Dianon St Pottognic De this form authorizes only WHAT is applied to under NO.1 at the time is fleel. Building plans MISE2 be turned in to the CURRY COUNTY BUILDING DEPT. COURTHOUSE ANNEX, 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. By my signature, I certify that I am the owner, or have the owner's consent to apply for a permit of the above referenced properly and by my signature. I lasto certify that the information provided by me is correct and hereby grant the staff of the City of Peter Orden or Citry. County permission to enter this property for pulpages of this spalled in the Manne. 3D. COOS-CURRY / BANDON ELECTRIC COORDINATION Please discuss your proposed development with the utility Septic clearance for building permits not requiring septic 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 94235 MOORE STREET, SUITE 113 GOLD BEACH, OR 97444 3C. \$60.00 ON-SITE SEPTIC SYSTEM CLEARANCE cfore this form can be processed. County Rd. Dept. 541-247-709 7. PLOT PLAN/EROSION CONTROL PLAN CITY MEDITION St. OR ZIPSOGNORTH Does property access a county or state road? Tyes No company to ensure electrical safety. SIGNATURE OF PORT ORFORD REPRESENTATIVE. 4. PROPERTY DESCRIPTION:
Assessor Map # 335 | SWI 5 PROLOUT.
Acreage | 39 Street address or location If YES, do you have an access permit? Tyes No Mailing Address: B50 0444 Street address or Existing Septic System Permit # 8. APPLICANT SIGNATURE: 3B. SANITARY DISTRICTS: State or County permit # Property Owner: 5. PROPERT 6. ACCESS: Note: This for Contractor Name (ACCOST TANKES, #108081)

Manf. Home Installer:

Ree# Verification (from an authorized district representative) is required prior to submission of this clearance form. PLANNING CLEARANCE FOR: (check applicable items) Bedrooms If on Well / Spring:

• Attach Well Log or Water Right documentation. Applicant: read and complete items 1-8. PLANNING CLEARANCE FORM PORT ORFORD PLANNING DEPT. CITY OF PORT ORFORD PORT ORFORD, OR 97465 Sewage Disposal Permit/Authorization Notice 3. WATER SOURCE: NO WATER SIGNATURE OF WATER DISTRICT REPRESENTATIVE how many? how many? Phone 541-332-3681 Manufactured Home Permit Year\_ Building Permit COMM SFD CONTRACTOR INFORMATION 2. EXISTING DEVELOPMENT: Width of Manf. Home at base Dwellings (stick built) NEW ADDRESS ISSUED: Type and Size: Mobile Homes Spring Pre-Fab New If in a Water District: Owner Built Well o o o D 22 in

MAMA NI

**GEHOATTA** 

**FORTHCOMING** 

to have Signed a resturned

(FOR OFFICIAL USE ONLY)
PLANNING STANDARDS AND REQUIREMENTS

PC FEE: CITY OF PORT ORFORD - \$91.00

bC#:

2500

Laı	Land Use Zone: 4-C	Special Requirements or Considerations:
Pro	Property Line Setbacks:	FIRM or Floodway Panel#
ø	Harbor Bench Farm District Setback	Geologic Hazard as identifican DOGAMI maps Wetland or potential etland as identified by
0	35 feet from the center of all roads OR 10 feet from any property line adjacent to a road-which ever is greater	Wetland Invent of Mar Scenic Wat way USFS proval
٥	Vision clearance	overlay
0	No requirement SIDE:	CONDITIONS OF APPROVAL:
ø	5 feet from property line for structures 15' and under For structures exceeding 15-add 6 inches (½ bos) for every foot over 15' height TOTAL SETBACK	
0	No requirement BACK:	
o	5 feet from property line for structures 15' and under For structures exceeding 15" add 6 inches (½ foot) for	
ø	every foot over 15" height TOTAL SETBACK. No requirement NOTE: Evers guters, sunshades, and other similar architectural features may not project into required setbacks more than two (2) feet	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
15 0	Off Street Parking:  ### ## ### ### #####################	City Planning Staff Reviewer
o	parking lot plan required	
Str	Structure Height:	inside city limis
	35' maximum	Signature
	Airport Overlay Zone requires feet No requirement	Title Date
		Sanitarian Reviewer:
Previ	Lot Origin and Previous Land Use Action:  Pre-existing Previous Land Use Actions:	Permit #Authorization Notice#System approved G System denied
vege	** No REMOVAL OR DISTURBANCE of Ripperfu Vegetation within:	Conments:
	Sofeet OR Preet	Signature
of an Over	of any streams, rivers, or lakes, er county Riparian Buffer Overlay Zone requirement	Title D. C. C.
Fire	Fire Break:  A firebra. of feet must be maintained aroas eall proposed structures	
1	No requirement	
1		3
	U:\Assessment\u00e4internal share\u00e4permit_clearance_app 07/13/2011	

