Piping:

Effluent Sewer (tank to drainfield) Yes No Diameter 4" ASTM#Other 30/4 Length _____
 Pressure Transport Pipe Yes No Diameter _____ ASTM#Other _____ Length _____

C: Secondary Treatment Unit:

Sand Filter – Attach sieve analysis for Underdrain Media and Filter Sand

Sand Filter Yes No Type _____ Container Dimensions _____
 Underdrain pipe Diameter _____ ASTM#Other _____ Length _____
 Manifold Piping Diameter _____ ASTM#Other _____ Length _____
 Internal Pump HP _____ Model/Manufacturer _____
 Floats(1) Type _____ Model Manufacturer _____
 Floats(2) Type _____ Model Manufacturer _____
 ATT Yes No Model _____
 Certified Maintenance Provider: Name _____
 Operation & Maintenance Contract: Received? Yes No

D. Drainfield Media

Type: Gravel, Pipe or Alternative? Rock and P.A.
 Distribution Box Yes No
 Drop Box Yes No
 Distribution Pipe Yes No Diameter 4" ASTM#Other 30/4 Length 250'
 Comment:

Clatsop County Department

of Public Health

On-Site Waste Water Program

Approved By Y-Van Norstran

Permit No. 501097

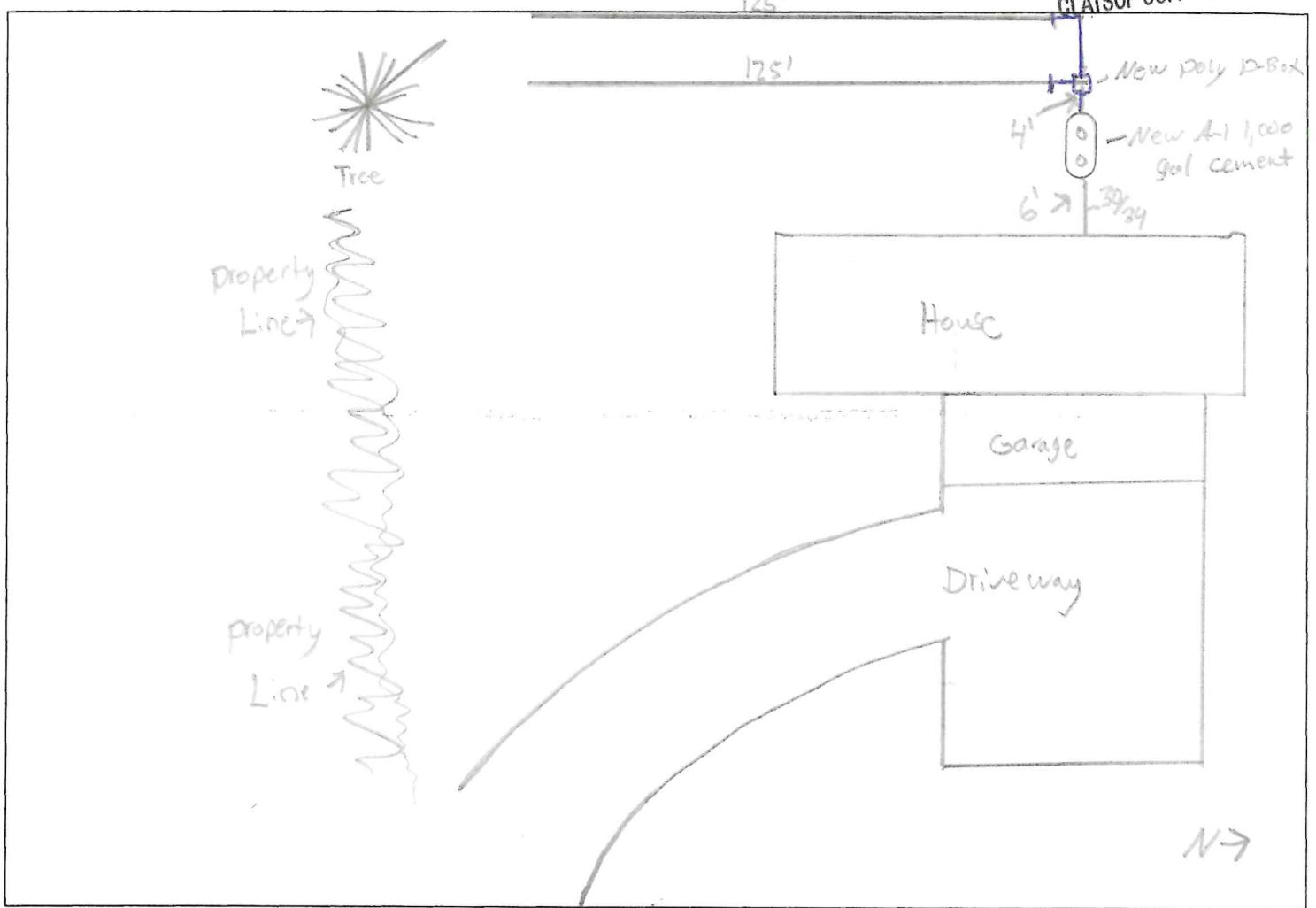
Date 8/17/18

RECEIVED

standes from property

Section 3: As Built Plan of the Constructed System

Indicate the direction North. Show locations of all wells within 200 feet of the system. Show system setback 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/Certified Installer w/Certification #

Print Name: Steve Kinney

Licensed Installer Yes No

License # 38893

Certification # 21-764

Owner/Certified Installer Signature

Date 8-16-17

Phone 503-791-3481

Phone

Email

Section 5: Office Use Only

Notice Accepted Yes No Date 08/17/18

Clatsop County Department
of Public Health

Installer /Owner /Permittee Notified

Yes No Date 05/17/18

If no reason for non-acceptance

On-Site Waste Water Program
Approved By Y. Van Nostrand
Permit No. 501099
Date 8/17/18

Comment photons received in lieu of final inspection 08/17/18

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AUG 17 2018

CLATSOP CO. PUBLIC HEALTH



COMPLETE SEPTIC SERVICE

41092 ZIAK-GNAT CREEK LANE

ASTORIA, OREGON 97103

503-458-6870 • Toll Free 1-888-745-6726

“GUARANTEED LOWEST PRICES”

DATE

PHONE

NAME Van Beach PHONE 214-222-1234

ADDRESS 9250 FT CHASE RD 5102A OR

WE ALSO DO INSPECTIONS, INSTALLATIONS, AND REPAIRS

PAYMENT DUE UPON RECEIPT OF THIS INVOICE

TOTAL

