

SKOFSTAD, PHILIP G.
 BUILDING ADDRESS LOCALITY
 NEAREST CROSS STREET
 Name Philip G. Skofstad
 Address 250 N.W. Blaine Lane
 City Gresham Tel. No. 665-8021

CLASS OF WORK

New	<input checked="" type="checkbox"/>	Demolish
Alteration	<input type="checkbox"/>	Repair
Addition	<input type="checkbox"/>	Move

Use of Building _____ Height _____
 Size of Building _____
 No. of Rooms _____ No. of Families _____
 No. of Floors _____ Size of Lot _____
 No. of Bldgs. _____ Use of Bldg. _____
 Now on Lot _____ Now on Lot _____

CONTRACTOR
 Name _____ Tel. No. _____
 Address _____
 City _____
 State Lic. No. _____
 Name _____ Tel. No. _____
 Address _____
 City _____
 State Lic. No. _____

LEGAL DESCRIPTION
 Subdivision VINEAPPLE ACRES
 Lot No. 25 Blk. 1
NW 1/4, SE 1/4 SW 1/4, NE 1/4
Section 28, Township 5,
North, west of the
Willamette Meridian
507 28AC 100

COVERING
 Roof _____
 Reroofing _____
FLUES
 Fl. Furnace _____
 Water Heater _____
 Gas _____ Oil _____

PERMITS
 Type of Construction: 1, 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.

APPROVED: COUNTY SANITARIAN
 By David M. O'Brien
APPROVED: COUNTY PLANNING COMM.
 By _____
APPROVED: BUILDING OFFICIAL
 By _____

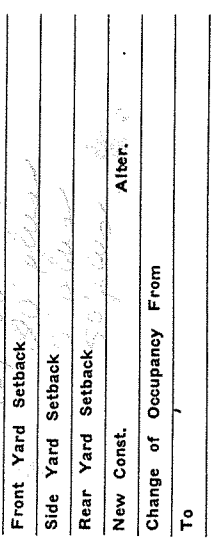
APPLICATION FOR BUILDING PERMIT

PLANNING AND ZONING
 Type of Occupancy _____
 Total Floor Area _____
 No. Stories _____ Total Height _____
 Area of Lot 18,400 sq. ft.
 Front Yard Setback _____
 Side Yard Setback _____
 Rear Yard Setback _____
 New Const. _____ Alter. _____
 Change of Occupancy From _____ To _____

DATE
 Date Issued _____
 Basic Fee _____
 (+) 50% I, II, III
 (-) 50% V, J
 Plan Checking Fee _____
TOTAL _____

FIELD CHECK
 Map No. _____
 St. No. Assigned _____
 Field Check by _____
 Date _____

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.



8. Mark the reason for requesting this evaluation.

- () Selling property
- () Plan to build on property
- () Other Mobile Home and later build cabin on property

Complete 9 and 10 only if partitioning land.

9. Indicate your proposed lot divisions on the legal recorded map.

10. Complete the following:

- (a) Total acreage involved _____
- (b) Number of lots _____
- (c) Number of parcels _____
- (d) Size of lots on parcels _____

July 24, 1972
Date

Philip D. Shopstuck
Signature of owner or subdivider

16" Topsoil
Below 12" 16"
11/20
11/20
11/20
8-4-72
OK for S.T. + D.F.

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

325-7441, Ext. 70

Bldg Permit No. 73-53

Date Issued

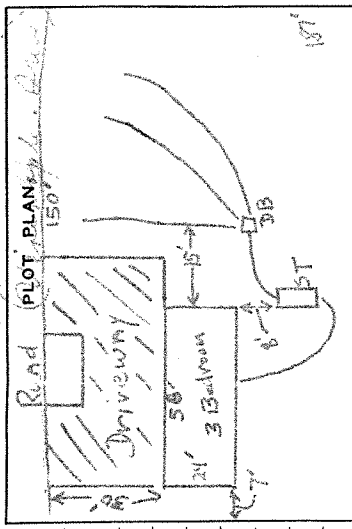
Valuation \$ 4000 Basic Fee 40

Area—1st Floor (+) 50% I, II, III

Area—2nd Floor (-) 50% V, J

Additional Area Plan Checking Fee

Area—Type V J TOTAL 200



CALLLED INSPECTIONS

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Baths	Outlets
Interior	Kitchen	Circuits
Flues	Utility	Size of wire
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.

Special information: 30 Tank 150 N.E.

