



# Development Permit

Clatsop County Planning and Development  
800 Exchange St Ste 100  
Astoria, OR 97103

Ph. (503) 325 - 8611 Fax (503) 338 - 3606

## For Department Use Only

Permit #: 20170486  
Permit Type: Type I Complex  
Entry Date: 9/18/2017  
Entered By: Clancie Adams  
Assigned To:  
Permit Status: Denied

## Permit Timeline

User	Status	Date
Clancie Adams	Entered	09/18/2017
Clancie Adams	Denied	09/18/2017

## Proposed Use

Proposed Use: **Short Term Rental**  
Zone: **AC-RCR** Description: Short Term Rental Permit 2017-18  
Overlay District: **RCO** Invalid - they are not yet the owners. Closing expected on 10-06-17

## Owner/Project Location

**Owner:** Name: **JAEGER MARY & WALKER JERRY** Ph. #: (503) 705-4624  
Address: 3203 NE 15TH AVE Cell: (503) 709-5614  
City, State, Zip: PORTLAND, OR 97212 Fax: ( ) -  
**Situs Address:** 80124 Pacific Rd I R S Q S Qq S Taxlot  
City: Arch Cape State: OREGON 4 10 19 C C 02200

## Applicant/Agent

**Applicant:** Name: JAEGER MARY, WALKER JERRY Ph. #: (503) 705-4624  
Address: 3203 NE 15TH AVE Cell: (503) 709-5614  
City, State, Zip: PORTLAND, OR 97212 Fax: ( ) -  
**Agent:** Name/Type: Cannon Beach Vacation Rentals ( Agent ) Ph. #: (503) 436-0940  
Address: 164 Sunset Blvd Cell: ( ) -  
City, State, Zip: Cannon Beach, OR 97110 Fax: ( ) -

## Fees

<u>Fee Type:</u>	<u>Permit Fee Total:</u>
Planning/Development	\$111.00
<b>Total:</b>	<b>\$111.00</b>

## Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
Schilling Beach House LLC	Check		09/18/2017	\$111.00
<b>Balance Due:</b>				<b>\$0.00</b>

## Signatures

1. For Commercial and industrial uses, include parking and loading plan, sign plan and erosion control plan.
2. For residential and other uses, include an erosion control plan.
3. Review attached applicant's statement and sign below.

I have read and understand the attached APPLICANT'S STATEMENT and agree to abide by the terms thereof.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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#### Zoning District Requirements

Property Access Info.

Access to Property:  
County Permit Required?  
State Permit Required?

Direction	Setbacks	
	Req.	Actual
F:		
S1:		
S2:		
R:		

#### Property Information

#### Compliance/Permit Requirements

#### Clatsop County Compliance

Except as noted, the Clatsop County Community Development Department finds the proposed use(s)/action(s) in compliance with the Clatsop County Land & Water Development and Use Ordinance and with the Clatsop County Comprehensive Plan.

The evaluation of the land parcels outlined above is based on the information presented at this time, standards provided in the Clatsop County Land & Water Development & Use Ordinance, and policies of the Comprehensive plan, and the Zoning/ Comprehensive Plan Map.

The applicant or property owner must comply with the conditions noted below and on the attached applicants statement.  
This permit is not valid unless the conditions are met.

#### Permit Requirements

#### Details

Other conditions of approval: Must meet conditions of Arch Cape STR Ordinance.

Entered by: Clancie Adams

Entered Date: 09/18/2017

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clatsop County Authorization: Clancie Adams Date: \_\_\_\_\_



# ARCH CAPE SHORT TERM RENTAL PERMIT APPLICATION

Clatsop County Community Development – Land Use Planning  
800 Exchange Street, Suite 100, Astoria, Oregon 97103  
Phone: (503) 325-8611 Fax: (503) 338-3606  
comdev@co.clatsop.or.us www.co.clatsop.or.us

Effective May 12, 2004, Clatsop County requires approval of a revocable permit for short term (up to 30 consecutive days) rental of residential property in the Arch Cape Rural Community Residential Zone. These rentals are limited to either a minimum period of seven nights or, if fewer than seven nights, then to no more than one rental within a seven (7) night period. These permits are processed and reviewed similar to a Type 1 Development Permit.