SERVICE CHARGE of 1 1/2% **MONTHLY** or 18% **ANNUALLY** on unpaid balance of 30 days or more past due. Title to goods sold is retained by Complete Septic Service until all charges, including labor, are paid in full. If an attorney's services are required to collect the goods sold or any amount due, reasonable attorney fees and court costs will be added.

Thank You

Ordered By

Clatsop County Department of Public Health

On-Site Waste Water Program

Approved By V. Van Nistram

Date 8/21/18



Clatsop County
Onsite Septic System Program
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503-325-9302
www.co.clatsop.or.us

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AUG 17 2018

CLATSOP CO. PUBLIC HEALTH

Septic Tank Decommission

The Department of Environmental Quality rules require that all septic tanks be properly abandoned following hookup to a new septic system or when the tank is no longer in use. Please return the following form along with the pumping receipt to the Clatsop County Onsite Septic System Program.

Oregon Administrative Rule 340-071-0185 Decommissioning of Systems

(2) Procedures for decommissioning

- a. Tanks, cesspools and seepage pits must be pumped by a licensed sewage disposal service to remove all septage.
- b. Tanks, cesspools and seepage pits must be filled with reject sand, bar-run gravel or other material approved by the agent, or the container must be removed and properly disposed.

Property Owner: Donald Leach

Septic Tank Location: 92550 Fort Clatsop Rd., Astoria Or

Legal Description: T 8 R 10 S 2500 Lot 01000

Date Tank Pumped:

By: Complete Septic License #: 37864
(signature of licensed pumper)

This septic tank was backfilled with sand, clean bar-run gravel or other approved material after being pumped.

By: _____ Date: _____
(signature of operator/owner)

This septic tank was removed and properly disposed of.

By: John H. Hays Date: _____
(signature of operator/owner)

Clatsop County Department
of Public Health
On-Site Waste Water Program
Approved By Y. Van Nostrand
Permit No. 501097
Date 8/17/18





Repair Permit - Minor

This Repair Permit - Minor, Permit #501097, authorizes the property owner to construct an onsite wastewater system as follows:

PROPERTY INFORMATION

Property Owner: **Leach Donald S/Joanne F Tr** Township 8, Range 10, Section 25 0 0
Property Location: **92550 Fort Clatsop Rd, Astoria** Tax Lot **01000**
Facility Type:

