



# Development 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 #: 20170572  
Permit Type: Type I  
Entry Date: 12/4/2017  
Entered By: Will Caplinger  
Assigned To:  
Permit Status: Approved Conditional

## Permit Timeline

User	Status	Date
Will Caplinger	Entered	12/04/2017
Will Caplinger	Approved Condi	12/04/2017

### Proposed Use

Proposed Use: **Residential Remodel**

Zone: CR Description: Addition of 2nd story to existing SFR  
Overlay District: GHO

### Owner/Project Location

Owner: Name: ERIC J LIEDTKE & KATHERINE N LISS Ph. #: ( ) -  
Address: RUDELSWEIHERSTR 14B Cell: ( ) -  
City, State, Zip: ELANGEN, GERMANY Fax: ( ) -  
Situation Address: 79157 RAY BROWN RD I R S Q S Qq S Taxlot  
City: ARCH CAPE State: OREGON 4 10 31 C C 00202

### Applicant/Agent

Applicant: Name: SOREN CLARK - CLARKBUILT INC Ph. #: (971) 678-9445  
Address: 4138 SE 42ND AVE Cell: ( ) -  
City, State, Zip: PORTLAND, OR 97206 Fax: ( ) -  
Ph. #: ( ) -  
Cell: ( ) -  
Fax: ( ) -

### Fees

Fee Type: Planning/Development Permit Fee Total:  
\$84.00  
Total: \$84.00

### Receipt

<u>Payor Name:</u>	<u>Pymnt Type</u>	<u>Check #</u>	<u>Pymnt Date</u>	<u>Pymnt Amount:</u>
	Credit Card		12/04/2017	\$84.00
Balance Due:				<u>\$0.00</u>

### 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?

#### House

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

#### Property Information

Type	Description	Additional Info.
Structure	26 Foot Maximum	ELEVATION OF FINISHED ADDITION WILL BE 24 FT 3 INCHES
Water	Private water source	
Sewage	private sewer (DEQ permitted)	

#### 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

Plot plan All development shall occur in accordance with the approved site plan.

Entered by: Will Caplinger

Entered Date: 12/04/2017

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

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

Clatsop County Authorization: W. Caplinger

Date: 12/4/17



## 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 www.co.clatsop.or.us

#20170572

## Development Permit

Fee: ~~\$75.00~~ \$64.00

### 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: Residential

Base Zone: CR Overlay District: GTD

Project Location: 79157 Ray Brown RD  
 T 4 R 10 S 31CC TL 202 Acres 436

Applicant Name: Soren Clark - Naiburt, INC Email: soren@clarkbuilt.net  
 Address: 4138 SE 47th Ave City/State/Zip: Portland 102 197206  
 Phone: 503 913 6349 Phone: ~~503 913 6349~~ 971 678 9445

Owner Name: Eric Lindico - Katharina Liss Email: Katharina.Liss1@gmail.com  
 Address: 79157 Ray Brown Road City/State/Zip: Ashland 102 97102  
 Phone: \_\_\_\_\_ 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: Soren Clark Date: 11/13/17

Owner: EAR KZO Date: 11/8/17

Agent/Other: \_\_\_\_\_ Date: \_\_\_\_\_

Clatsop County Community Development:

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

38185825

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 necessary building permits, sanitation permits, US Army Corps of Engineers permits, Oregon Division of State Lands permits, Oregon Department of Transportation permits, Oregon Department of Parks and Recreation permits, or Clatsop County road approach permits. I shall obtain any and all necessary permits and complete the conditions of approval as required herein within 180 days of the issuance of this permit 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 misrepresentation 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, 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 signer'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 AUTHORIZATION.** I have been advised that this Land and Water Development permit/Action by the Clatsop County Community Development Director may be appealed within twelve 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. You should check with the Clatsop County Community Development Department.
7. 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.

