



CURRY COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

PLANNING CLEARANCE APPLICATION REQUIREMENTS

The Planning Department must approve most construction projects prior to issuance of any Building, Sanitation, or Erosion permits. Before submitting your applications, please check with the planning department at 541-247-3284 for zoning/land-uses.

1. **PLOT PLAN** – Please draw the plot plan to a suitable scale on an 8 1/2 by 11 sheet of paper. Include the items listed below:

Existing and proposed structures and driveways

Measured distance between structures and property lines

Property lines and all easements

Existing & proposed wells, springs, streams and rivers

Existing and proposed septic systems – include tank, drain-field and repair areas

Any distinctive topographic features including existing or proposed cuts & fill

Existing and proposed adjacent roads and highways

Note: Failure to provide an accurate plot plan may result in a delay of your proposed project

2. **Mandatory Erosion Control Application:**

The mandatory erosion control application form is required and must be completed, signed and dated, even if all answers are no.

If you have any questions when filling out the planning clearance form, please call Shellie Creighton at 541.247.3226.



PLANNING CLEARANCE FORM

Planning/Building

Curry County Community Development
 94235 Moore Street, Suite 113
 Gold Beach, OR 97444
 Phone 541-247-3304 Fax 541-247-4579

COUNTY

Applicant: read and complete items 1-8.

1. PLANNING CLEARANCE FOR: (check applicable items)

- Sewage Disposal Permit/Authorization Notice
- Manufactured Home Permit Year _____ Bedrooms _____
Width of Manf. Home at base _____ feet
- Pre-Fab New _____
- Building Permit COMM ___ SFD ___ #Bedrooms _____
Type and Size: _____
- Letter of approval signed by Deputy State Fire
Marshal (Required for Commercial)

CONTRACTOR INFORMATION

- Owner Built
- Contractor Name: _____ Reg. #: _____
- Manf. Home Installer: _____ Reg# _____

\$212.00 ADDITIONAL FEE FOR NEW RURAL ADDRESS
 New Rural Address – Address # _____
 Replacement Plate - \$36.00

2. EXISTING DEVELOPMENT:

- Dwellings (stick built) how many? _____
- Mobile Homes how many? _____
- Other Buildings how many? _____

3. WATER SOURCE:

- Well Spring Other: _____
- If on Well / Spring:
 - Attach *Well Log* or *Water Right* documentation.
- If in a Water District:
 - Verification (from an authorized district representative) is required *prior* to submission of this clearance form.

SIGNATURE OF WATER DISTRICT REPRESENTATIVE

Farmland Special Assessment

Signature of County Assessor _____

Forestland Special Assessment

Signature of County Assessor _____

3A. SANITARY DISTRICTS:

SIGNATURE OF WEDDERBURN, HARBOR, PORT ORFORD or
 GOLD BEACH SANITARY REPRESENTATIVE.

SIGNATURE OF CITY OF BROOKINGS

3C. COOS-CURRY / BANDON ELECTRIC COORDINATION
 This form must be signed off and turned in when the Permit Is applied for. See Attachment

4. PROPERTY DESCRIPTION:

Assessor Map # _____ Tax Lot# _____
 Acreage _____ Street address or location: _____

5. PROPERTY OWNER INFORMATION:

Property Owner: _____

Mailing Address: _____

City _____ St. _____ Zip _____ Phone# _____

6. ACCESS:

Does property access a county or state road? Yes No

If YES, do you have an access permit? Yes No

State or County permit # _____

If NO, an access permit from the county or state (contact appropriate agency depending on whether it is a state or county road) will be required before this form can be processed. County Rd. Dept. 541-247-7097

7. PLOT PLAN/EROSION CONTROL PLAN

An accurate plot plan and Erosion control plan is required for processing of this permit clearance. Please draw an accurate plot plan on the reverse side, and fill out and sign the enclosed erosion control plan.