### City of Port Orford

555 W. 20th St. PO Box 310, Port Orford, OR 97465. 541.332.3681 or FX 877.281.5307

	PLANNING CLEARANCE APPLICATION				
	Date Received: Planning Clearance Date:				
	Project Address: 1555 UNGONST. PONDINGUL Assessor's Parcel No. 335-15 W.D. 5.08				
	Project Description, including all accessory uses and/or structures.				
	Place a 20 foot Shipping Continuer in parlying lot of Rays food Place				
	to have customers direct off their green + blue bregon bothe return bas that				
	Residential \( \) Commercial \( \) Parcel Zone \( \) Pey \( \) ill drop \( \) door on Side				
97	Required: Three copies of a Site Plan, Floor Plans and Elevations (requirements attached) or three copies of the building plans that will be used to submit a building permit to the Curry County Building Department.				
	X Required Coos-Curry Electric Coop Authorizing power. Blank form is attached.				
	Port Orford Fire Department Authorization form.				
N	Erosion Control Form and plan if required.  \$ Planning Clearance fee				
N	Identification of how water is made available to the property.				
	This application will not be accepted without the required information and application fee.				
Γ	Applicant/Agent or Contractor No. Applicant/Agent or Contractor No.				
	Applicant/Agent or Contractor Name:				
	City, State and Zip code:				
	50 50 50 50 50 50 50 50 50 50 50 50 50 5				
	A 11/ 11/ 1/0 L				
	Property Owner: CAK, MUNCET - KOCKY Cumpbell				
	Mailing Address including City, State and Zip code: 900 VINNE VILL WAY STEL MODILLO OR 97504				
	Forte: 412 3583 Fax: Email: Rocky. Compbell @ Chmurket.com				
APPLICANT/OWNER CERTIFICATION: I certify that I am the owner, or have the owner's					
consent/authorization to apply for a permit(s) on the above referenced property. By my signature I certify that					
V	the information provided herein is correct and all the provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I acknowledge that granting of a permit by the City				
s	does not authorize or presume to give authority to me to violate or cancel the provisions of any other local, state, or federal laws that may be applicable to this development proposal. Additionally, by signing this application form I acknowledge that I am granting the City of Port Orford staff or their agent(s) authorization to enter onto the subject property for the purposes related to this application proposal.				
	IGNATURE OF OWNER(S) OF THE PROPERTY REQUIRED				

NV Ch

Owner Signature

Date

#### **AVAILABILITY OF POWER - ELECTRIC COORDINATION**



Service Address: 1555 Oregon St., Port Orford, OR 97465

Township:

T33S

Range:

**R15W** 

Section:

05AB

Tax Lot:

3500

- THE ABOVE MENTIONED PROPERTY IS WITHIN THE SERVICE TERRITORY OF COOS -CURRY ELECTRIC COOPERATIVE, INC (CCEC) AND CAN BE PROVIDED WITH ELECTRICAL POWER ONCE THE ROUTE HAS BEEN DETERMINED, EASEMENTS AND/OR PERMITS OBTAINED, AND ALL FEES HAVE BEEN PAID.
- OREGON UTILITY NOTIFICATION CENTER MUST BE CALLED PRIOR TO ANY DIGGING, TRENCHING OR EXCAVATION BEGINS. THEY CAN BE REACHED AT 1 (800) 332-2344 OR "811".
- BUILDING STRUCTURES ARE NOT ALLOWED TO BE CONSTRUCTED UNDERNEATH OR ON TOP OF ANY CCEC'S FACILITIES AND MUST MAINTAIN A 15FT CLEARANCE SETBACK.
- 4. NATIONAL ELECTRIC SAFETY CODE FOR CLEARANCE REQUIREMENTS SHALL BE FOLLOWED.

