



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

RECEIVED
 Clatsop County

AUG 14 2020

Land Use Planning

#522 \$1

523

bldg height
 lighting plan

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. plot plan, lighting plan
4. Review applicant's statement and sign this form. \$1

Proposed Use: Residential New SFD

Base Zone: AC-RCR Overlay District(s): n/a

Project Location:

T _____ R _____ S _____ TL 41019CA03200 acres 0.19

Owner: Jason & Shonda Barros Email: sbarros918@gmail.com
 Address: 4400 Ocean Beach Hwy #10 City/State/Zip: Longview WA 98632
 Phone: 207 449 6215 Phone: _____

Applicant: _____ Email: _____
 Address: _____ City/State/Zip: _____
 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. **All owners of record**, per Clatsop County Assessment records, **must sign the application**. Representatives of public agencies, corporations, trusts, etc. must provide documentation of signing authority.

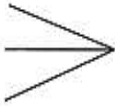
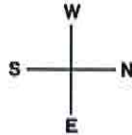
Signature: Jason Barros Date: 7/5/2020

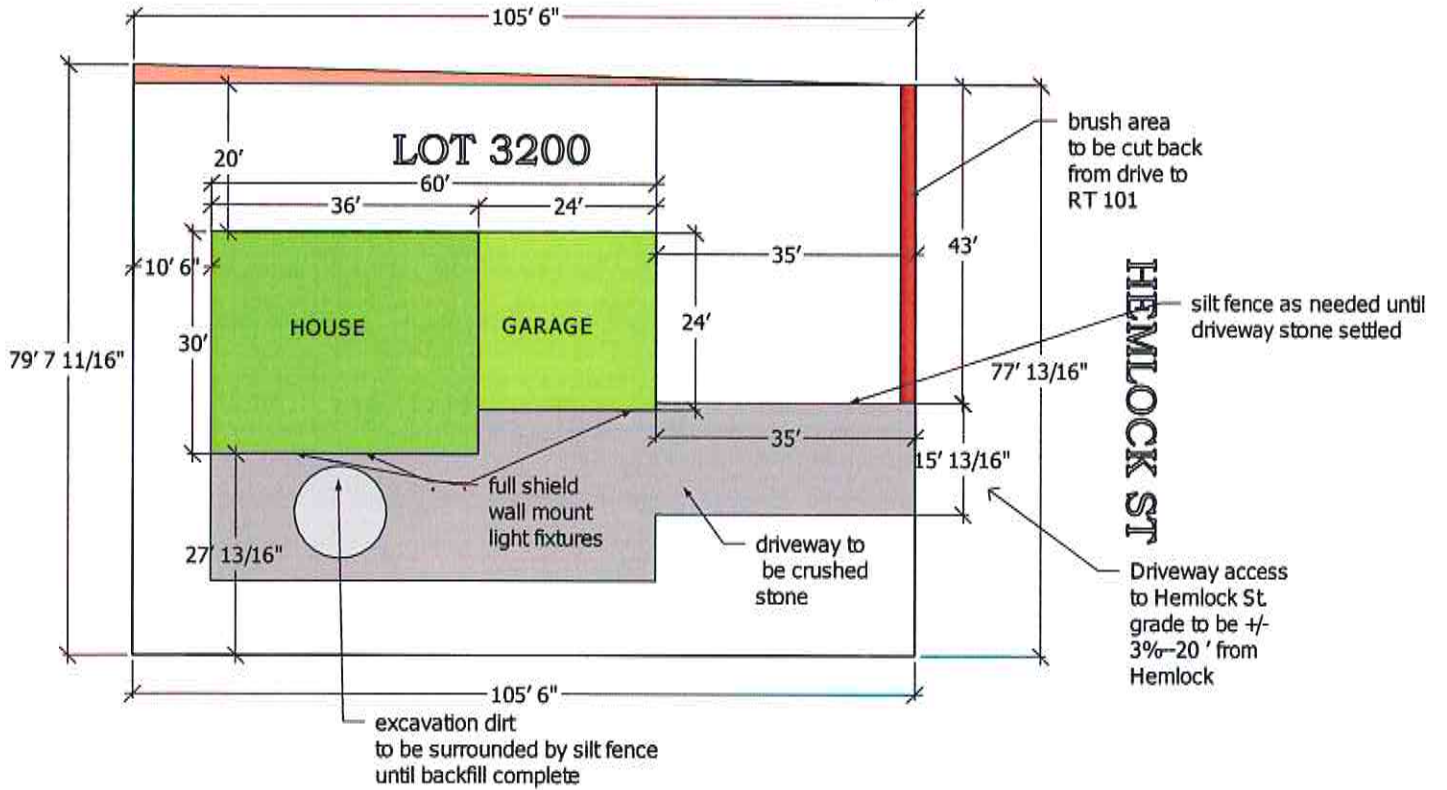
Signature: Shonda Barros Date: 8/1/2020

Signature: _____ Date: _____

Signature: _____ Date: _____

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.