### INSTRUCTIONS TO APPLICANT – COMPLETE THIS FORM – PLEASE PRINT CLEARLY

- Attach a completed Home Inspection Report and scaled drawing showing property lines and, including all buildings, garage spaces, driveways and any off street parking. Required for new applications or every five years for renewal applications.
- Attach completed Transient Room Tax Registration form. Attach a list, with signatures, of all owners if more than two.
- Attach instructions regarding delivery of permit if it is to be mailed to someone other than the first owner listed in our records.
- Review "Applicant's Statement" on the back of this form. Check that all information and signatures have been provided.

**INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED OR PROCESSED**

Property Address 80124 PACIFIC ROAD, ARCH CAPE, OR 97102  
 Township 4 Range 10 Section 1900 Tax Lot 2200  
 Applicant Name MARY JAEGER & TERRY M. WALKER Email TERRY@HCMALTD.COM  
 Mailing Address 3203 N.E. 15TH AVE City State Zip PORTLAND, OR 97212  
 Phone: Daytime 503-705-4624 Evening SAME Cell SAME

Use additional sheets of paper for more than two property owners.

<sup>1</sup> Owner Name MARY JAEGER Email MARYCJAEGER@GMAIL.COM  
 Mailing Address 3203 NE 15TH AVE City State Zip PORTLAND, OR 97212  
 Phone: Daytime 503-709-5614 Evening SAME Cell SAME

Signature: see attached Date: \_\_\_\_\_  
If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

<sup>2</sup> Owner Name TERRY M. WALKER Email TERRY@HCMALTD.COM  
 Mailing Address 3203 NE 15TH AVE City State Zip PORTLAND, OR 97212  
 Phone: Daytime 503-705-4624 Evening SAME Cell SAME

Signature: see attached Date: \_\_\_\_\_  
If the property owner does not sign this application, a letter authorizing signature by the applicant must be attached.

How will you inform renters in writing of the regulations and location of parking:

WITH WRITTEN INSTRUCTIONS PERMANENTLY POSTED IN HOME ENTRY.

How will you inform renters of garbage removal? SAME. POSTED WRITTEN INSTRUCTIONS.

**PARTY RESPONSIBLE AND AUTHORIZED TO ACT TO PROMPTLY REMEDY ANY COMPLAINTS:**

Agent/Manager Name CANNON BEACH VACATION RENTALS Email JOHN@VISITCB.COM  
 Mailing Address 164 SUNSET BLVD. City State Zip CANNON BEACH, OR 97110  
 Phone: Daytime 503-436-0940 Evening SAME Cell SAME

I have read and understand the APPLICANT'S STATEMENT (See Reverse) and agree to abide by the terms.

I have met and will continue to comply with the standards under this ordinance.

Applicant Signature Mary Jaeger Terry M. Walker Date: 9-14-2017

Department Use Only - Permit No. 20170486 Date Issued: 09.19.17 Authorization: SA FEE \$111.00 2968

## ARCH CAPE SHORT TERM RENTAL APPLICANT STATEMENT

Clatsop County Community Development – Land Use Planning  
800 Exchange Street, Suite 100, Astoria, Oregon 97103  
Phone: (503) 325-8611 Fax: (503) 338-3606  
[comdev@co.clatsop.or.us](mailto:comdev@co.clatsop.or.us) [www.co.clatsop.or.us](http://www.co.clatsop.or.us)

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1. I declare that I am the legal owner of subject property or an authorized agent of the legal owner of record. I will obtain all necessary permits and complete any modifications required renting the subject property for a short term rental. All statements in this application are true and accurate to the best of my knowledge. I understand that if a permit is issued based on false statements, or it is determined that I have failed to fully comply with all requirements that are part of this permit, any permit approval may be revoked.
2. I will at all times fully abide by all State, Federal and local laws, rules and regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Arch Cape Short Term Rental Permit, I agree to hold Clatsop County harmless from and indemnify the county for any liability that might arise from short term rentals of this property and for any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersigned's failure to fully abide by any of the requirements in Clatsop County Ordinance No. 03-13 and/or any other applicable law.
4. **WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD FOR ZONING AUTHORIZATIONS.** The issuance of a short term rental permit by the Clatsop County Community Development Department Director may be appealed within twelve (12) calendar days of issuance. I understand that the issuance of a permit may be reversed on appeal. I further understand that actions taken by me during the appeal period shall be at my own risk. I agree that Clatsop County is not responsible for consequences or damages in the event that the issuance of a permit is reversed in appeal.
5. I am aware that my failure to abide by Clatsop County ordinances may result in revocation of this permit or enforcement action by the County and that enforcement action may result in revocation of this short term rental permit.
6. I understand that a change in use is not authorized under this permit and may require a new Arch Cape Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).
7. I understand that any modifications to the dwelling that require a building permit also require a new inspection by a Certified Home Inspector and a new Arch Cape Short Term Rental Permit. (Check first with the Clatsop County Community Development Department).