8. APPLICANT SIGNATURE:

By my signature, I certify that I am the owner, or have the owner's consent to apply for a permit on the above referenced property and by my signature I also certify that the information provided by me is correct and hereby grant the staff of the Curry County Dept of Public Services permission to enter this property for purposes of this application.

Name _____

Signature _____

Mailing address _____

City _____ ST _____ ZIP _____ PH _____

Date: _____

Note: This form is intended for county staff use in processing development permits and does NOT constitute a permit. Approval of this form authorizes only **WHAT** is applied for under NO. 1 at the time it is filed. Building plans **MUST** be turned in within one year of the Planning Department's approval, or Planning Clearance and fees will need to be re-submitted.

PC#: _____ ZONING: _____ FORTHCOMING _____ IN DRAWER _____ ATTACHED _____ PLANS: _____

PLANNING STANDARDS AND REQUIREMENTS

Land Use Zone: _____

Property Line Setbacks:

- Harbor Bench Farm District Setback
- FRONT:**
- 35 feet from the center of all roads OR 10 feet from any property line adjacent to a road--which ever is greater
- Vision clearance
- No requirement
- SIDE:**
- 5 feet from property line for structures 15' and under
For structures exceeding 15'--add 6 inches (1/2 foot) for every foot over 15' height TOTAL SETBACK _____
- No requirement
- BACK:**
- 5 feet from property line for structures 15' and under
For structures exceeding 15'--add 6 inches (1/2 foot) for every foot over 15' height TOTAL SETBACK _____
- No requirement
- NOTE: Eaves, gutters, sunshades, and other similar architectural features may not project into required setbacks more than two (2) feet*

Off Street Parking:

- # of 9' x 18' parking spaces required
- parking lot plan required No requirement

Structure Height:

- 35' maximum 45' maximum
- Airport Overlay Zone requires _____ feet
- No requirement

Lot Origin and Previous Land Use Action:

- Pre-existing Land use approved

Previous Land Use Actions: _____

**** No REMOVAL OR DISTURBANCE of Riparian Vegetation within:**

- 50 feet OR 75 feet
- of any streams, rivers, or lakes per county Riparian Buffer Overlay Zone requirements*

Fire Break:

- A firebreak of _____ feet must be maintained around all proposed structures
- No requirement

Special Requirements or Considerations:

100 year flood plain
 FIRM or Floodway Panel# _____
 Geologic Hazard as identified on DOGAMI maps
 Wetland or potential wetland as identified by
 Wetland Inventory Maps: Map# _____
 Scenic Waterway
 USFS approval _____ ODP approval _____
 Historic structure/cultural site/historic-archeological
 overlay

CONDITIONS OF APPROVAL:

The above proposal has been reviewed and found compatible with the applicable LCDC Acknowledged Plan; *provided the above referenced standards are maintained at the time of construction*

County Planning Staff Reviewer:

Signature _____

Title _____

Date _____

City Planning Staff Reviewer (if required):

- Outside Urban Growth Boundary
- Inside Urban Growth Boundary, outside city limits
- Inside city limits

Signature _____

Title _____

Date _____

Sanitarian Reviewer:

Permit # _____ Authorization Notice# _____

- System approved System denied

Comments: _____

Signature _____

Title _____

Date _____

MANDATORY EROSION CONTROL APPLICATION

FAILURE TO PROVIDE THE REQUESTED INFORMATION WITH YOUR PLANNING CLEARANCE APPLICATION WILL DELAY THE REVIEW OF YOUR APPLICATION.

