



# Development Permit

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

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

Permit #:	20180021	User	Status	Date
Permit Type:	Type I	Clancie Adams	Entered	01/10/2018
Entry Date:	1/10/2018	Clancie Adams	Approved Condti	01/10/2018
Entered By:	Clancie Adams			
Assigned To:				
Permit Status:	Approved Conditional			

### Proposed Use

Proposed Use: **Single Family Dwelling**

Zone: **AC-RCR**

Description: New Single Family Dwelling

### Owner/Project Location

**Owner:** Name: **Gardner Matthew R & Gardner Tanya M**

Ph. #: (503) 440-4320

Address: PO Box 1134

Cell: ( ) -

City, State, Zip: Cannon Beach, OR 97110

Fax: ( ) -

**Situs Address:** I R S Q S Qq S Taxlot

**City:** State: OREGON 4 10 30 B C 01700

### Applicant/Agent

**Applicant:** Name: Vito Cerelli

Ph. #: (503) 440-5766

Address: 31897 Maxwell Lane

Cell: ( ) -

City, State, Zip: Arch Cape, OR 97102

Fax: ( ) -

Ph. #: ( ) -

Cell: ( ) -

Fax: ( ) -

### Fees

Fee Type:

Planning/Development

Permit Fee Total:

\$84.00

Total: \$84.00

### Receipt

Payor Name:

Vito Cerelli

Pymnt Type

Check

Check #

1560

Pymnt Date

01/10/2018

Pymnt Amount:

\$84.00

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:** \_\_\_\_\_



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For Department Use Only

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Zoning District Requirements

Property Access Info.

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

Table with 3 columns: Direction, Setbacks (Req., Actual). Rows include F: E, S1: N, S2: S, R: W.

Property Information

Table with 3 columns: Type, Description, Additional Info. Rows include Structure (26 Foot Maximum), Water (public water source), Sewage (public sewer).

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

Table with 2 columns: Permit Requirements, Details. Rows include Erosion control plan, Plot plan, Stormwater Drainage plan.

Entered by: Clancie Adams

Entered Date: 01/10/2018

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

Date: \_\_\_\_\_

Clatsop County Authorization: Clancie Adams

Date: \_\_\_\_\_



## Development Permit

### Applicant's Statement

1. *Pertaining to the subject property described, I hereby declare that I am the legal owner of record, or an agent having the consent of the legal owner of record, and am authorized to make the application for a Development Permit/Action so as to obtain the following permits: Building, Sanitation, U.S. Army Corps of Engineers, Oregon Division of State Lands, Oregon Department of Transportation, Oregon Department of Parks and Recreation, or a Clatsop County Road Approach. I shall obtain any and all necessary permits before I do any of the proposed uses or activities. The statements within this application are true and correct to the best of my knowledge and belief. I understand that if the permit authorized was based on false statements, or it is determined that I have failed to fully comply with all conditions attached to and made a part of this permit, this permit approval is hereby revoked and null and void.*
2. *It is expressly made a condition of this permit that I 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 Development Permit/Action, the undersigned agrees that he/she will hold Clatsop County harmless from and indemnify the County for any and all liabilities to the undersigned, his/her property or any other person or property, that might arise from any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever, which might result from the undersign's failure to build, improve or maintain roads which serve as access to the subject property or from the undersign's failure to fully abide by any of the conditions included in or attached to this permit.*
4. **WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD FOR ZONING AUTHORIZATIONS.**  
*I have been advised that this Land and Water Development Permit/Action by the Clatsop County Community Development Director may be appealed within twelve (12) calendar days of the date of permit issuance and authorization (note: if the twelfth day is a Saturday, Sunday or legal holiday, the appeal period lasts until the end of the next day which is not a Saturday, Sunday or legal holiday). I understand that if the approval authorized by the County and referenced above is reversed on appeal, then the authorization granted prior to the end of the appeal period will be null and void. I further understand and consent to the fact that any actions taken by me in reliance upon the authorization granted during the appeal period shall be at my own risk, and that I hereby agree not to attempt to hold Clatsop County responsible for consequences or damages in the event that removal of improvements constructed during the appeal period is ordered because an appeal is sustained.*
5. *I am aware that failure to abide by applicable Clatsop County Land and Water Development and Use Ordinance 80-14, as amended and Standards Document regulations may result in revocation of this permit or enforcement action by the County to resolve a violation and that enforcement action may result in levying of a fine.*
6. *I understand that a change in use, no matter how insignificant, may not be authorized under this permit and may require a new Development Permit/Action (check first, with the Clatsop County Community Development Department).*
7. *I understand that this Development Permit/Action expires 180 days from the date of issuance unless substantial construction or action pursuant to the permit has taken place. Upon expiration, a new development permit must be obtained.*