**Zoning District Requirements**

Required Setbacks Actual Setbacks

(N, S, E, W) Front	_____	_____
(N, S, E, W) Side	_____	_____
(N, S, E, W) Side	_____	_____
(N, S, E, W) Rear	_____	_____
Clear Vision	<input type="checkbox"/>	20 feet
Riparian Vegetation	<input type="checkbox"/>	50 feet
	<input type="checkbox"/>	30 feet
Non-aquatic Vegetation (non-L&W)	<input type="checkbox"/>	35 feet
Resource Zone	<input type="checkbox"/>	50 feet

N/A existing structure

**Structure Height**

- 35 foot maximum
- oceanfront 18 ft. max. in RSA-SFR, CBR, CR
- 26 feet maximum *-> Plans show 24'*
- other \_\_\_\_\_
- no requirement

Lot Coverage Percentage \_\_\_\_\_ %

**Sewage Disposal**

- subsurface system
- public sewer
- private sewer
- none required

**Water Requirements**

(must include approval from authorizing agent)

- none required *N/A*
- well
- spring
- river, stream, pond, or hand-dug well
- private water source \_\_\_\_\_
- public water source \_\_\_\_\_
- potability test from certified water lab (attach certification)
- Quantity: \_\_\_\_\_

**Access to Property**

Yes  No   
Is a County or State permit required? Yes  No

Access Permit # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Clatsop County Authorization \_\_\_\_\_ Date \_\_\_\_\_

**CLATSOP COUNTY COMPLIANCE**

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 and as shown on the Zoning/Comprehensive Plan Map.

- Approved | \_\_\_\_\_
  - Approved w/ Conditions (below or attached) | \_\_\_\_\_
  - Denied | \_\_\_\_\_
- Applicant's initials