SPECIFICATIONS AND REQUIREMENTS

System type:	Standard	
Design Flow:		
Minimum Septic Tank Size:	1000.00 gals	A-1 CONCRETE
Distribution Type:	Equal	NEW TANK AND D-BOX
Total Trench Length:	250.00 Linear feet	
Trench Spacing:		
Media Type:		
Maximum Trench Depth:		
Minimum Trench Depth:		
Drain Media Total Depth:		
Drain Media Below Pipe:		
Drain Media Above Pipe:		

*Minimum undisturbed soil between trenches

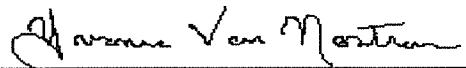
ADDITIONAL CONDITIONS

- 1 The system must be installed in accordance with the plan approved by the agent, including any changes made by the agent.
- 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.
- 3 If there are discharges of sewage or septic tank effluent onto the ground surface or into public waters, the property owner must take immediate steps to minimize the threat to public health and the environment.
These steps must include the minimum:
 1. Having the existing septic tank pumped, the outlet plugged, and the tank utilized as a temporary holding tank until repair of the system is complete.
 2. Securing the area of both contaminated and saturated soils with barricades, roping, caution tape and the posting of warning notices. The notice must read, "Warning-This Area is Contaminated with Sewage-Please Stay Out" or similar language.
 3. Treating the affected area of contaminated/saturated soil with either a calcium carbonate compound (lime) or other type of sanitizing compound.
- 4 Vehicular traffic and livestock must be restricted from the system area.
- 5 Minor repair to replace distribution box(es)
- 6 Properly decommission the old septic tank in accordance with OAR 340-071-0185 and submit documentation with Final Inspection Request and Notice form.
- 7 Meet all required setbacks.
- 8 The system must be installed by the property owner or a licensed sewage disposal business (installer).
- 9 Minor repair to replace septic tank

10 A failing system must be repaired as soon as possible. Should the repair of this system be delayed, the property owner must notify the agent by phone or in writing the reasons for delay, and propose a different completion date. Delays may be cause for a formal enforcement action which may result in a civil penalty assessment.

INSPECTION REQUIREMENTS

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



Authorized Agent:

Yvonne Van Nostran

Clatsop County Public Health
820 Exchange St Ste 100
Astoria, Oregon 97103
Phone: 503-325-8500
Fax: 503-325-9303

Title:

Onsite Wastewater Specialist

Date Issued:

8/7/2018

Expiration Date:

8/6/2019



#501097

Clatsop County
www.co.clatsop.or.us
Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us

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AUG 07 2018

CLATSOP CO. PUBLIC HEALTH

(Pd) Visa

\$ 373.00

Application for Onsite Sewage Treatment System

Donald Leach

Name

6737 SE Madison St, Hillsboro OR, 97123

Mailing Address (Street, PO Box, City, State, Zip)

503-941-5810

Phone Number

8
Township10
Range25
Section1000
Tax Lot31699
Tax Account Number1.52
Acreage or Lot Size

County

Subdivision Name

Lot

Block

Property Address: 92550 Fort Clatsop Rd Astoria OR, 97103
(Street, City, State, Zip)

Directions to Property

Existing Facility

 Single Family Residence3
Number of Bedrooms Other _____

Proposed Facility

 Single Family Residence

Number of Bedrooms

 Other _____

Water Supply

 Public young River
Name Private
Well, Spring, Shared Site Evaluation Construction Permit Repair Major Minor tank & D-box Replacement Alteration Permit Major Minor Renewal Permit Existing System Evaluation Permit Transfer Permit Reinstatement Authorization Notice for: Connecting to an Existing System Not in Use Replacing a Mobile Home or House with Another Mobile Home or House The Addition of One or More Bedrooms Personal Hardship Temporary Housing Other-Please Specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents permission to enter onto the above described property for the sole purpose of this application

Steve Kinney
Signature8-6-18
DateSteve Kinney
Applicant's Name (Please Print Legibly)503-791-3481
Applicant's Phone

Applicant's E-Mail Address

91569 George Hill Rd
Applicant's Mailing AddressApplicant is the Owner Authorized Representative Licensed Septic Installer Authorization Attached

Installers Name



Clatsop County
Environmental Health
820 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503 325-8500

mmcnickle@co.clatsop.or.us www.co.clatsop.or.us

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CLATSOP CO. PUBLIC HEALTH

501097

Notice Authorizing Representative

I, Donald & Joanne Leach, have authorized
Steve Kinney Kinney & Sons (Property Owner - Please Print) (Authorized Representative - Please Print) To act as my agent in performing the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION

92550 Fort Clatsop Road Astoria Or 97103
Property Situs or Road Address

And described in the records of Clatsop County as:

Township 8 Range 10 Section 25 Tax Lot 1000 Map ID _____
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: Donald & Joanne Leach

Email: jd_leach@msn.com

Mail Address: 6737 SE MADISON ST

City/State/Zip HILLSBORO, OR 97123

Phone: 503-941-5810

FAX: _____

Signature: DONALD S LEACH, TRUSTEE

DocuSigned by:

2080068AC6E045D

JOANNE F LEACH, TRUSTEE

2080068AC6E045D

Name: Steve Kinney Kinney & Sons

Date: 7/31/2018 | 8:15 AM PDT

Mail Address: 91569 George Hill

7/31/2018 | 8:25 AM PDT

Phone: 503-291-3481

Email: sd1kinney@centurytel.net

City/State/Zip Astoria, Or 97103

Signature: SD1KINNEY

FAX: 503-458-5458

Date: 7-29-18

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CLATSOP CO. PUBLIC HEALTH



EXISTING SEPTIC SYSTEM DESCRIPTION #501097

8-10-25-1000

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? N/A

(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? 7-18 Attach receipt if available.

6. Number of disposal trenches 2

7. Total length of disposal trenches (in feet) 250'

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 7-18

10. If the septic system currently serves a dwelling:

How many bedrooms are in the dwelling? 3 How many people occupy the dwelling? 4

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? _____

Type of business _____

13. Is there a proposed change of use of your structure (home or business)? Yes No

If yes, please explain _____

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.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

8-6-18

(Date)

Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes No Attached Date Issued _____

Permit Number _____ Certificate of Satisfactory Completion Issued: Yes No Initials _____