**CCEC** Representative

Janna Fraser, Line Staker

Date 7/2/2

Owner/Representative

Date 7/25/20

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



# Water + Sewer not needed for project

# CITY OF PORT ORFORD WATER AND SEWER SERVICE REQUEST

DATE JULY 25 2024
NAME: ROYS FOOD PLACE
MAILING ADDRESS: 1555 Oregon St. Port Of 9746
PHONE:#MESSAGE#:
SOCIAL SECURITY NUMBER:
HOW MANY IN HOUSEHOLD:
RACIAL CATEGORIES:  (this question is required by USDA to be eligible for certain City funding)  "White "Black or African American "Hispanic or Latino "Asian "American or Alaskan Native "Native Hawaiian or Pacific Islander
LAST SERVICE ADDRESS:
CITY AND STATE:
NOTICE TO RENTERS: A MINIMUM \$100.00 (ONE HUNDRED DOLLARS) SERVICE SECURITY DEPOSIT IS REQUIRED BEFORE WATER AND SEWER SERVICE WILL BEGIN, THE DEPOSIT WILL BE APPLIED TO LAST BILLING UPON MOVING OUT OF RENTAL.
TURN ON DATE: MOVE IN DATE:
SERVICE ADDRESS:
OWNERS NAME: (if different from above)
OWNERS ADDRESS:
OWNERS PHONE:
The second state of the second

I am requesting water and sewer service at the above address. I understand I am f responsible for all sewer and water billings at the above service address until the time I personally request and sign a service disconnection notice. I also understand that verification of past sewer and or water service history may be made, and this may reflect a need for a higher security deposit.

## HARBOR SANITARY DISTRICT

16408 Lower Harbor Rd. Brookings, OR 97415

Permit Application Approval Form

NJA	
for this	project.

Owner Name:	Cok Narkets Aba Ray's Foods	VIII
Owners Representa	•	
Owner Mailing Add	ress:	
Owner Phone:		,
Project Location:	1555 Oreganst Partorford, De 97	465
Assessor Map and T	ax Lot:	
Permit Type:	New Construction Plumbing Demolition Remodel	
	Replacement Conditional Use	
1. Sight Inspection w	vill be required for all permits.	
2. Any conditions of	approval are listed below:	
X		
	·	
3. Other comments:		
-		1
-		
Signature		
	Owner/Representative	
Signature	Date	
	Harbor Sanltary District	

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

PROPERTY OWNER INFO: NAME: CAK MANGET THE PHONE: 5	41.417-3583
RESPONSIBLE PARTY FOR INSTALLATION & MAINTENANCE OF EROSION CONTRO	L MEASURES:
NAME: KOBORT TAYLOR PHONE: 503-319-5958	?
ADDRESS DAVS FOOD PURCE 1555 OFFICE ST ACREAGE:	
CITY/STATE/ZIP: PORT OFFORD OR 97465	
PROPERTY DESCRIPTION: ASSESSOR MAP/TAXLOT: 3315 -0546-03500	1-00
PROPOSED DEVELOPMENT: RAYS FOOD PUACE -1555 Organist Riv	YORGAN DE 97965
20 ft Shipping Continuer in Parkinglot for OBRC BOHTE Drop to	p have customers
SED Y COMMEDIAL DALLETEARING	work only $g$
1. WILL 800 SQUARE FEET OR MORE OF SOIL SURFACE BE DISTURBED? YES	S D NO N
2. WILL 2,000 SQUARE FEET OF <b>IMPERVIOUS</b> SURFACE BE CREATED? YES (IMPERVIOUS MEANS WATER CAN'T GET THROUGH IT TO THE GROUND—LIKE FOR CONCRETE, ROOFS OR BUILDINGS—WATER THEN SHEETS OFF OF THESE SURF	DA) (5145) (5
3. WILL IMPERVIOUS SURFACES COVER MORE THAN 25% OF THE LOT AREA?	YES   NO X
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 REVI	IEW:
1. DETAILED SITE PLAN-REQUIRED ELEMENTS ON THE BACK OF THIS FORM	
<ol> <li>BEST MANAGEMENT PRACTICES (BMP'S) TO BE UTILIZED TO PREVENT EROSI STRAW BALES, SILT FENCES, SEEDING/SODDING, GRAVELING EXPOSED ARE.</li> </ol>	ON—SUCH AS AS ETC
3. STRATEGY TO MINIMIZE THE REMOVAL OF VEGETATION COVER, PARTICULAR	RY TREE COVER
APPLICANT CERTIFICATION; I hereby affirm, under penalty for perjury, that I amt he of thorized representative of the owner and have full authority and responsibility to execute control application. I agree to abide by the requirements of the approved erosion control erosion control ordinances to the best of my ability. I am the party responsible for erecting taining the erosion control best management practices (BMP) on this site until such time cupancy permit is obtained or until a follow up permit is issued to another party. I understantives of Curry County may enter the site to inspect the BMP's installed and that become certainty of construction practice, weather, topography and/or other conditions they may tional practices beyond those shown on the approved plan to be installed.  Signature of Applicant:  Date	this erosion plan and/or the ng and main- as the final oc- stand that repre-

