



## 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.**

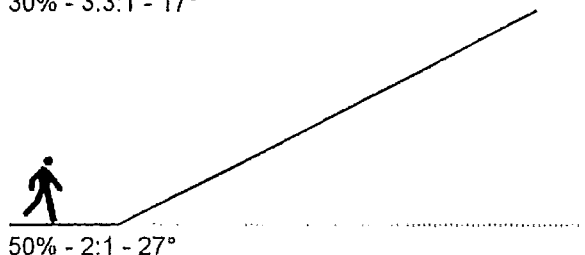
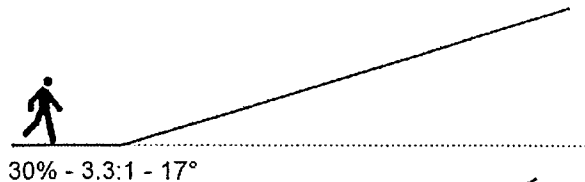
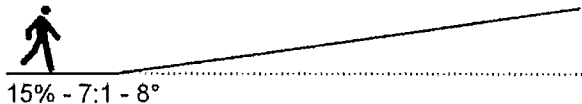
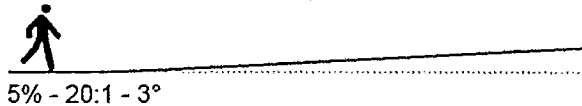
## EPSC SITE PLAN REQUIREMENTS

- 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:
<b>RESPONSIBLE PARTY FOR INSTALLATION &amp; MAINTENANCE OF EROSION CONTROL MEASURES:</b>		
<b>NAME:</b>	<b>PHONE:</b>	
ADDRESS:	ACREAGE:	
CITY/STATE/ZIP:		
PROPERTY DESCRIPTION: ASSESSOR MAP/TAXLOT:		
<b>PROPOSED DEVELOPMENT:</b>		
<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 <b>IMPERVIOUS</b> 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 <b>2,000 SQ FT</b> OR    THE <b>25% COVERAGE?</b> :    CIRCLE ONE		
<b>IF YOU ANSWERED YES TO ANY OF THE 3 QUESTIONS ABOVE YOU MUST SUBMIT A EPSC PLAN SEE BELOW:</b>		

**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.

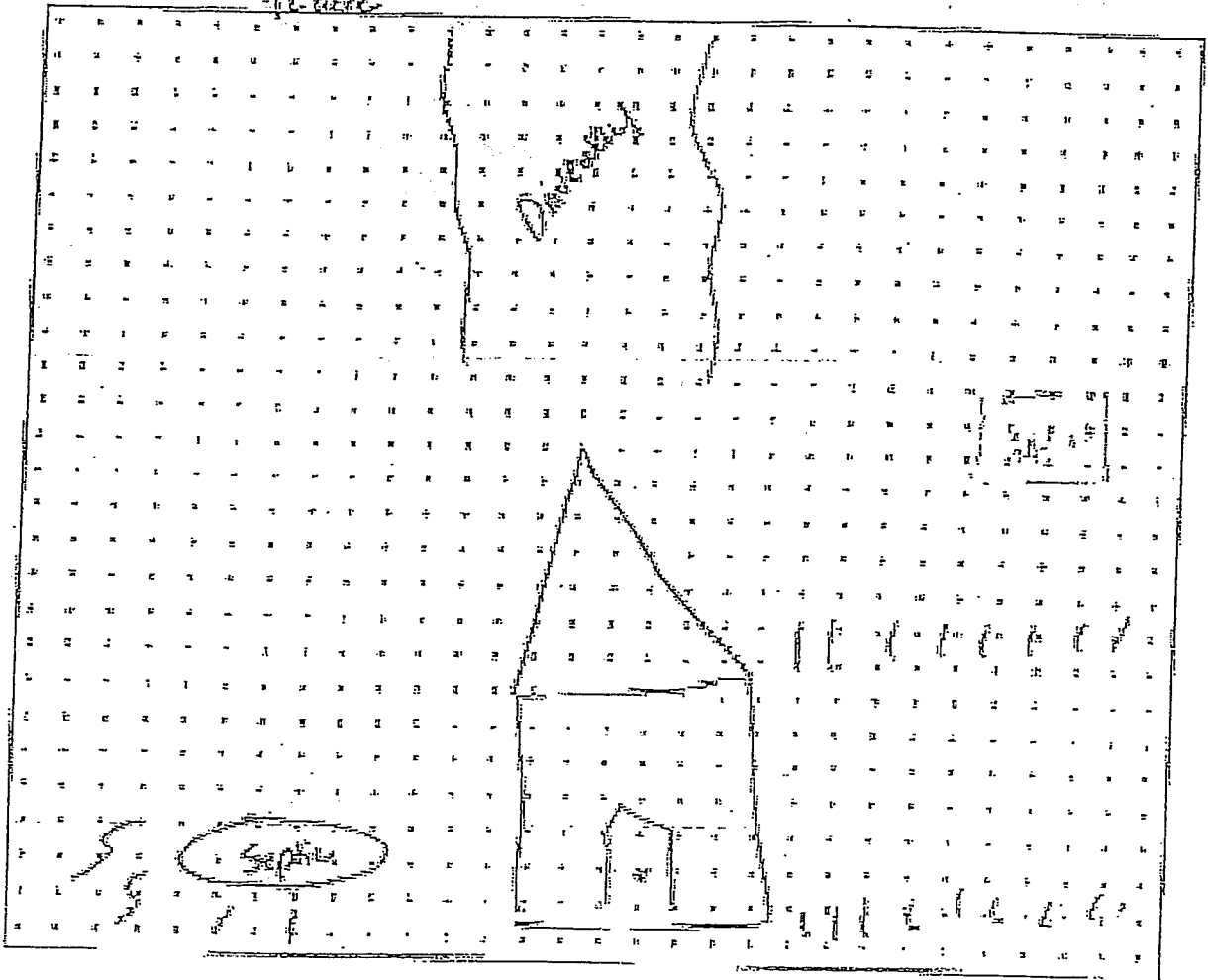
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Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_