Other file information: _____

PLOT PLAN

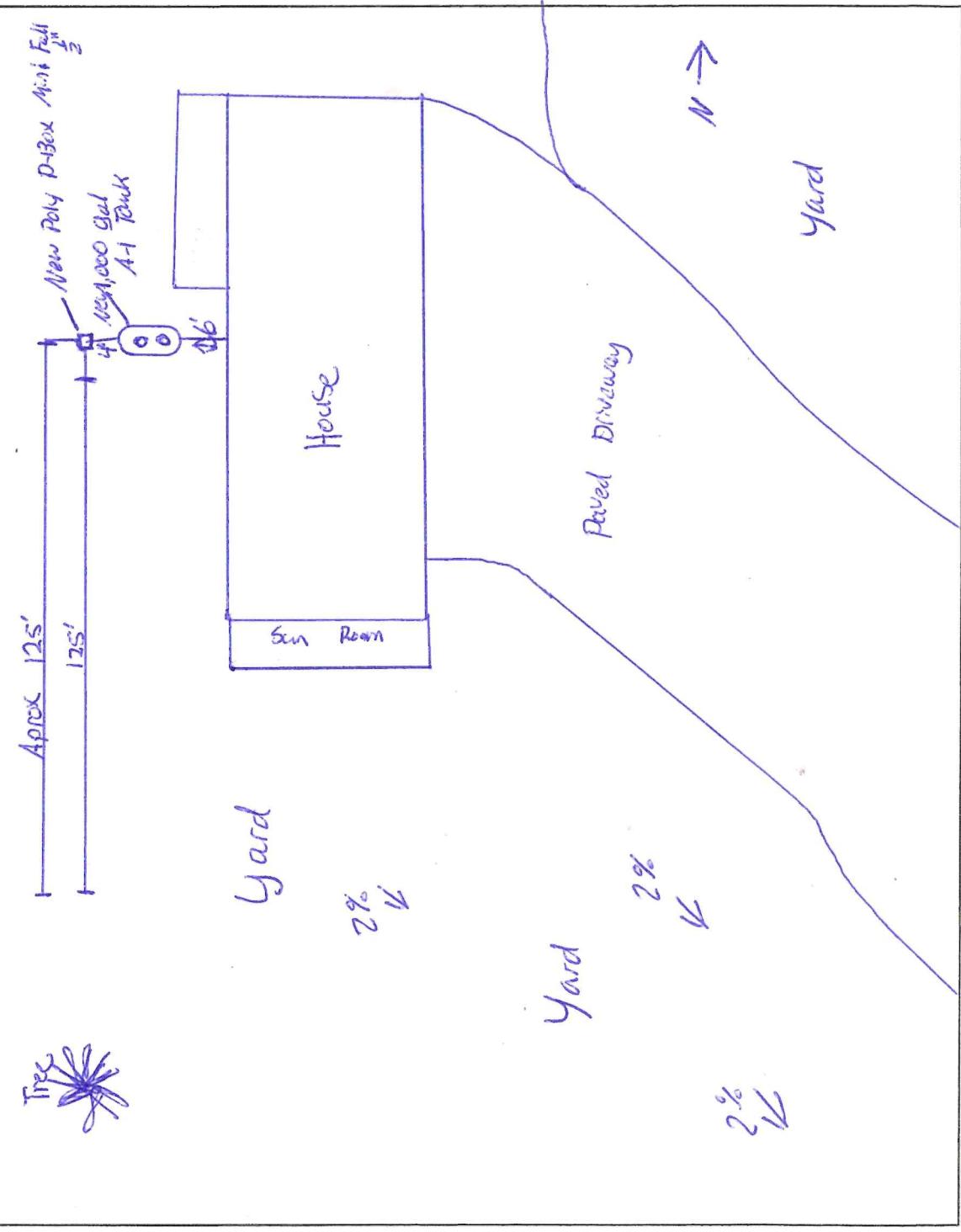
Property ID: _____

Site Address: 92550 Fair Clatsop Rd

Date: 8-6-18

Applicant Signature: 

By my signature, I certify the information provided on this plot plan is complete and accurate.



Required Information

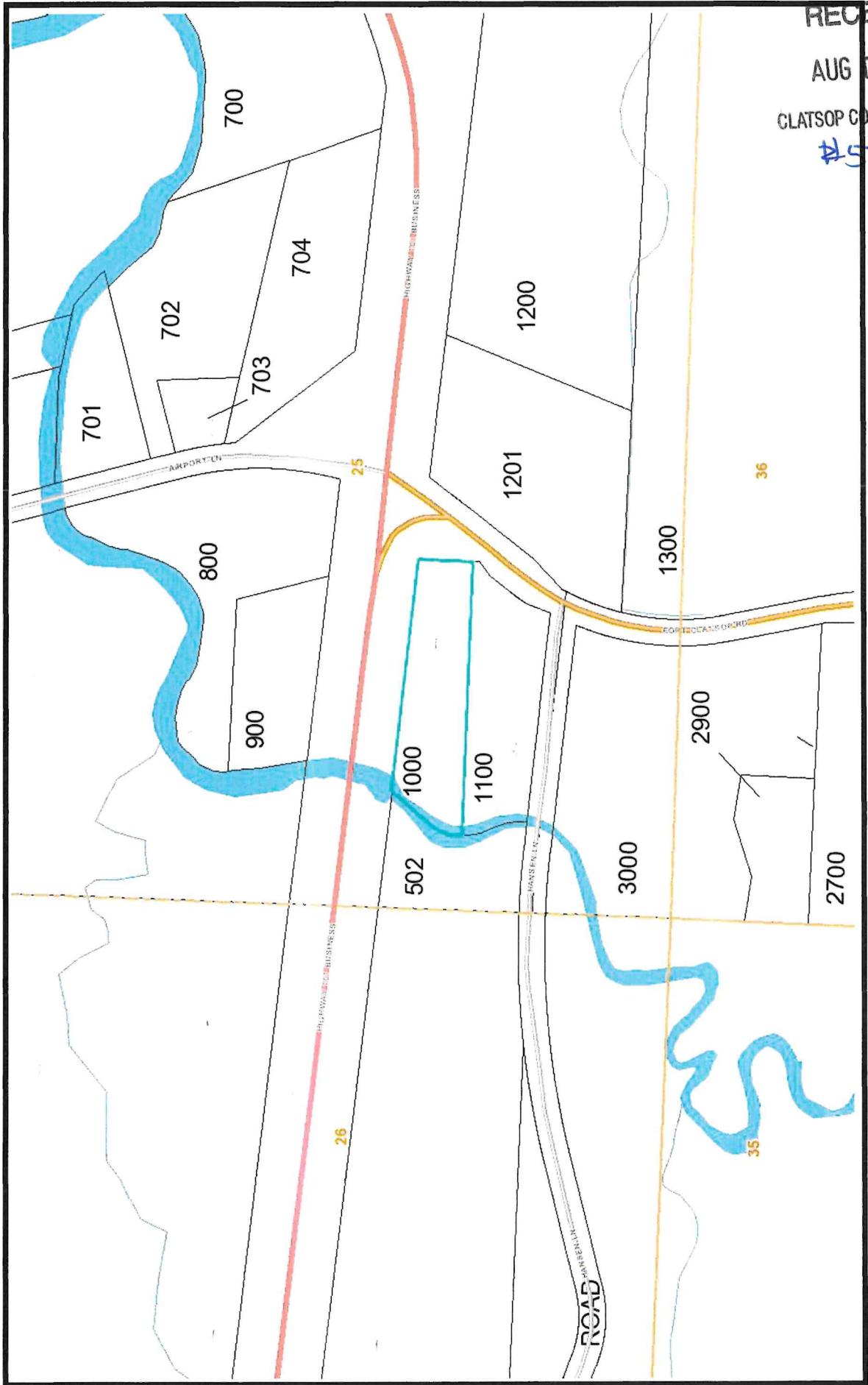
- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/i 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