# Clatsop County

Community Development  
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)

20180021

## Development Permit

Fee: \$84.00

### INSTRUCTIONS:

1. Complete form and attach site plan.
2. For commercial and industrial uses, include parking and loading plan, sign plan and erosion control plan.
3. For residential and other uses, include an erosion control plan.
4. Review applicant's statement and sign this form.

Proposed Use: NEW SINGLE FAMILY RESIDENCE \_\_\_\_\_

Base Zone: ACRCR \_\_\_\_\_ Overlay District: ACRCR \_\_\_\_\_

### Project Location:

T 4 \_\_\_\_\_ R 10 \_\_\_\_\_ S 30 BC \_\_\_\_\_ TL 1700 \_\_\_\_\_ Acres .46 \_\_\_\_\_

Applicant Name: VITO \_\_\_\_\_ Email: VITO.CERELLI@GMAIL.COM \_\_\_\_\_

Address: 31897 MAXWELL LANE \_\_\_\_\_ City/State/Zip: ARCH CAPE, OR 97102 \_\_\_\_\_

Phone: 503.440.5766 \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name: MATT GARDNER \_\_\_\_\_ Email: MGARDNER19@HOTMAIL.COM \_\_\_\_\_

Address: BOX 1134 \_\_\_\_\_ City/State/Zip: CANNON BEACH, OR \_\_\_\_\_

Phone: 5034404320 \_\_\_\_\_ Phone: \_\_\_\_\_

Other Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### SIGNATURES:

I have read and understand the statements ON THE BACK OF THIS FORM and agree to abide by them:

Applicant: Vito Cerelli \_\_\_\_\_ Date: 01.07.2018 \_\_\_\_\_

Owner: Matthew R. Gardner \_\_\_\_\_ Date: 1/6/18 \_\_\_\_\_

Agent/Other: Kanya Gardner \_\_\_\_\_ Date: 1/9/18 \_\_\_\_\_

Clatsop County Community Development:

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Setbacks	Required	Actual	Notes
(N, S/ <u>E</u> , W) Front	<u>20</u>	<u>30</u>	_____
( <u>N</u> , S, E, W) Side	<u>10</u>	<u>19</u>	_____
(N, <u>S</u> , E, W) Side	<u>20</u>	<u>20</u>	_____
(N, S, E, <u>W</u> ) Rear	<u>5</u>	<u>33+</u>	_____

**Structure Height**

18 ft. maximum Oceanfront (Zones RSA-SFR, CBR, CR)

26 feet maximum

35 foot maximum

Other \_\_\_\_\_

**Fire District Sign Off**

Agency Name: \_\_\_\_\_

**Sewage Disposal**

None Required

Public Sewer

Private Sewer

Subsurface System

Agency Name: AC

Permit# or Sign Off \_\_\_\_\_

**Water Requirements**

None Required

Private Water Source \_\_\_\_\_

Public Water Source Agency Name: AC

Well, Spring, etc. Potability Test and/or Watermaster Certification attached

Access - County or ODOT Permit# \_\_\_\_\_

Average Grade Calculations \_\_\_\_\_

Beaches & Dunes Stabilization and/or Revegetation

Coastal Shorelands

Conditional Use Permit # \_\_\_\_\_

DSL Wetland Fill/Removal Permit# \_\_\_\_\_

Erosion Control Plan

Engineering Report

Firebreak; clear & maintain firebreak of at least \_\_\_\_\_ feet radius around proposed structure

Floodplain Permit# \_\_\_\_\_

Geologic Hazard or Waiver Permit# \_\_\_\_\_

Lot Coverage \_\_\_\_\_

Parking Plan

Plot Plan

Post-Construction Survey

Resource Zone Certification (recorded with County Clerk) \_\_\_\_\_

Road Improvement

Storm water Drainage Plan Permit# \_\_\_\_\_

Temporary Use Permit #. \_\_\_\_\_

Notes: \_\_\_\_\_

# AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed in this order

## 1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: TED City: Arch Cape  
Owner: Matthew + Tanya Gardner Phone: 503-812-7518  
Address: P.O. Box 1134 Cannon Beach Or 97110 Email: mgardner19@hotmail.co  
Agent: \_\_\_\_\_  
Proposed Development/Construction: \_\_\_\_\_