Scale: 1 Square = 40 Feet

**SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS.**

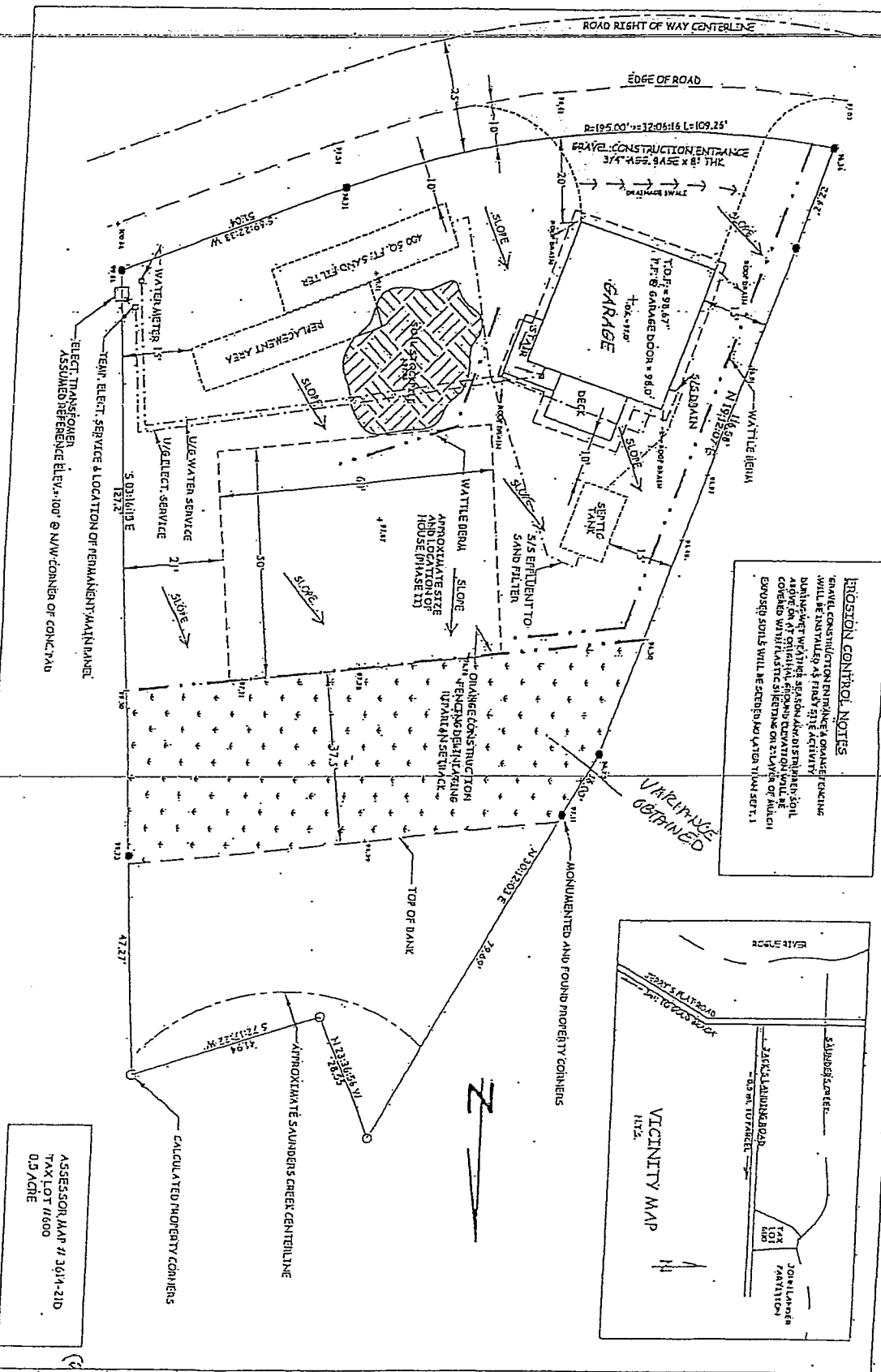


Labels that are shown in this plan are not shown in the actual plan.

## 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



**PLOT PLAN**  
 PHASE I: GARAGE & SS SYSTEM

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

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](http://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

<b>Fire District/ Department</b>	<b>Contact</b>	<b>Phone Number</b>
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

# BUILDING PERMIT APPLICATION

## CURRY COUNTY – GOLD BEACH – PORT ORFORD

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> 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.:	

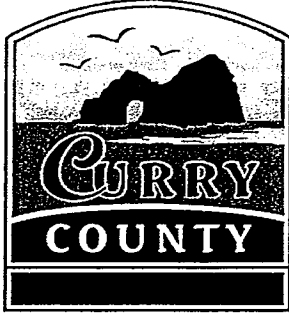
Authorized signature:

Print name:	Date:
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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 Department of Community Development**  
 94235 Moore St. Suite 113  
 Gold Beach, OR 97444  
 Phone: 541-247-3226  
 Fax: 541-247-4579  
 e-mail: [CreightonS@co.curry.or.us](mailto: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