Legend

- Wells
- Test Pits
- Drainage

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AUG 07 2018
CLATSOP CO. PUBLIC HEALTH
#501097
1 inch = 20 feet

Map



Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



Septic Application

Clatsop County Public Health Department
820 Exchange St Ste 100
Astoria, OR 97103
Ph. (503) 325-8500

For Department Use Only

Permit #: 501097
Permit Type: Repair Permit
Entry Date: 8/7/2018
Issued By: Annette Brodigan

Permit Status: Entered

Permit Timeline

User	Status	Date
Annette Brodigan	Entered	08/07/2018

Work Description:

Work Description

Remarks:

Name: **Leach Donald S/Joanne F Tr**

Address: 6737 SE MADISON ST
City, State, Zip: HILLSBORO, OR 97123

Owner

Ph. #: (503) 941-5810
E-Mail:

Cell: () -
Fax: () -

KINNEY & SONS
91569 George Hill Rd
Astoria, OR 97103

Applicant

Ph. 5037913481 Fax
Cell 5034400842 E-Mail sdkinney@centurytel.net

Fee Type:
Septic

<u>Permit Fee:</u>	<u>DEQ Surcharge:</u>	<u>Planning Dept:</u>	<u>Other Fee's:</u>	<u>Permit Fee Total:</u>
\$264.00	\$100.00	\$0.00	\$9.00	\$373.00

Payor Name:
KINNEY & SONS

<u>Receipt</u>	<u>Pymnt Type</u>	<u>Check #:</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
	Credit Card		08/07/2018	\$373.00

Balance Due: \$0.00

Compliance/Permit Requirements

Signatures

Applicant Signature: Leach

Owner Signature: _____

Date: 8-7-18

Date: _____

BUILDING DEPARTMENT

LEACH, DON

CLATSOP COUNTY, OREGON

BUILDING ADDRESS		CLASS OF WORK		
Rt. 3 Box 612		New	Demolish	
LOCALITY Ft. Clatsop Rd.		Alteration	Repair	
NEAREST Old Hwy 101 CROSS STREET		Addition	Move	
PERMITS	Name Don Leach	Use of Building Family Dwelling		
	Address 178 S.W. Clover Lane	Size of Building 28x64	Height 25	
	City Astoria	No. of Rooms 7	No. of Families 1	
	Tel. No. 325-7798	No. of Floors 2	Size of Lot 1.8	
ARCHITECT ENGINEER	Name	No. of Bldgs. 1	Use of Bldg.	
	Address	Now on Lot 0	Now on Lot	
	City	SPECIFICATIONS		
	State Lic. No.	Tel. No.	FOUNDATION	
CONTRACTOR	Name A. L. Croeni	Material	Exterior	Piers
	Address 360 - D N.W. Canyon Rd.	Width of Top		
	City Beaverton	Width of Bottom		
	State Lic. No.	Tel. No. 644-7667	Depth in Ground	
LEGAL DESCRIPTION	Subdivision	R. W. Plate	Size	Spacing
	Lot. No.	Girders		
	Blk.	Joist—1st Floor		
	Attached	Joist—2nd Floor		
810 25 1000				
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, M1, M2.				
Fire Zone: 1, 2, 3.				
CLASS OF WORK				
New Demolish				
Alteration Repair				
Addition Move				
Use of Building Family Dwelling				
Size of Building 28x64 Height 25				
No. of Rooms 7 No. of Families 1				
No. of Floors 2 Size of Lot 1.8				
No. of Bldgs. 1 Use of Bldg.				
Now on Lot 0 Now on Lot				
SPECIFICATIONS				
FOUNDATION				
Material Exterior Piers				
Width of Top				
Width of Bottom				
Depth in Ground				
R. W. Plate Size Spacing Span				
Girders				
Joist—1st Floor				
Joist—2nd Floor				
Joist—Ceiling				
Exterior Studs				
Interior Studs				
Roof Rafters				
Bearing Walls				
COVERING				
Exterior Walls Roof				
Interior Walls Reroofing				
FLUES				
Fireplace Fl. Furnace				
Kitchen Water Heater Elec.				
Furnace Gas Oil				
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 regulating building construction.				
Signature of Permittee Don Leach				
By				

APPLICATION FOR BUILDING PERMIT

Bldg Permit No.

