



Receipt

This is not a Permit

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

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

For Department Use Only

Permit #: 20190479
Permit Type: Type I
Entry Date: 9/16/2019
Entered By: Clancie Adams
Assigned To: Clancie Adams
Permit Status: Approved

Permit Timeline

User	Status	Date
Clancie Adams	Entered	09/16/2019
Clancie Adams	Approved	09/16/2019

Proposed Use

Proposed Use: **Single Family Dwelling**

Zone: **CR** Description: New Single Family Dwelling
Overlay District: **GHO**

Owner/Project Location

Owner: Name: **Boyle Patrick J & Boyle Sharyl Magnuson** Ph. #: (503) 263-9492
Address: 3271 NE Jackson Rd Loop Cell: () -
City, State, Zip: Hillsboro, OR 97124 Fax: () -

Situs Address: I R S Q S Qq S Taxlot
City: State: OREGON 4 10 31 B C 00300

Applicant/Agent

Applicant: Name: Boyle Patrick J Ph. #: (503) 263-9492
Address: 3271 NE Jackson Rd Loop Cell: () -
City, State, Zip: Hillsboro, OR 97124 Fax: () -
Ph. #: () -
Cell: () -
Fax: () -

Fees

Fee Type: Planning/Development **Permit Fee Total:** \$57.00
Total: \$57.00

Receipt

Payor Name: Bob McEwan **Pymnt Type:** Check **Check #:** 5676 **Pymnt Date:** 09/16/2019 **Pymnt Amount:** \$57.00
Balance Due: \$0.00

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:** _____

SECTION 1 – TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: Patrick Boyle
Mailing Address: 3271 NE Jackson Loop
City/State/Zip: Hillsboro, OR 97124
Telephone: 503 263 9492

2. Property Information:
County: Clatsop Tax Lot No: 300
Township: 4N Range: 10W Section: 31 BC
Physical Address: Lot on Raybrown Road, Arch Cape, OR 97102
Block: _____ Lot: _____
Subdivision Name (if applicable): _____

3. This proposed facility is for:
 An individual, single family dwelling
 Describe the type of development, business or facility and the provided services or products: _____

4. Permit or approval being requested:
 Construction-Installation permit for: New Construction Repair Alteration
 Non-water-carried facility requests (for example, pit, privy/vault toilet for campgrounds)
 Authorization Notice for: Replacement of dwelling Bedroom Addition
 Other changes in land use involving potential sewage flow increases

SECTION 2 – TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL 20190478

5. Property Zoning: CR Zoning Minimum Parcel Size 0.78ac

6. The facility is located: inside city limits inside UGB outside UGB

7. Does the proposed facility comply with all applicable local land use requirements: Yes No

If you answered "Yes" above, was this compliance based on:
 Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
 Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)
Either provide reasons for affirmative compliance decision or attach findings of fact: _____
3.140(1)

640 # 20190468 Cove Beach Subdivision

8. Planning Official Signature: Clance Jo Adams
Print Name: _____ Date: 09.16.19
Title: Permit Tech Telephone: 503.325.8611