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

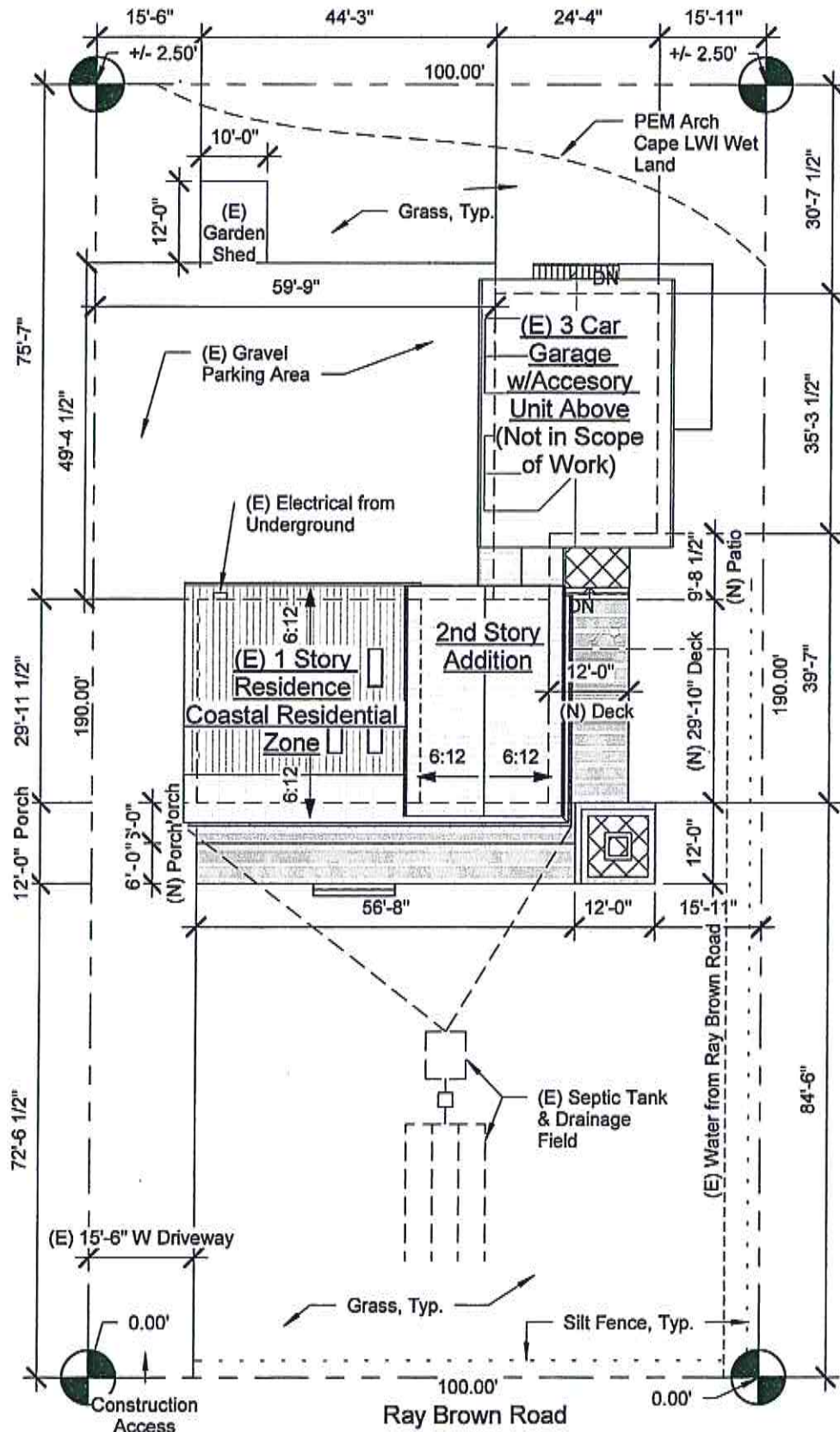
**CONDITIONS OF APPROVAL**

(those checked, written, and/or attached)

- Attachment  Yes  NO
- Access to property ( attach County or ODOT permit)
- Address: \_\_\_\_\_
- Airport height/use standards
- Average grade (attach calculations)
- Beaches & Dunes (dune stabilization /revegetation)
- Coastal Shorelands
- Conditional Use Permit(R&O No. \_\_\_\_\_)
- DSL wetland fill/removal permit (503-378-3805)
- Design Review (R&O No. \_\_\_\_\_)
- Erosion Control Plan
- Stormwater Drainage plan
- Engineer report
- Firebreak (clear & maintain a firebreak of at least \_\_\_\_\_ feet radius around proposed structure)
- Floodplain (permit No. \_\_\_\_\_)
- Geologic hazards (R&O No. \_\_\_\_\_)
- Parking Plan
- Plot Plan
- Post-construction survey
- Resource zone certification (recorded with County Clerk; copy in Department file)
- Resource zone setback
- Review Use (R&O No. \_\_\_\_\_)
- Road improvement
- Sign permit (submit plans and receive approval prior to placement)
- Temporary Use Permit (R&O No. \_\_\_\_\_)
- US Army Corps of Engineers permit (503-325-1135)
  - Other conditions of approval.

*Fire Chief S/O*  
*- Check on septic*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



1

# Plot / Soil Erosion Plan

3/64" = 1'-0"

# 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: 79157 Ray Brown Road City: Arch Cape  
Owner: Eric Liedtke + Katharina Liss Phone: \_\_\_\_\_  
Address: 79157 Ray Brown Road, Arch Cape, OR, 97102 Email: Katharina.Liss@odjdcos.com  
Agent: \_\_\_\_\_

Proposed Development/Construction: Adding 2nd story to home. Will include 1 new bedroom

## 2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T 4 R 10 s 3100 Tax Lot(s) 202

Permit Needed: Yes  No  Site Approved: Yes  No

Signature: Marlene Van Notten Date: 11/15/17

Remarks: if more than 4 bedrooms, septic system alteration may be required  
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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Hydrant Location(s): \_\_\_\_\_

Signature: [Signature] Title: Fire Chief Date: 11/15/17

Remarks: \_\_\_\_\_  
Contact the local RFPD having jurisdiction. (See page 5)

## 5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 Fax (503) 338-3638

### 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? |



### Thank you for your payment!

This service has been provided by Clatsop County Planning Department, OR and Point & Pay. We value your business. Please keep this receipt for future reference.