69-86

Date Issued

Valuation 19,200 (face)

\$ 17,000

Basic Fee

563.00

Area—1st Floor 1108

(+) 50% I, II, III

Area—2nd Floor 617

(—) 50% V, J

Additional Area

Plan Checking Fee

Area—Type V J 484

TOTAL

PLOT PLAN

Attached.

CALLED INSPECTIONS

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

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.

4 Bedrooms.

Loc under list.

Map No.

St. No. Assigned

Field Check by

Date

PLANNING AND ZONING

Type of Occupancy

Total Floor Area

No. Stories

Total Height

Area of Lot 140' by 490'

Front Yard Setback

75'

Side Yard Setback 40' 4" 40'

Rear Yard Setback

40' 4" 40'

New Const.

Alter.

Change of Occupancy From

or record

To

APPROVED: COUNTY SANITARIAN

By Alter. record

APPROVED: COUNTY PLANNING COMM.

By Alter. record

APPROVED: BUILDING OFFICIAL

By Alter. record

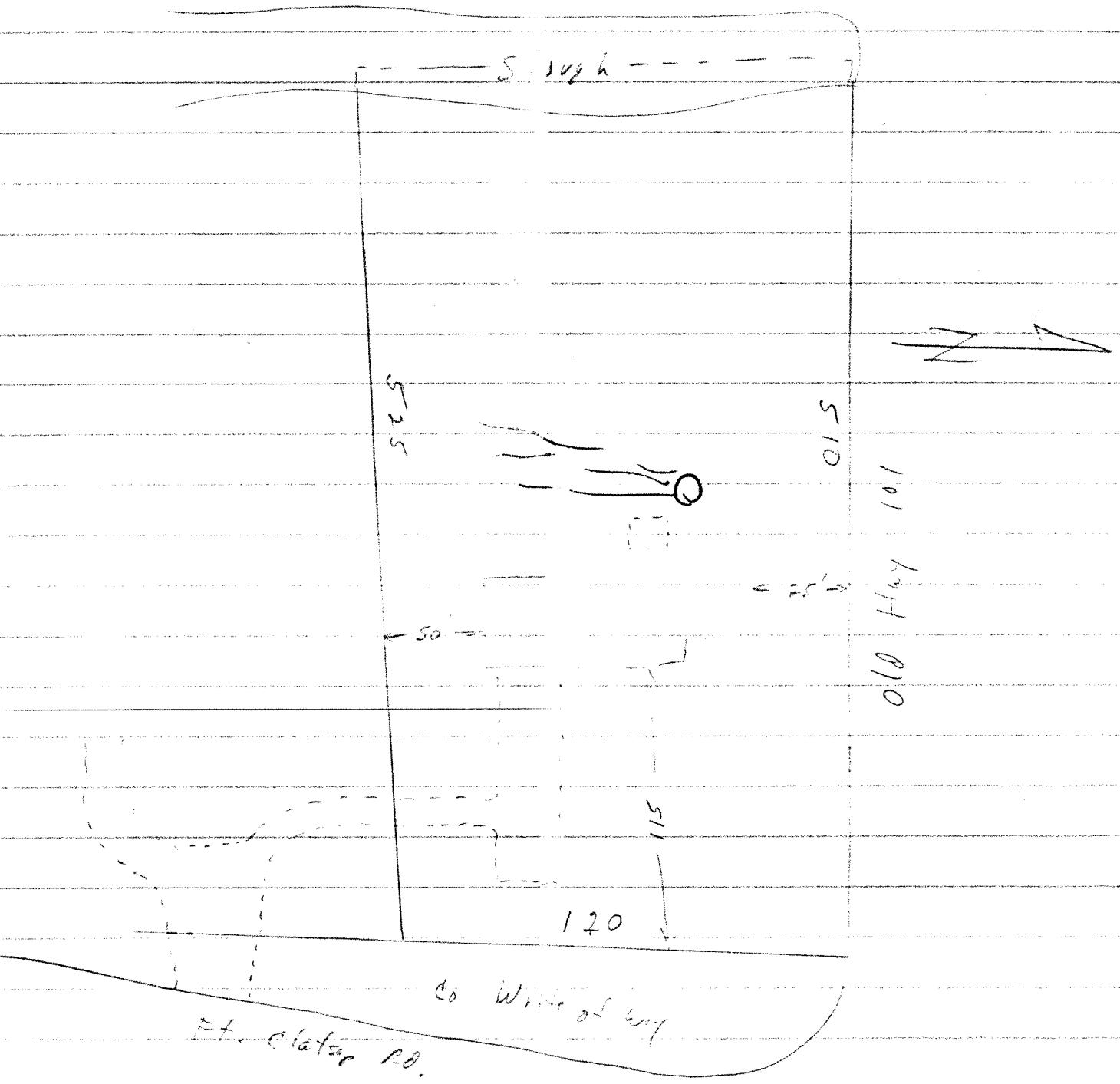
Don Leach
Rt. 3 Box 612
Astoria, Or. 97103
861-1680