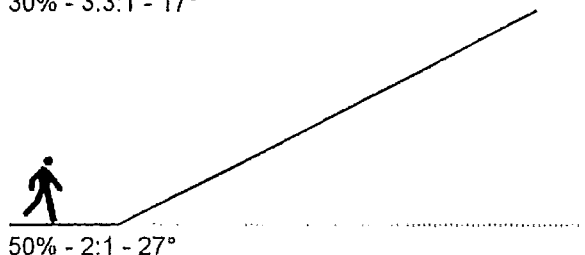
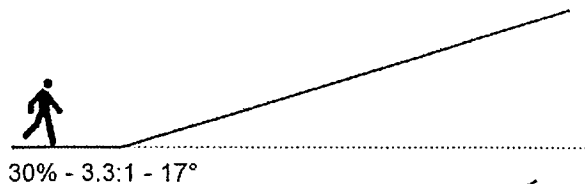
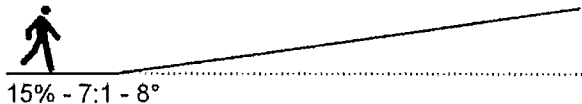
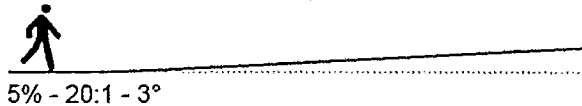
EPSC SITE PLAN REQUIREMENTS

- All property lines and adjacent roadways
- Location of all existing and proposed buildings
- Location of proposed or existing on-site septic areas
- Location of all natural and artificial water features (rivers, streams, drainage, wetlands, etc)
- Location of access road or driveway
- Location and area of site disturbance associated with your project
- Direction of slopes on site; sectors within the area of land disturbance shall be labeled in ranges:
 - Less than 15% slope
 - 15% to 20% slope
 - 20% or greater slope (SEE EXAMPLE BELOW FOR ASSISTANCE)
- Existing (pre-development) drainage pattern
- Location of proposed erosion control measures:
 - Access points: (construction entrance, existing paved driveway or access protected with alternative measures such as wood chips, plywood, etc)
 - Perimeter containment measures: (sediment fence, compost filter berm, existing structures, etc)
 - Inlet protection if located in an area with storm drainage system
 - Riparian protection
- Stockpile or staging areas of disturbed material
- North arrow
- Scale (1" = X') of site plan—please use even scale numbers such as: 10', 20' 50' or 100' use engineering scale NOT architectural

FAILURE TO PROVIDE THE REQUESTED INFORMATION WITH YOUR PLANNING CLEARANCE APPLICATION WILL DELAY THE REVIEW THE APPLICATION.

Visual Examples of Slope

Numbers are approximate



If you have questions regarding completing this form correctly, please contact the Curry County Planning Department at 541-247-3304.

**EROSION PREVENTION AND SEDIMENT CONTROL (EPSC) PLAN REVIEW
APPLICATION**

| | | |
|--|---------------|--------|
| PROPERTY OWNER INFO: NAME: | | PHONE: |
| RESPONSIBLE PARTY FOR INSTALLATION & MAINTENANCE OF EROSION CONTROL MEASURES: | | |
| NAME: | PHONE: | |
| ADDRESS: | ACREAGE: | |
| CITY/STATE/ZIP: | | |
| PROPERTY DESCRIPTION: ASSESSOR MAP/TAXLOT: | | |
| PROPOSED DEVELOPMENT: | | |
| <input type="checkbox"/> SFD <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTIFAMILY <input type="checkbox"/> LAND DIVISION <input type="checkbox"/> SITE WORK ONLY | | |
| 1. WILL 800 SQUARE FEET OR MORE OF SOIL SURFACE BE DISTURBED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 2. WILL 2,000 SQUARE FEET OF IMPERVIOUS SURFACE BE CREATED? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(IMPERVIOUS MEANS WATER CAN'T GET THROUGH IT TO THE GROUND—LIKE PAVEMENT, CONCRETE, ROOFS OR BUILDINGS—WATER THEN SHEETS OFF OF THESE SURFACES)</i> | | |
| 3. WILL IMPERVIOUS SURFACES COVER MORE THAN 25% OF THE LOT AREA? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| WHICH IS LESS: THE 2,000 SQ FT OR THE 25% COVERAGE? : CIRCLE ONE | | |
| IF YOU ANSWERED YES TO ANY OF THE 3 QUESTIONS ABOVE YOU MUST SUBMIT A EPSC PLAN SEE BELOW: | | |