Size of Septic Tank 900 gals. Private Public

Water Supply Well

Type of Occupancy PLANNING AND ZONING

Total Floor Area

No. Stories

Area of Lot

Front Yard Setback 30'

Side Yard Setback 7'

Rear Yard Setback 100'

New Const. Alter.

Change of Occupancy From

To

BUILDING PERMIT APPLICATION

SKOFESTAD, Philip G.

CLASS OF WORK

New	Trailer or M.H.	<input checked="" type="checkbox"/>
Addition	Garage	<input type="checkbox"/>
Alteration	Shed	<input type="checkbox"/>
Repair	Other	<input type="checkbox"/>
Move	Residence	<input type="checkbox"/>

Use of building VACATION HOME

Size of building 24' x 56'

No. of bedrooms 3

No. of floors 1 Height ft.

SPECIFICATIONS

Foundation material

Width of wall

Height of wall

Depth in Ground

Size	Spacing	Span

Girders

Joists

Studs

Rafters

Type of roofing

Type of siding

Type of heating Electric

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 Philip G. Skofestad
By Philip G. Skofestad

BUILDING ADDRESS Vine Maple Acres

LOCALITY Elsie Route

NEAREST CROSS STREET Hwy 102

Name Philip G. Skofestad

Address 250 N.W. Blaine Lane

City Gresham, Ore. 97030

Tel. No. 665 8021

Name Philip G. Skofestad

Address 250 N.W. Blaine Lane

City Gresham, Ore. State Ore.

Tel. No.

Name Philip G. Skofestad

Address 250 N.W. Blaine Lane

City Gresham, Ore. State Ore.

Tel. No.

Reg. No.

Block

Subdivision

Sec. 24 T. 5N R. 7W

Name

Tax Lot # 2500 Plat

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.

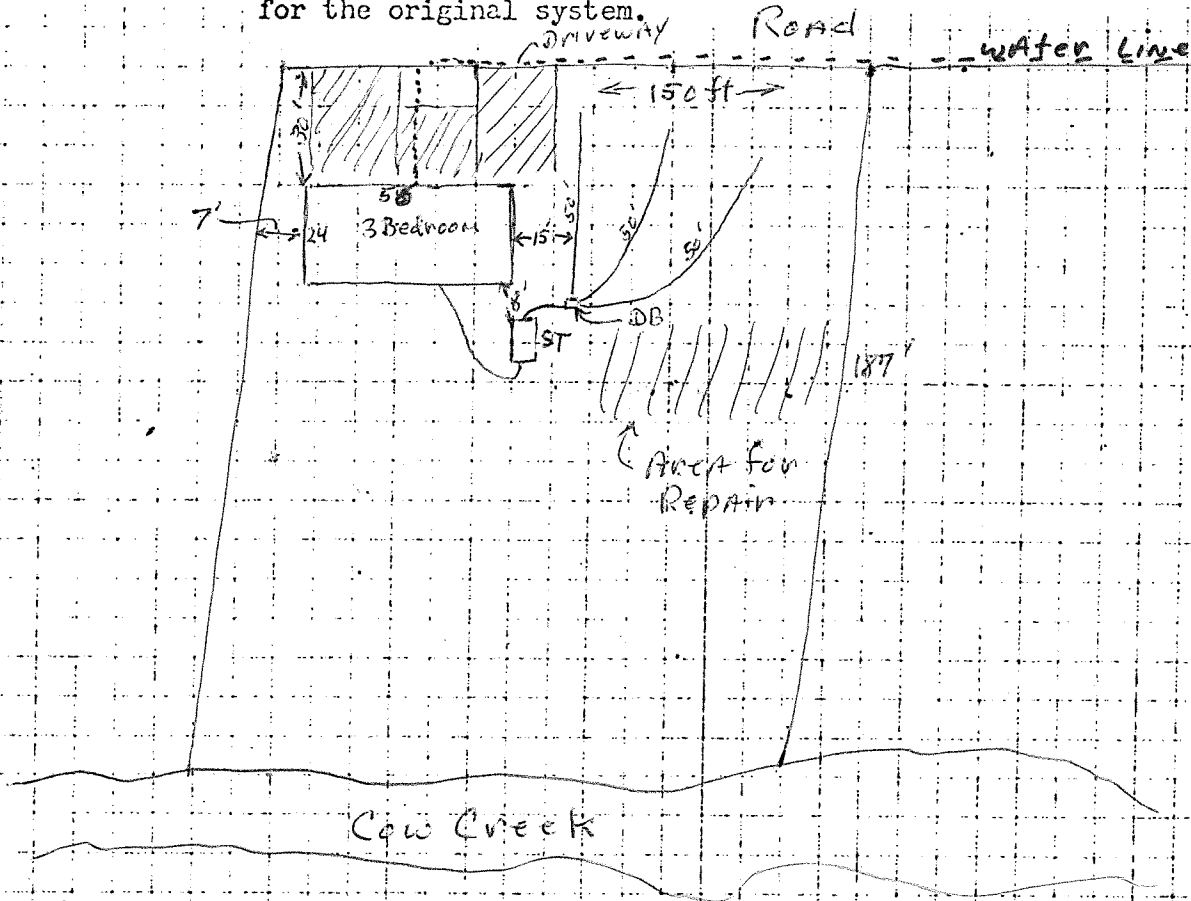
Fire Zone: 1, 2, 3.