*Jimmy M. Walker* + *Mary Joeger*  
9-14-2017 9-14-17



**Clatsop County**  
Assessment and Taxation

820 Exchange St., Suite 210  
Astoria, OR 97103  
(503) 325-8522 phone / (503) 338-3638 fax  
[www.co.clatsop.or.us](http://www.co.clatsop.or.us)

**CERTIFICATE OF AUTHORITY**

**Date of Issue: 9/19/17**

Mary Jaeger  
Jerry M Walker

**For:**

**80124 Pacific Road  
Arch Cape, Oregon**

This **TRANSIENT OCCUPANCY REGISTRATION CERTIFICATE** signifies that the person named on the face hereof has fulfilled the requirements of the **TRANSIENT ROOM TAX ORDINANCE** of **CLATSOP COUNTY, OREGON** by registration with the tax administrator for the purpose of collecting from transients the lodging tax imposed by said county and remitting said tax to the tax administrator. This certificate does not authorize any person to conduct any unlawful business or to conduct any lawful business in an unlawful manner, or to operate a hotel without strictly complying with all applicable local laws, including but not limited to those requiring a permit from any board, commission, department or office of Clatsop County. This certificate does not constitute a permit.

Suzanne Johnson  
Director of Assessment and Taxation



Clatsop County Tax Office  
820 Exchange Street, Suite 210  
Astoria, OR 97103

**Transient Room Tax Registration**

Rental Property Address 80124 PACIFIC ROAD ARCH CAPE OR 97102

Township 4 Section 1900 Range 10 Tax Lot 2200

Owner Name: MARY JAEGER & JERRY M. WALKER Email JERRY@HCMALTD.COM

Mailing Address: 3203 NE 15TH AVE, PORTLAND, OR 97212

Phone: Day 503-705-4624 Evening SAME Cell SAME

Property Management Agency Name: CANNON BEACH VACATION RENTALS

Manager/Agent Name: KATHY BEATTY, G.M. E-mail KATHY@VISITCB.COM

Mailing Address: 164 SUNSET BLVD. CANNON BEACH, OR 97110

Phone: Day 503-436-0940 Evening SAME Cell SAME

**If you own more than one Vacation Rental subject to Transient Room Tax,  
Please complete the following:**

Business Name	Operator Name	Property Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If you are selling rooms or renting through a Lodging Intermediary,  
Please complete the following:**

Intermediary Name	Contact Name	Contact Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mary Jaeger  
Owner or Property Manager Signature

Jerry M. Walker

9-14-2017  
Date



# ARCH CAPE HOME INSPECTION FORM

Clatsop County Community Development - Land Use Planning  
800 Exchange Street, Suite 100, Astoria, Oregon 97103  
Phone: 503 325-8611 Fax: 503 338-3606  
comdev@co.clatsop.or.us www.co.clatsop.or.us

Pursuant to Ordinance 03-13 adopted February 11, 2004, by the Clatsop County Board of Commissioners and effective May 12, 2004, an Oregon Certified Home Inspector, as defined by ORS 701.005(4), shall complete a visual home inspection. This form shall be completed by the home inspector and submitted to Clatsop County Community Development at the time the owner or agent makes an initial application for a Short Term Rental Type I Permit, or every fifth year that the permit is renewed.

This report must be completed by an Oregon Certified Home Inspector, per Oregon requirements  
Contact the Oregon Construction Contractors Board Home Inspection Division at (503) 378-4621 for information

**THIS FORM MUST ACCOMPANY A COMPLETED PERMIT APPLICATION (NEW OR RENEWAL)  
PLEASE PRINT CLEARLY**

Applicant name Schilling Family Trust

Situs Address 80124 Pacific Legal Description T 4 R 10 S 1900 Tax Lot 2200

The Home Inspector shall complete the following checklist based on a visual inspection of the building's interior.