PLEASE SUBMIT THE FOLLOWING ITEMS FOR EPSC PLAN REVIEW:

1. DETAILED SITE PLAN-REQUIRED ELEMENTS ON THE BACK OF THIS FORM
2. BEST MANAGEMENT PRACTICES (BMP'S) TO BE UTILIZED TO PREVENT EROSION—SUCH AS STRAW BALES, SILT FENCES, SEEDING/SODDING, GRAVELING EXPOSED AREAS ETC
3. STRATEGY TO MINIMIZE THE REMOVAL OF VEGETATION COVER, PARTICULARLY TREE COVER

APPLICANT CERTIFICATION; I hereby affirm, under penalty for perjury, that I am the owner or authorized representative of the owner and have full authority and responsibility to execute this erosion control application. I agree to abide by the requirements of the approved erosion control plan and/or the erosion control ordinances to the best of my ability. I am the party responsible for erecting and maintaining the erosion control best management practices (BMP) on this site until such time as the final occupancy permit is obtained or until a follow up permit is issued to another party. I understand that representatives of Curry County may enter the site to inspect the BMP's installed and that because of the uncertainty of construction practice, weather, topography and/or other conditions they may require additional practices beyond those shown on the approved plan to be installed.

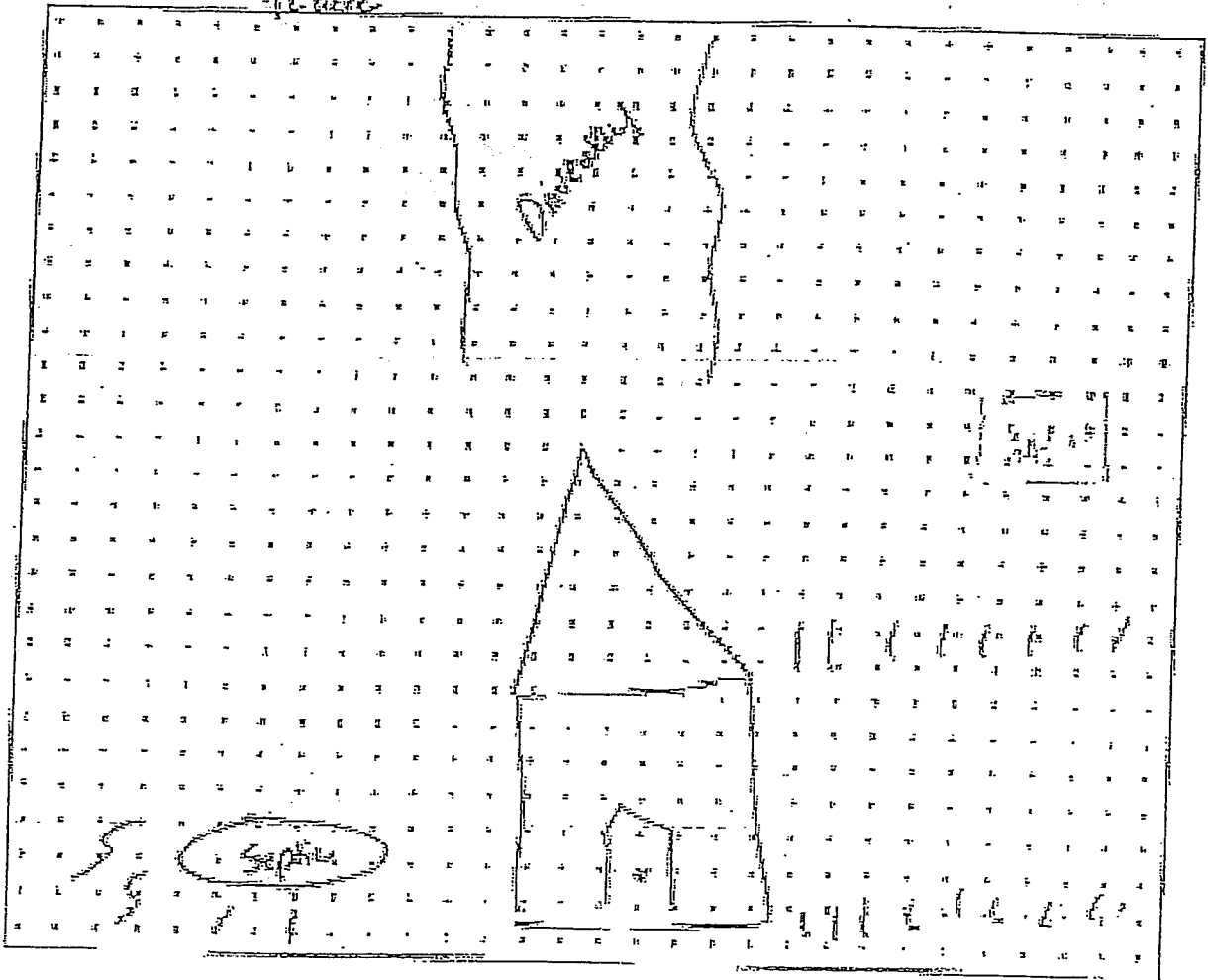
Signature of Applicant: _____

Date _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>SITE PLAN WORKSHEET Please prepare a complete site plan. An incomplete site plan will delay review of your project.</p> | <p>NORTH ARROW: (WHICH DIRECTION)</p> <p>SCALE:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Scale: 1 Square = 40 Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS.

