



CURRY COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT BUILDING DIVISION

COURTHOUSE ANNEX • 94235 MOORE STREET SUITE 113 • GOLD BEACH, OREGON 97444

Phone (541) 247-3304
FAX (541) 247-4579

DEQ regulations require owners of all buildings, including residential homes, to conduct an asbestos survey performed by a DEQ accredited inspector prior to demolition. Residential buildings built after January 2, 2004, are exempted from this survey requirement. For further information, contact:

Martin Abts
DEQ – Coos Bay Office
Phone: (541) 269-2721 ext. 222
FAX: (541) 269-7984
Email: abts.martin@deq.state.or.us

Applicant verifies contact has been made with DEQ.

Signature: _____

Date: _____

DEMOLITION PERMIT APPLICATION - \$30.00

CURRY COUNTY – GOLD BEACH – PORT ORFORD

TYPE OF DEMOLITION	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
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.:	
REASON FOR DEMOLITION	
WHAT IS BEING DEMOLISHED?	
ASBESTOS REPORT INCLUDED (Report must be included prior to permit issuance):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
UNDERGROUND FLAMMABLE LIQUID STORAGE TANKS PRESENT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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/OWNER	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	

Authorized signature:

Print name:	Date:
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DEPARTMENT USE ONLY	
Permit No:	
Office:	
By:	Issue Date:

Scheduled Start Date:	
Scheduled End Date:	
METHOD OF TRANSPORTING DEMOLISHED MATERIAL	
NAME OF DISPOSAL SITE TO BE USED	
DEMOLITION PERMIT FEES	
Fees due upon application	\$30.00
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: buildingpermits@co.curry.or.us

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

HARBOR SANITARY DISTRICT

16408 Lower Harbor Rd. Brookings, OR 97415

Permit Application Approval Form

Owner Name: _____

Owners Representative: _____

Owner Mailing Address: _____

Owner Phone: _____

Project Location: _____

Assessor Map and Tax Lot: _____

Permit Type: New Construction Plumbing Demolition Remodel
 Replacement Conditional Use

1. Sight Inspection will be required for all permits.

2. Any conditions of approval are listed below:

3. Other comments:

Signature _____
 Owner/Representative

Date _____

Signature _____
 Harbor Sanitary District

Date _____