	CITY OF PORT ORFORD PLANNING CLEARANCE CHART COMMERCIAL ZONE (4-C)	
Item	Permitted or /Required Code reference	Complies?
Out right permitted Land Uses	<ol> <li>Multiple-family dwellings;</li> <li>Hotel or motel;</li> <li>Club or lodge hall;</li> <li>Hospital, sanitarium, retirement home, medical or dental Clinic;</li> <li>Retail or service establishment;</li> <li>Automobile service station;</li> <li>Machinery, farm equipment, marine or automotive sales, service, storage or repair;</li> <li>Building material storage yard;</li> <li>Plumbing, electrical or paint;</li> <li>Tire retreading or vulcanizing shop;</li> <li>Wholesale, trucking and storage establishment;</li> <li>Machine shop or cabinet shop;</li> <li>Manufacturing, repairing, compounding, processing, storage, research, assembling or fabricating activities except those specifically listed in Section 17.12.040(c);</li> <li>Park playground, fire station, library or museum;</li> <li>Childcare Facility;</li> <li>Residential care home;</li> <li>Residential care facility</li> </ol>	Primary Use is permitted outright. Accessor use is condition
Conditional Uses	17.12.030(c)  1. Mobile home park and/or recreational vehicle park;  2. Planned unit development on a lot of at least three acres in area;  3. Utility facility, including substation or pumping station or private generator;  4. Communications transmitter, receiver, antenna or tower;  5. Wind generator  6. Prefabricated structure	Prefab. Structure is conditiona
	17.12.030(d)  1. Sewer service shall be provided by the City of Port Orford, with hookups installed to City standards.  2. Sewer lines for new development shall connect to existing mains. In areas where a sewer main is not adjacent to a proposed lot or an existing lot proposed for development, the developer shall pay the cost of extending the main line and any lift necessary to provide adequate sewage disposal to the parameter of the lot. At the request of the developer, the City may consider sharing in the cost of the main line extension or lift station, but the City is under no obligation to participate.  3. Water lines to connect sites for new development to existing mains shall be installed to City standards. In area where a water main is not adjacent to the lot proposed for development, the applicant will pay the cost of extending the main to the parameter of the lot. At the request of the developer the City may consider sharing in the cost of the main line extension but the City is under no obligation to participate.	N/A but available
	17.12.030(e) Except as provided in Section 17.20.040 in a 4-C zone, the minimum lot size shall be as determined by the county health department as necessary for proper installation and operation of water supply and sewage disposal system are available, there shall be no minimum lot area.	Complies

Height of Buildings	17.12.030(f) Except as provided in Section 17.20.050 in exceed forty-five (45) feet in height.	a 4-C zone, no building shall	Complies
Erosion control 17.17.050	Developed with excavation of 800 square fedevelopment with mud, soil, rock, vegetative erosion or other depositional material onto, the property of another are subject to the results.	e material or any products of	N/A for this project
Other Zoning Ordinance requirements	Storm/Surface Water Management 17.18	required not required not required required not required	
Planning clearar Planning Clearar 1555 Oregon S requirements ref Planning Clearar requirements for Control plan for t Erosion Control F This Planning Cle Building Permit Department will r	G CLEARANCE:  nce is granted for the uses and accessory nce application form submitted by Rober t. Port Orford OR. Authorization of said erenced on the City of Port Orford Devel nce chart above and water and sewer compliance with the Port Orford Zoning Content is required, all requirements of the Polan is required to the Curry County Building Department of the Curry County Building Department of the Curry County Building Department in the Curry County Building Department in the plans have received a Planning that the plans have received a Planning Clearance	for the proper uses and accessory uses are supprent Standards noted on the are available for this property. Ordinance are / are not attached. Irosion Control Plan is / is not attached an shall be met.  25.  construct any structure. You must ment prior to construction. To and two sets of Plans stamped.	ty located at ubject to the Port Orford Additional An Erosion tached. If an
Planning		Port Orford Rural Fire Departme	ent .
Water Department		Sewer Department	-

#### List of Requirements for Plan Documents

#### 2 Complete Sets of Legible Plans.

Must be drawn to scale, showing conformance to the applicable local and state building codes. Lateral design details and connections must be incorporated into the plans or on a separate full size sheet attached to the plans with cross-references between plan location and details. Plan review cannot be completed if copyright violations are evident.