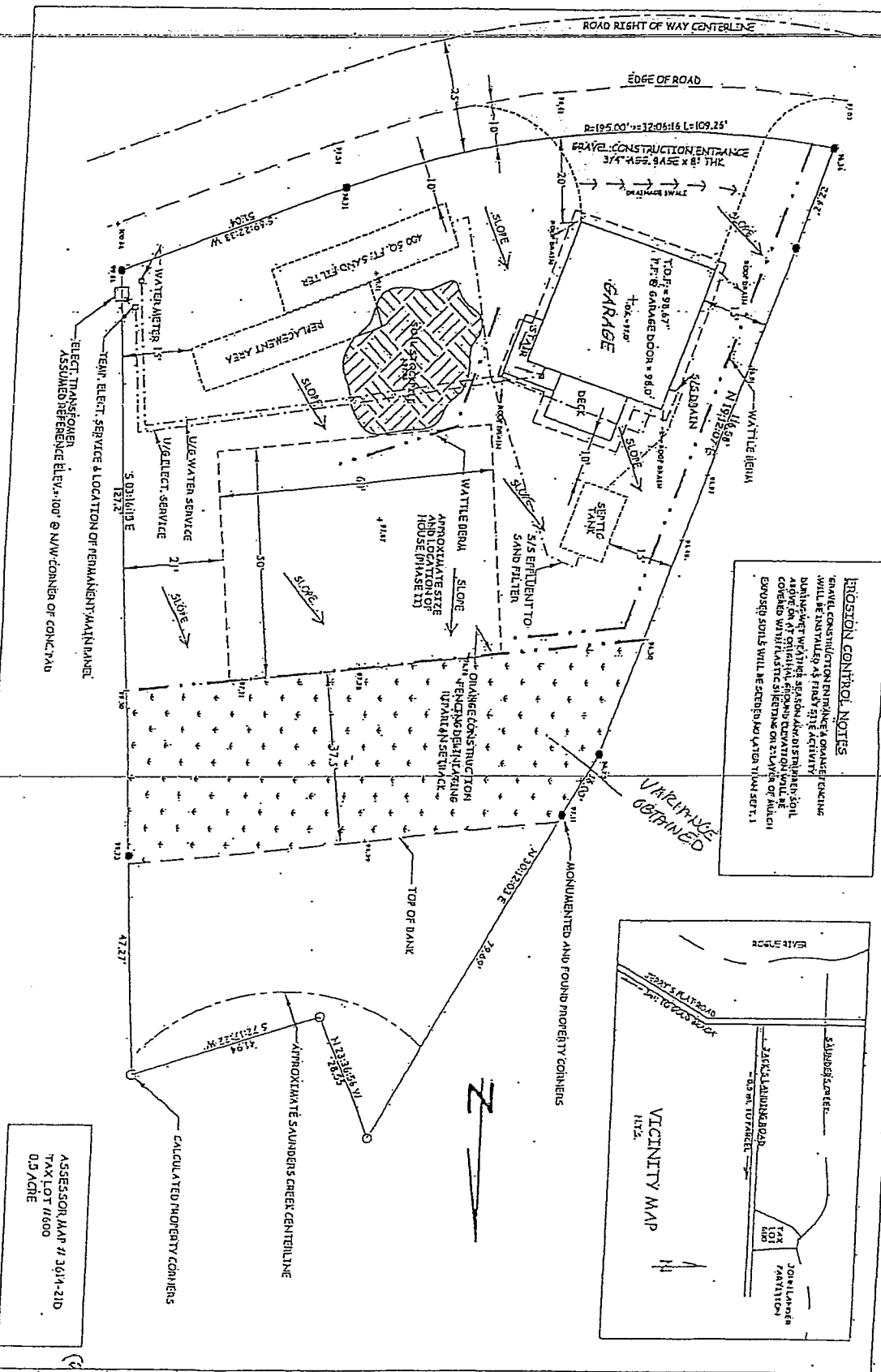


Labels that are shown in this plan are not shown in the actual plan.

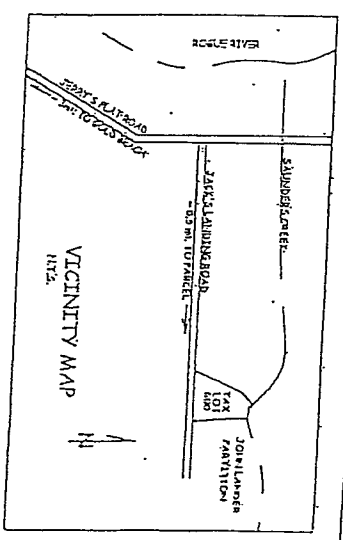
BAD SITE PLAN

MINIMUM SITE PLAN REQUIREMENTS

- Property owner(s) name(s)
- North arrow
- Assessor Map and tax lot number
- Exterior property lines
- Existing easements and their purpose
- Shorelines, water features, streams, rivers, drainages
- Proposed structures
- Property setback lines (check with planning if you are unsure)
- Streets, roads, highways adjacent to property
- Septic system and drainfields
- Well or other domestic water source
- Physical address, if one has been assigned



EROSION CONTROL NOTES
 SHALL CONSTRUCTION ENTRANCE AND GARAGE SHALL BE INSTALLED AS FIRST SITE ACTIVITY. ALL CONSTRUCTION SHALL BE INSTALLED AS FIRST SITE ACTIVITY. ALL CONSTRUCTION SHALL BE INSTALLED AS FIRST SITE ACTIVITY. ALL CONSTRUCTION SHALL BE INSTALLED AS FIRST SITE ACTIVITY.



OWNERS: John Public
 SITE ADDRESS: 123 Way
 OWNERS ADDRESS: 123 Way
 Gold Beach

PLOT PLAN
 PHASE I: GARAGE & SS SYSTEM

DATE: 2/16/08

SCALE: 1"=20'

SHEET: 1/1

ASSESSOR MAP # 3614-210
 TAX LOT # 600
 0.3 ACRE

AVAILIBLTY OF POWER - ELECTRIC COORDINATION



1. THE SUBJECT PROPERTY IS WITHIN THE SERVICE TERRITORY OF COOS CURRY ELECTRIC AND CAN BE PROVIDED ELECTRIC POWER ONCE THE ROUTE HAS BEEN DETERMINED, EASEMENTS AND/OR PERMITS OBTAINED, AND ALL FEES PAID.
2. UTILITY NOTIFICATION CENTER SHOULD BE CALLED BEFORE ANY TRENCHING OR EXCAVATION.
3. STRUCTURES ARE NOT ALLOWED UNDERNEATH OR ON TOP OF ANY COOS CURRY FACILITIES.
4. NATIONAL ELECTRIC SAFETY CODE CLEARANCE REQUIREMENTS SHALL BE FOLLOWED