1. SLEEPING ROOMS: The Home Inspector's report is used to determine the number of sleeping rooms. Each sleeping room shall be in a fully enclosed habitable space with a heat source and shall have an exterior exit that opens directly to the outside, or an emergency escape or rescue window.

Circle the number of rooms that qualify: 1 2 3 4 5 6 7 Please indicate the number here 4

Attach a simple drawing that shows the interior layout and the location of the qualifying exits.

Comments: \_\_\_\_\_

2. FIRE DETECTION: There must be one functioning smoke detector/CO2 monitor in each sleeping room, with a minimum of two functioning smoke detectors in each dwelling unit and one functioning fire extinguisher at each exit.

Yes  No Number of functioning Smoke Detectors 5 Fire Extinguishers 3 CO2 Monitors 1

If no, explain \_\_\_\_\_

3. Exterior doors are operational. All passageways to exterior doors shall be clear and unobstructed.

Yes  No If no, explain \_\_\_\_\_

4. Electrical systems are serviceable with no visual defects or unsafe conditions.

Yes  No If no, explain \_\_\_\_\_

5. All fireplaces, fireplace inserts or other fuel burning heaters and furnaces are vented and properly installed.

Yes  No  None If no or none, explain \_\_\_\_\_

6. PARKING: The home inspection must determine the number of off-street parking spaces. Include with this report a scaled site plan of the property lines and buildings and that includes garage spaces, driveways and any other off street parking spaces.

List the number of on-site spaces that can be made available 4

Inspection Company Oregon Coast Home Insp. Inc. Inspection Date 5/28/14

Inspector Name Mike Harrison CCB# 250

Address P.O. Box 497 Seaside OR 97138

Phone 503-738-7979 Cell \_\_\_\_\_ Email \_\_\_\_\_

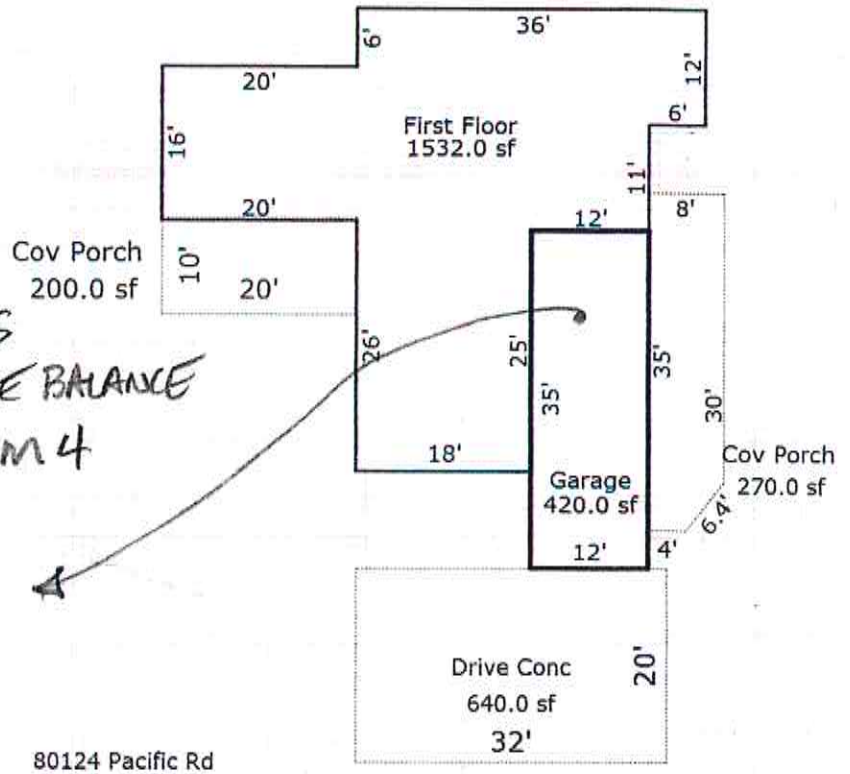
Inspector Signature and Date Mike Harrison 5/28/14

Additional Comments \_\_\_\_\_

Department Use Only- Number sleeping rooms listed 4 x 2 8 + 4 = Total capacity 12 (not to exceed 14) Parking on site 3 offsite 1

80124 PACIFIC ROAD  
ADCA CAPE, OR

# EXTERIOR DIMENSIONS



NOTE: THE GARAGE IS NOT THIS BIG. IT IS 12x22, AND THE BALANCE OF THE SPACE IS BEDROOM 4 AS SHOWN ON PAGE 2.