## 2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 4 R 10 S 30BL Tax Lot(s) A00 5 & 6  
Permit Needed: Yes  No  Site Approved: Yes  No   
Signature: Phil Clark Date: 12-13-17  
Remarks: \_\_\_\_\_  
Clatsop County Public Health, 820 Exchange St Suite 100, Astoria, OR 97103 Phone: 503-325-8500 Fax: 503-325-8678

## 3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT:

(Signature of Water District required.)

Gallons per minute: \_\_\_\_\_  
Signature: Phil Clark Title: Phil District Mgr Date: 12-13-17  
Remarks: \_\_\_\_\_  
Oregon Water Resources Dept, 4000 Blimp Blvd, Suite 400, Tillamook, OR 97141 Phone: (503) 815-1967 Fax: (503) 815-1968

## 4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: \_\_\_\_\_ Number of Hydrants: 1 Hydrant Location(s): at property  
Signature: AW Title: Pov. Chief Date: 12-14-17  
Remarks: \_\_\_\_\_  
Contact the local RFPD having jurisdiction. (See page 5)

### Internal Use Only:

- |   |   |
|---|---|
| <input type="checkbox"/> Proof of Legal Lot status (if substandard in size)         | <input type="checkbox"/> Agency Sign-Off Sheet  |
| <input type="checkbox"/> Preliminary Geologic Hazard Report (if necessary)          | <input type="checkbox"/> Proof of Potable Water   |
| <input type="checkbox"/> Pre-Elevation Certificate (if necessary)                   | <input type="checkbox"/> Proof of DEQ Approved Sanitary System                          |
| <input type="checkbox"/> Application signed by the owner and applicant              | <input type="checkbox"/> Average Grade Calculations                                     |
| <input type="checkbox"/> Plot Plan, indicating setbacks, parking, landscaping, etc. | <input type="checkbox"/> Address Request (if necessary)                                 |
| <input type="checkbox"/> Erosion Control & Drainage Plan                            | <input type="checkbox"/> Two (2) Sets of Building Plans                                 |
| <input type="checkbox"/> Road Access Permit from the County or ODOT                 | <input type="checkbox"/> National Wetlands Inventory: Notify/Receive approval from DSL? |

# Map

4 10 30 BC 1700



## Clatsop County Webmaps

Disclaimer: This map was produced using Clatsop County GIS data. The GIS data is maintained by the County to support its governmental activities. This map should not be used for survey or engineering purposes. The County is not responsible for map errors, omissions, misuse or misinterpretation. Photos may not align with taxlots.



## PLOT PLAN

Sketch the appropriate structure to scale. Clatsop County Building Codes requires all plans be drawn to scale.

- Draw property lines and all existing and proposed structures on the property
- Draw and label all roads adjacent to or giving access to the site
- Draw all driveways on the site
- Include use of accessory structure
- Include a north arrow
- Identify any wetlands, streams, lakes, etc. on-site
- Provide accurate distances from the proposed structure to all property lines, surface water bodies, wells, and existing septic system components including drainfield areas
- Show off-street parking spaces, if required (size, location, number)

(Please Use the Space Provided)

SEE ATTACHED SITE PLAN



## SOIL EROSION CONTROL PLAN

Sketch the appropriate structure to scale. Clatsop County Building Codes requires all plans be drawn to scale.

- Draw the streets and roadways leading to the property
- Draw the boundaries of the property
- Include a north arrow
- Draw in the proposed building on the site
- Add arrows showing the direction water will flow off the property
- Indicate the steepness of slopes by classifying them as steep, moderate or gentle
- Designate area where vegetation will be left undisturbed
- Draw in the access driveway and designate an area for vehicle parking
- Determine where soil will be stockpiled
- Draw and Label the erosion control measures

*\*\*Erosion Control Guidance provided by (CREST) Columbia River Estuary Taskforce\*\**

(Please Use the Space Provided)

SEE ATTACHED SITE PLAN