#### Site/Plot Plan

The plan must show: lot and building setback dimensions; property corner elevations (if there is more than 4' elevation differential, the site plan must show contour lines at 2' intervals for a distance away from the building necessary to show compliance with OTFDC Sec. 401); location of easements and driveway, footprint of structure (including decks), location of wells/septic systems, utility locations, any known fill sites or landslide hazard areas, North direction indicator, lot area, impervious area, existing structures on site, and surface drainage.

#### Foundation Plan and Cross Section.

Show footing and foundation dimensions, anchor bolts, any hold-downs and reinforcing steel, construction details, foundation vent size and location, soil type, and ground-floor elevation. Also show location of each storm drain, sanitary sewer, and water service connection.

#### Floor Plans.

Show for each floor, including basements, all dimensions, room identification, door and window sizes and locations, stairs, location of smoke detectors, water heater, HVAC equipment, ventilation fans, plumbing fixtures, balconies and decks 30" above grade, etc.

#### Cross Section(s) and Details.

Show all framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, and roof construction. More than one cross section may be required to clearly portray construction. Show details of all wall and roof sheathing, roofing, roof slope, ceiling height, siding material, footings and foundations, stairs, insulation, fireplace construction, thermal insulation, etc.

#### Elevation Views.

Provide elevations for new construction; minimum of two elevations for additions and remodels. Exterior elevations must reflect the actual grade if the change in grade is greater than 4' at building envelope. Full size sheet addendums showing foundation elevations with cross-references are acceptable.

#### Wall Bracing (Prescriptive Path) and/or Lateral Analysis Plans.

Building plans must show construction details and locations of exterior and interior lateral brace panels; for non-prescriptive path analysis provide specifications and calculations to engineering standards.

#### Floor/Roof Framing Plans.

Required for all floor/roof assemblies indicating member sizing, spacing, bearing locations, nailing and connection details. Also show purlin/strut locations. In addition, show location of attic ventilation.

#### Beam Calculations.

Provide two sets of calculations using current code design values for all beams and multiple joists exceeding prescriptive code requirements, and/or any beam/joist carrying a non-uniform load.

#### Roof Truss and Manufactured Floor Member Details.

Show, if applicable, manufactured truss and floor joist layout. Truss calculations must be turned in before building permits are issued.

#### Electrical Plans.

Required when house is over 10,000 sq. ft. and/or panel is more than 400 Amps. This consists of load calculations and line drawing of service.

#### Paved Driveway, Sidewalk, and Culvert.

If applicable, include location, width, and other specifications as required. Collector or arterial street access requires a turn-around driveway

#### Flood-Plain Information.

Buildings shall not be constructed within the floodway of 100-year flood zones. Structures may be constructed within the 100-year flood plain if the finished floor and all electrical and mechanical systems are not less than one (1) foot above the base flood elevation. For flood plain map information, please check with the Planning Department.

#### Energy Code Compliance.

Identify the prescriptive path or provide calculations.

#### Engineer's Calculations.

When required or provided, (i.e., foundation, sheer wall, roof truss, retaining walls exceeding 4', etc.) shall be stamped by and engineer or architect licensed in Oregon and shall be shown to be applicable to the project under review by cross-reference to the applicable plan location.

APPLICANT/OWNER AGREEMENT: By my signature, I certify that I am the owner and that I have received, accepted and will comply with the conditions specified in this Planning Clearance. I understand that this Planning Clearance does not constitute a building permit and I must apply to the Curry County Building Department for a building permit to construct my project at 1555 Oregon St. in Port Orford and any other permit required for compliance other local, state, or federal laws.

SIGNATURE OF OWNER(S) OF THE PROPERTY REQUIRED

**Owner Signature** 

Date



## CITY OF PORT ORFORD

\*555 W. 20th St. \*P.O. Box 310, Port Orford, OR 97465 \* Ph: 541-366-4568 \* Fx: 877-281-5307 \*

I, the undersigned, hereby agree to comply with all ordinances, rules and requirements of the City of Port Orford, Curry County and the State of Oregon.

Signature

Date

Date



#### 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

s\_44875,00

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

Project Identification:

Permit Number

Type of Structure 20' Shipping Container

Map 3315-05AB Tax Lot 3500

Street Address 1555 OregonSt. PortOfond OR 97465

Owner Name Coll Market 4ba Rays Food

Signature of Declarant

Please Check One:

Owner

Builder

Representative with Written Authorization