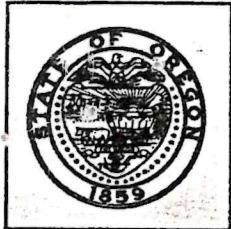
Land size:

Assessor's office shows $1\frac{1}{2}$ Acre

Measurements show 2 Acre

Set back from closest property line 25 ft.





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

APPLICATION FOR BUILDING PERMIT

810-25-1000

JURISDICTION

STATE OFFICE

ADDRESS

TELEPHONE

Applicant to complete numbered spaces only.

JOB ADDRESS

1 *Lewis & Clark area/Ft. Clatsop Rd.*

is building within city limits: Yes No

IDENTIFYING NAME OF BUILDING

2 *SFD*

LEGAL DESCRI.	LOT NO.	BLOCK	TRACT	(□ See Attached Sheet)	
3	TAX LOT NO.	Township <u>8</u>	Range <u>10</u>	W.M.	Section No. <u>25</u>

OWNER	MAIL ADDRESS			ZIP	PHONE
-------	--------------	--	--	-----	-------

4 <i>Don Leach</i>	MAIL ADDRESS			ZIP	PHONE
--------------------	--------------	--	--	-----	-------

CONTRACTOR	MAIL ADDRESS			ZIP	PHONE
------------	--------------	--	--	-----	-------

5 <i>Howard Graham</i>	MAIL ADDRESS			ZIP	PHONE
------------------------	--------------	--	--	-----	-------

ARCHITECT OR DESIGNER	MAIL ADDRESS			ZIP	PHONE
-----------------------	--------------	--	--	-----	-------

6 —	MAIL ADDRESS			ZIP	PHONE
-----	--------------	--	--	-----	-------

ENGINEER	MAIL ADDRESS			ZIP	PHONE
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7 —	MAIL ADDRESS			ZIP	PHONE
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USE OF BUILDING	MAIL ADDRESS			ZIP	PHONE
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8 <i>Res.</i>	MAIL ADDRESS			ZIP	PHONE
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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
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Additional Sq. Ft. _____

10 Describe work:	<i>Construct Kitchen addn. of 96 ft.</i>						
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11 Change of use from	_____	to	_____	_____	_____	_____	_____
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Total area 12 of building	<u>96</u> Sq. Ft.	No. of stories	<u>1</u>	No. of bedrooms	No. of living units or apts.	<u>1</u>	Flood hazard zone <input type="checkbox"/> Yes <input type="checkbox"/> No
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Declaration of 13 Valuation of work \$ <u>12,000</u>	14 LOCAL GOVERNMENT APPROVALS
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SPECIAL APPROVALS REQUIRED BEFORE PERMIT IS ISSUED

15 Signature Required to Become Valid	ZONING Use Zone _____ Fire Zone _____
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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 Permit No. _____
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<i>Howard L. Graham</i>	Date <u>4-20-84</u>	Signature _____
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Signature of Contractor	DEPT. OF HUMAN RESOURCES – HEALTH DIVISION
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Signature of Owner (If Owner Builder)	Public Swimming Pool No. _____
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16 Directions to job-site. Draw map if necessary.	Date _____ Signature _____
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<i>Alt. 101- 1st House on R.</i>	\$ <u>3.70</u>
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\$ 3.70

92.50

60.13

\$156.33

OFFICE USE ONLY

Plans reviewed for:	<input type="checkbox"/> Name _____ Date _____	Plan Review No. _____
Plan Review – Structural and F&LS.	<input type="checkbox"/> Name _____ Date _____	Permit No. <u>8898-84</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 _____

8/10 25-

I-02