You have made a payment to Clatsop County Planning Department, OR . Clatsop County Planning and Development thanks you for your payment. For questions about your account, please call 503-325-8611

**Name:** Cram William  
**Address:** PO Box 452, Nehalem OR, US, 97131  
**Contact:** 5033685355  
**Comments:**

**Payment ID:** 38185825  
**Date:** 12/04/17 02:11 PM  
**Subtotal:** \$84.00  
**Fee:** \$2.10  
**Total:** \$86.10  
**Method:** Credit Card(\*\*\*\*\*0776)

Item Purchased	Transaction Description	Account	Amount
Land Use Permits	Clatsop Plan Dep GOV	20170572	\$84.00

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *Clatsop Plan Dep GOV* . If you have any questions about the charges please call 1-888-891-6064

[Print Receipt](#) [Close Window](#)



**CLATSOP COUNTY WEBMAPS**  
**Real Property Map Summary for the**  
**Current Tax Year**

**Reports:**[Current Tax Statement for Account 53779](#)[Annual Appraisal Report for Account 53779](#)[Payment and Appeal Instructions](#)**Account Info:**

Taxlot Key:	41031CC00202	Property Class:	<a href="#">101</a>
Account Number:	53779	Structure Class:	<a href="#">140</a>
Real Market Value:	564751	Neighborhood:	K
Assessed Value:	247549	Maintenance Area:	4
Primary Situs:	79157 Ray Brown Rd Arch Cape		
Tax Map PDF:	<a href="#">Click to View Image</a>		

**Owner Info:**

Owners: Liedtke Eric J  
Liss Katharina N

Agents:

PO Box:

Mailing Address: Rudelsweiherstr 14b 91054, Erlangen  
Germany

**Land Size Info:**

Account Num:	Taxcode:	Acres:
53779	1015	0.47

**Property Info:**

Account Num:	Year Built:	Num Stories:	Sq Ft:	Num Bathrooms:	Num Bedrooms:	Property Diagram:
53779	2004	1	1590	2	3	<a href="#">Click to View Image</a>

**Recent Transactions:**



## Moisture Content Acknowledgement Form

### Community Development Building Codes Division

800 Exchange St Ste 100 Astoria, OR 97103

Phone: 503-338-3697 • Fax: 503-338-3666

Web: [co.clatsop.or.us](http://co.clatsop.or.us)

**You must submit this form to Building Codes Division before issuance of the Certificate of Occupancy.**

I, Taylor Talmage, am the general contractor or the owner/builder at the following address:

Street address: 79357 Ray Brown Rd.

City: Arch Cape

Permit number: 28509

If applicable:

Subdivision/Lot: \_\_\_\_\_ and/or map and tax lot: \_\_\_\_\_

To conform with the 2014 Oregon Residential Specialty Code (ORSC), Section R318.2, I am notifying the building official that I am aware of the moisture content requirement of ORSC Section R318.2 and have taken steps to meet this code requirement.  
[Section R318.2 is provided for reference.]

**Section R318.2 Moisture content.** Prior to issuance of the insulation/vapor barrier approval required by R109.1.5.2 of this code:

- (A) All moisture-sensitive wood framing members used in construction shall have a moisture content of not more than 19 percent of the weight of dry wood framing members.
- (B) The general contractor or the owner who was issued the structural permit shall notify the building official on a division-approved form that the contractor or the owner who was issued the structural permit is aware of and has taken steps to meet the requirement in paragraph (A).

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

Date: 12/4/17



## Residential Certificate of Lighting Fixtures

### Community Development

### Building Codes Division

800 Exchange St, Ste 100 Astoria, OR 97103

Phone: 503-338-3697 • Fax: 503-338-3666

Web: [co.clatsop.or.us](http://co.clatsop.or.us)

**You must submit this form to Building Codes Division before issuance of the Certificate of Occupancy.**

To conform with the 2014 Oregon Residential Specialty Code (ORSC), Section N1107.2, I am notifying the building official that a minimum of 50 percent of the permanently installed lighting fixtures are compact or linear fluorescent, or a minimum efficacy of 40 lumens per input watt.

**Additional Measures (check if applicable):**

- To conform with Section N1101.1, additional measure "D" or "E" was selected. I am notifying the building official that a minimum of 75 percent of the permanently installed lighting fixtures are compact or linear florescent, or a minimum efficacy of 40 lumens per watt.
- To conform with Section N1101.1, additional measure 2 was selected. I am notifying the building official that a minimum of 65 percent of the permanently installed lighting fixtures are compact or linear florescent, or a minimum efficacy of 40 lumens per watt.


Date: 12/4/17

Building permit number: 28509

Owner's name: Taylor Talmage

Job address: 79357 Ray Brown Road

City: Arch Cape State: OR ZIP: 97202

General contractor/owner signature: 

Printed name: Taylor Talmage