CLATSOP COUNTY HEALTH DEPARTMENT
Sewage Disposal Plot Plan

Date: Feb. 23, 1973
Owner: Philip G. Skofstad

Building Application # 73-53
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.) Show a reserved area for repair or expansion of the disposal system. This area shall be located in adequate soil and be at least equal to the area required for the original system.



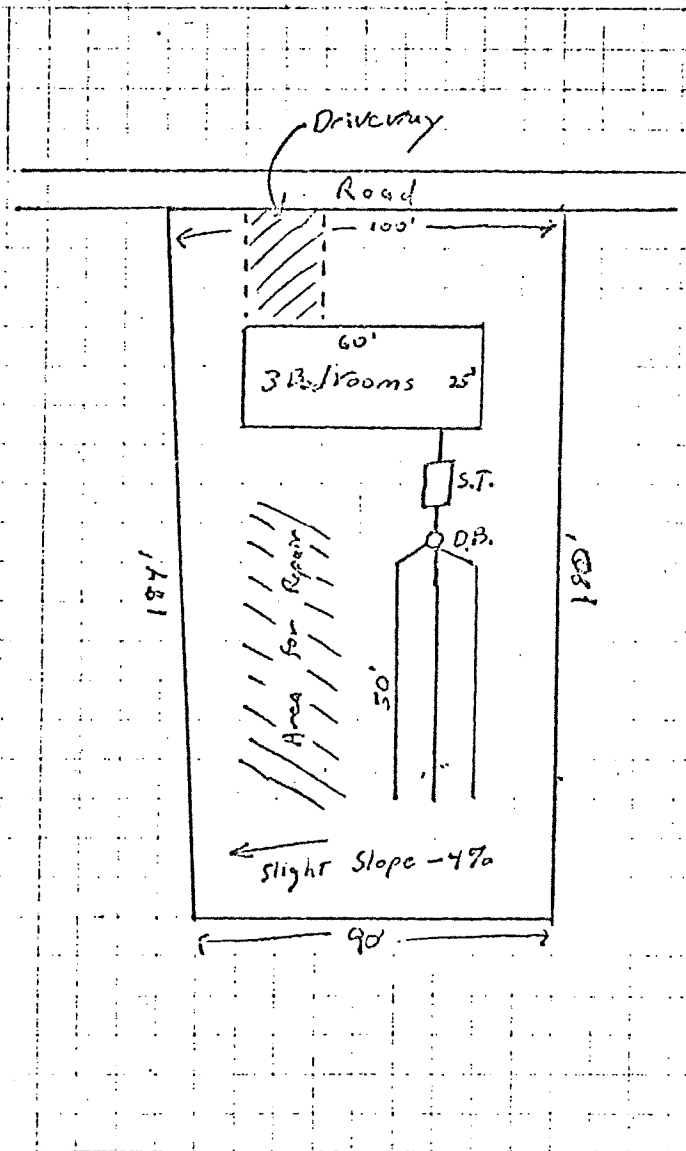
Approved: County Sanitarian

By _____

Date _____

Scale: One square equals 10 feet

Plot plan example:



CLATSOP COUNTY HEALTH DEPARTMENT

857 COMMERCIAL STREET
P. O. Box 206
TELEPHONE 325-7441 EXT. 30
ASTORIA, OREGON 97103

August 9, 1972

Philip G. Skofstad
250 N. W. Blaine Lane
Gresham, Oregon 97030

RE: Building Permit # 72-200

Dear Mr. Skofstad:

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.