Situs address –

Township

Range

Section

Taxlot (s)

CCEC Representative _____ Date _____

Owner/ Representative _____ Date _____

Mailing Address for all Coos-Curry Electric Co-op offices: P.O. Box 1268, Port Orford OR 97465-1268

Port Orford Office: 43050 Hwy 101 Port Orford OR 97465 · Phone: 541-332-3931 Fax: 541-332-3501

Brookings Office: 815 Railroad St Brookings OR 97415 · Phone: 541-469-2103 Fax: 541-469-3193

Gold Beach Office: 29439 Ellensburg Gold Beach OR 97444 · Phone: 541-247-6638 Fax: 541-247-6630

Coquille Office: 220 S Mill Ave Coquille OR 97423 · Phone: 541-396-3118 Fax: 541-396-3119

www.ccec.coop

After Hours Outage Number 866-352-9044

FIRE DISTRICT SIGN OFF FORM

This form must be taken to the local Fire Department with the Plot Plan that must be turned in when applying for a building permit. Please discuss your proposed development with the Fire Department to ensure fire safety and get the signature of the Fire Department Representative. Return the Permit Clearance and this form with your plans to Curry County Department of Community Development.

_____ Signature of Fire Department Representative

_____ Signature of Applicant

| Fire District/ Department | Contact | Phone Number |
|----------------------------------|-----------------|------------------------------|
| Agness Fire | Bill Scherbarth | 541 247-7987 |
| Brookings Fire | Jim Watson | 541 469-1142 |
| Brookings Rural | Jim Watson | 541 469-1142 |
| Cape Ferrelo Fire | Aaron Johnson | 541 661-1499 |
| Cedar Valley Fire | Wade Hooey | 541 698-6237 |
| Gold Beach Fire | Tyson Krieger | 541 247-6204 |
| Harbor Fire | John Brazil | 541 469-5301 |
| Langlois Fire | Mike Murphy | 541 348-2304 541 253-6191 |
| Ophir Fire | Adam Brotton | 541 698-6110 |
| Pistol River Fire | Rocky Carpenter | 541 247-2886 |
| Port Orford Fire | David Duncan | 541 332-3681 |
| Sixes Fire | Wayne Moore | 541 348-9927 541 253-6028 |
| Upper Chetco Fire | Jim Watson | 541 469-1142 |
| Wedderburn Rural | Tyson Krieger | 541 247-6204 |
| Winchuck Fire | Bill Hauer | 541 469-7048 |

Manufactured Dwelling/ Park Model Permit Application

**Curry County Public Service
Building Dept.
94235 Moore St. SUITE 113
Gold Beach, OR 97444
Phone: 541-247-3226
Fax: 541-247-4579
e-mail: hamiltonr@co.curry.or.us**

| DEPARTMENT USE ONLY | |
|---------------------------------|--|
| Permit no.: | |
| Office: | |
| By: | Issue date: |
| LOCAL JURISDICTION APPROVALS | |
| Zoning approval verified: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property is within flood plain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sanitation approval verified: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

This permit is issued under OARs 918-500-0105 and 918-525-0370. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

| JOB SITE INFORMATION AND LOCATION | |
|-----------------------------------|----------------------------|
| Job site address: | |
| City: | County: |
| State: | ZIP: |
| Assessor Map: | Tax Lot: |
| City: | Inside City Limits: Yes/No |
| Mobile Home Park: | |
| Space/Lot No.: | |
| DESCRIPTON OF WORK | |
| | |
| | |
| APPLICANT INFORMATION | |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| E-mail: | |
| Authorized Signature: ----- | |
| Print Name: | Date: |
| CONTRACTOR OR OWNER INSTALLATION | |
| Business name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| E-mail: | |
| CCB no.: | MDI no.: |
| Authorized Signature: | |
| | |
| Print Name: | Date: |