Sketch by Apex Media™

PAGE 1 of 3

9.14.2017  
JERRY M. WALKER  
Jerry M. Walker



80124 PACIFIC ROAD  
ARCH CREEK, OR

1sq = 2 FEET

WINDOW LEGEND:

A 5' x 6' } MASTER BEDRM

B 2' x 6'

C 1' x 3'

D 3' x 5'

E 5' x 6' } LIVING ROOM

F 1.5' x 6' } DINING ROOM

G 5' x 8'

H 4' x 5'

I 3' x 5'

J 3' x 6' } KITCHEN #4

K 3' x 3' } BEDROOM #2

L 3' x 6'

M 2' x 3' } BATH #2

N 3' x 6' } BEDROOM #3

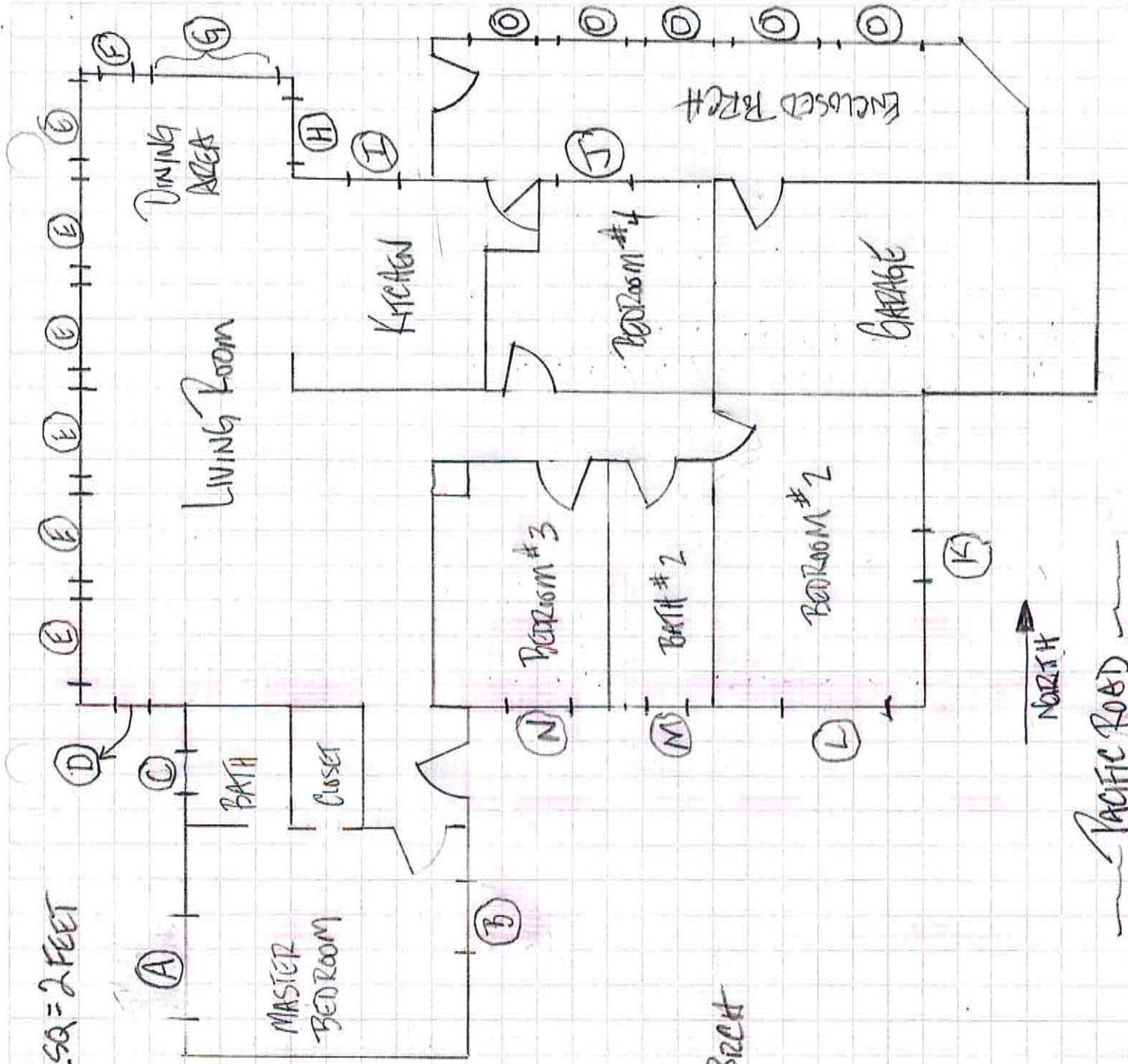
O FIVE 3' x 5' ENCLOSED PORCH

9.14.2017

JERRY M. WALKER

*Jerry M. Walker*

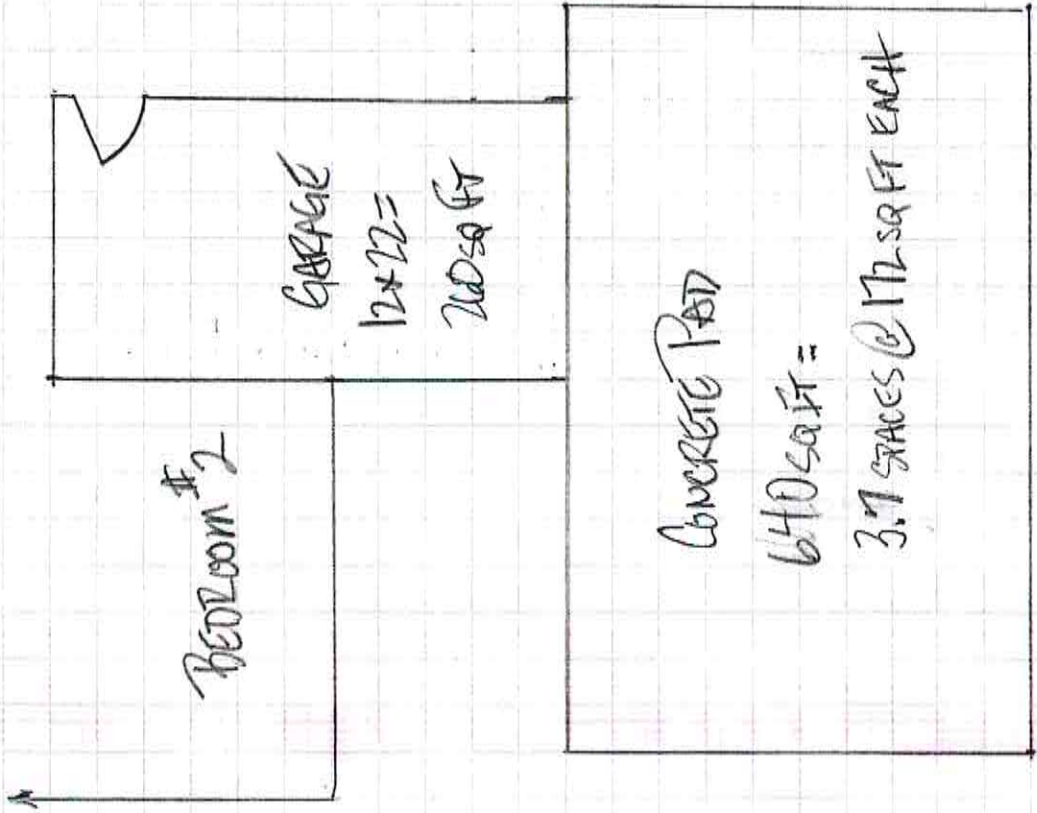
PAGE 2 of 3



60124 Pacific Road | sq = 2 feet  
Arch Cape, OR  
PARKING

PACIFIC OCEAN

HOUSE HERE



9.14.2017

JEFF M. WALKER

Jeff M. Walker

PAGE 3 of 3

PACIFIC ROAD

NORTH

32'

640 sq ft =

3.7 SPACES @ 172 sq ft EACH

CONCRETE PAD

12x22 =  
264 sq ft

BEDROOM #2