When you have completed allow a member of this d prior to backfilling. . W way possible to comply w safe, properly functioni

special instructions

Sincerely,

CLATSOP COUNTY HEALTH D

David W. O'Guinn

David W. O'Guinn,
Registered Sanitarian

DWO/cw

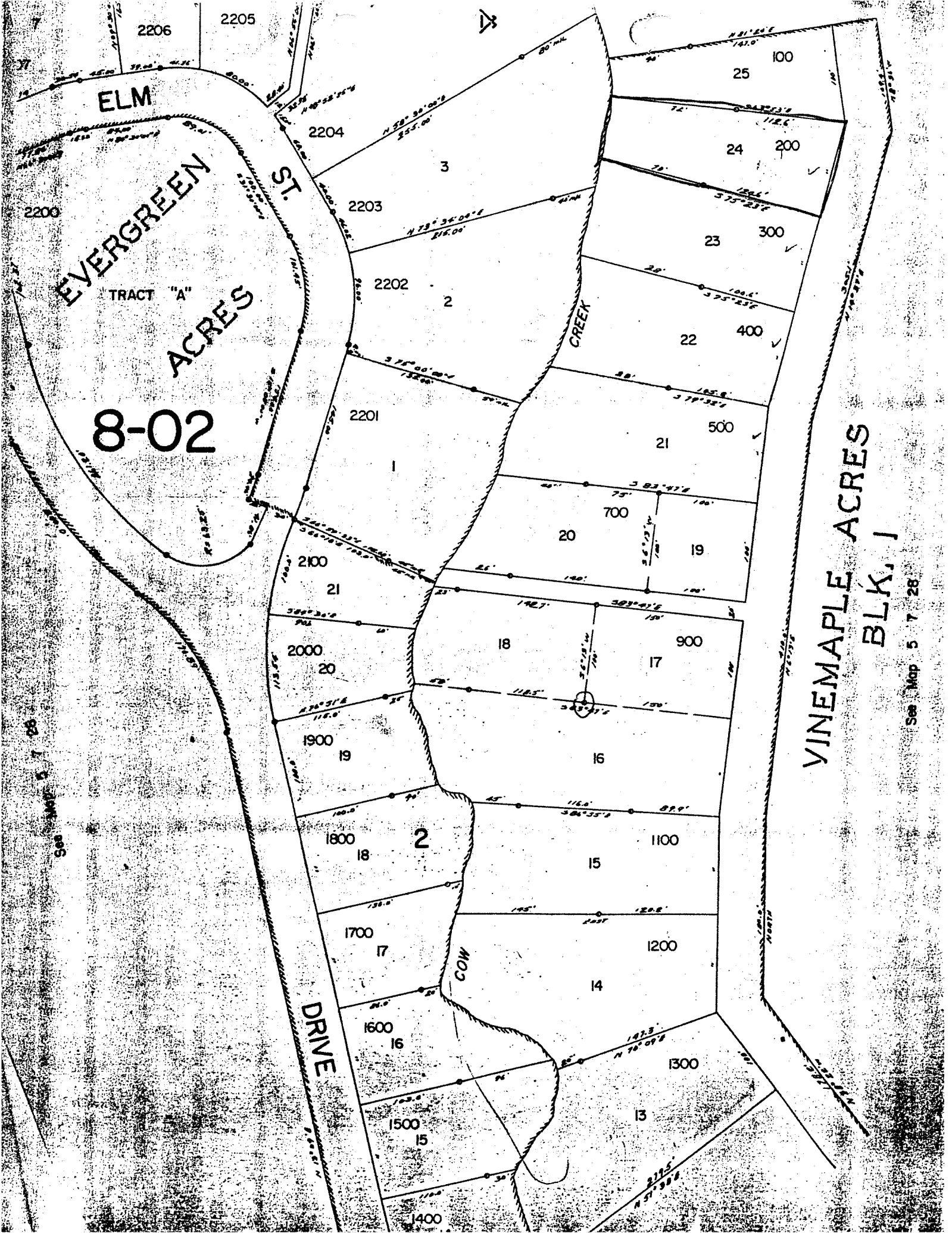
Enclosure: 1

Skofstad, Philip G.
Minimum Requirement Sheet

Re: *Permit # 72-200*

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.

Note: The disposal field shall not be installed in



VINEMAPLE ACRES
BLK. 1

See Map 5 7 28