| FEE SCHEDULE | | | | |
|--|----------|------|-----------------|-----------|
| Description | Cost ea. | Qty. | Total | Dept. Use |
| (1) MANUFACTURED DWELLING / PARK MODEL | | | | |
| (a) Placement (includes placement, electrical feeder, water/sewer connection): | \$384.00 | 1 | \$384.00 | |
| (b) Reinspection (per inspection): | \$87.00 | | | |
| Placement permit to be obtained only by homeowner or Oregon-licensed manufactured dwelling installer. | | | | |
| | | | | |
| Electrical service permit to be obtained only by homeowner performing work or signing supervisor of Oregon-licensed electrical contractor performing work. | | | | |
| (3) Miscellaneous fees | | | | |
| (a) Surcharge, 12% (.12 x total): | | | \$46.08 | |
| (b) Administrative fee for item (1) only: | \$30.00 | 1 | \$30.00 | |
| GRAND TOTAL | | | \$460.08 | |

BUILDING PERMIT APPLICATION

CURRY COUNTY – GOLD BEACH – PORT ORFORD

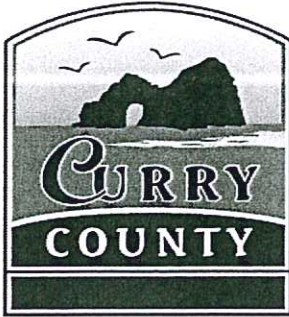
| TYPE OF WORK | |
|--|--|
| <input type="checkbox"/> New construction | Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |
| CATEGORY OF CONSTRUCTION | |
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |
| JOB SITE INFORMATION AND LOCATION | |
| Job site address: | |
| City/State/ZIP: | |
| Suite/bldg./apt. no.: | Project name: |
| Cross street/directions to job site: | |
| | |
| | |
| | |
| Subdivision: | Lot no.: |
| Tax map/parcel no.: | |
| DESCRIPTION OF WORK | |
| | |
| | |
| | |
| | |
| <input type="checkbox"/> PROPERTY OWNER | <input type="checkbox"/> TENANT |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| <input type="checkbox"/> APPLICANT | <input type="checkbox"/> CONTACT PERSON |
| Business name: | |
| Contact name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: : () |
| E-mail: | |
| CONTRACTOR | |
| Business name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| CCB lic.: | |
| Authorized signature: | |
| Print name: | Date: |

DEPT. USE ONLY

| 1- AND 2-FAMILY DWELLING | |
|--|-------------|
| Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. | |
| Valuation | |
| Number of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| COMMERCIAL-USE CHECKLIST | |
| Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. | |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | |
| Existing: | |
| New: | |
| BUILDING PERMIT FEES* | |
| <i>Please refer to fee schedule</i> | |
| Fees due upon application | |
| State surcharge (12% of permit fee) | |
| Amount received | |
| Date received: | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

**CURRY COUNTY PUBLIC SERVICES
BUILDING DEPT.
94235 Moore St. SUITE 113
GOLD BEACH, OR 97444
PHONE: 541-247-3226
FAX: 541-247-4579
e-mail: creightons@co.curry.or.us**



Department of Community Development

DECLARATION OF VALUE

The value of a building project is the total actual construction cost for all classes of work. An accurate estimate of value must include all costs for architectural, structural, electrical, plumbing, heating, and ventilation devices and equipment, and the contractor's profit – even if he or she has a financial interest in the project.

I hereby certify the estimated value of the construction project described herein to have been prepared consistent with the above description, and declare it to be

\$_____.

I understand that the Building Division is not bound by this estimate for establishing permit fees.

Project Identification: Type of Structure _____
Township____ Range____ Section____ Tax Lot____
Street Address _____
Owner Name _____

Signature of Declarant _____

Please Check One:

Owner Builder Representative with Written Authorization