ROUTE 101   Arch Cape Oregon



Barros
4 1019CA 03200

Clancie Adams

From: Clancie Adams
Sent: Friday, August 14, 2020 2:04 PM
To: 'sbarros918@gmail.com'
Subject: Development Permit
Attachments: Outdoor Lighting Graphic.pdf; Residential Plot Plan.pdf; Soil Erosion Control Plan.pdf

Hi,

I have received your development permit application and there are some items missing:
Per the attached forms we will need something showing the height of the building, a plot plan, erosion control plan, lighting plan and an add'l \$1 payment as the fees were increased on July 1, 2020.

I have also received your new address application and it also requires an add'l \$1 payment due to the fee increase.

Once all those items are received, I will process the permits.

THANK YOU.

Clancie Jo Adams | Permit Technician
Clatsop County Community Development
Land Use Planning Division
800 Exchange Street, Suite 100
Astoria, OR 97103
Phone: 503.325.8611 | Fax: 503.338.3666

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Front: East Elevation

Setbacks	Required	Actual	Notes
(N, S, E, W) Front	_____	_____	_____
(N, S, E, W) Side	_____	_____	_____
(N, S, E, W) Side	_____	_____	_____
(N, S, E, W) Rear	_____	_____	_____

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: Phil Chick

Permit# or Sign Off _____

Water Requirements

- None Required
- Private Water Source _____
- Public Water Source Agency Name: _____
- Well, Spring, etc. Potability Test and/or Watermaster Certification attached

Access - County or ODOT Permit# 20-32

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: lighting Plan needed



APPLICATION AND PERMIT TO CONSTRUCT APPROACH ROAD
CLATSOP COUNTY, OREGON

Permit No. 2032

Applicant Name: Jason Barros
(Print Name)

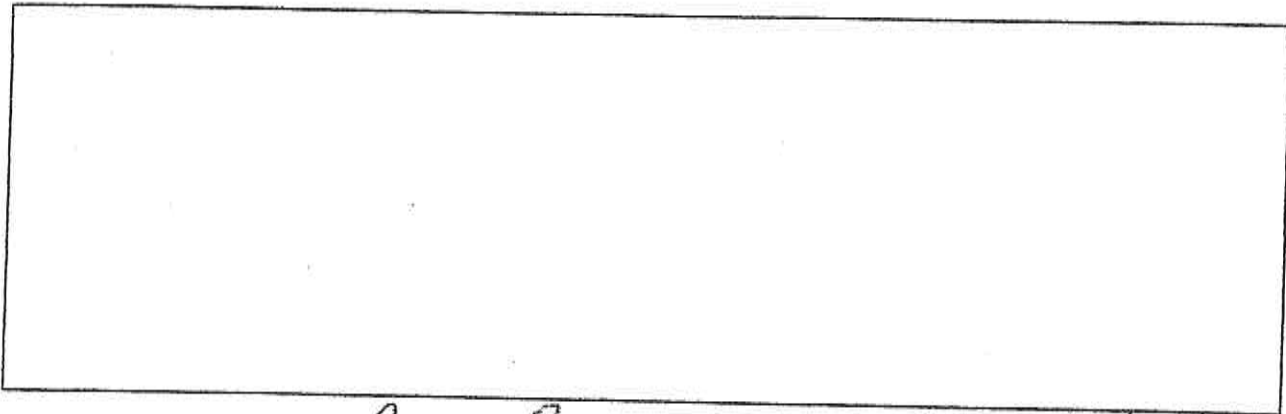
Applicant, declares that he/she is the owner or lessee of the real property adjoining the highway at the location described herein and has the lawful authority to apply for this permit. When approved, the application is subject to the terms and provisions contained herein and attached hereto.

Road Name Hemlock St Township Arch Cape Range Section Tax Lot 41019CA03200

Side of Road: North South East West

Between/Near Landmarks

(Applicant's Sketch Below or attach map)



Applicant Signature Jason Barros Date 6/8/2020

Mailing Address 4400 Ocean Beach Hwy #10

City Longview State WA Zip 98032 Phone (207) 469-5145

Email Address jasonbarros45@gmail.com

Your signed permit will be mailed OR emailed to you; please allow 2 weeks for processing

(Section Below to be Completed by Public Works Department)

Sight Distance Adequate: Yes No If no, explain: Tree limbs and brush need to be cut back on west side, then would be okay

Culvert Required: Yes No Size Type Length

Rock Required: Yes No Size 3' x 3/4 Amount Unknown - up to 20 yds

The County will install the above culvert: Yes No for a prepaid fee of \$

COUNTY COMMENTS AND/OR CONDITIONS

Limbs and brush need to be cut back on
Hemlock lane to intersection of US 101 for final
construction approval. Keep grade \pm or - 3% for 20 ft
from intersection with Hemlock.

Special Comments: _____

Permit Approved: _____

Dean [Signature]

Date: _____

6/16/20

Construction Approved: _____

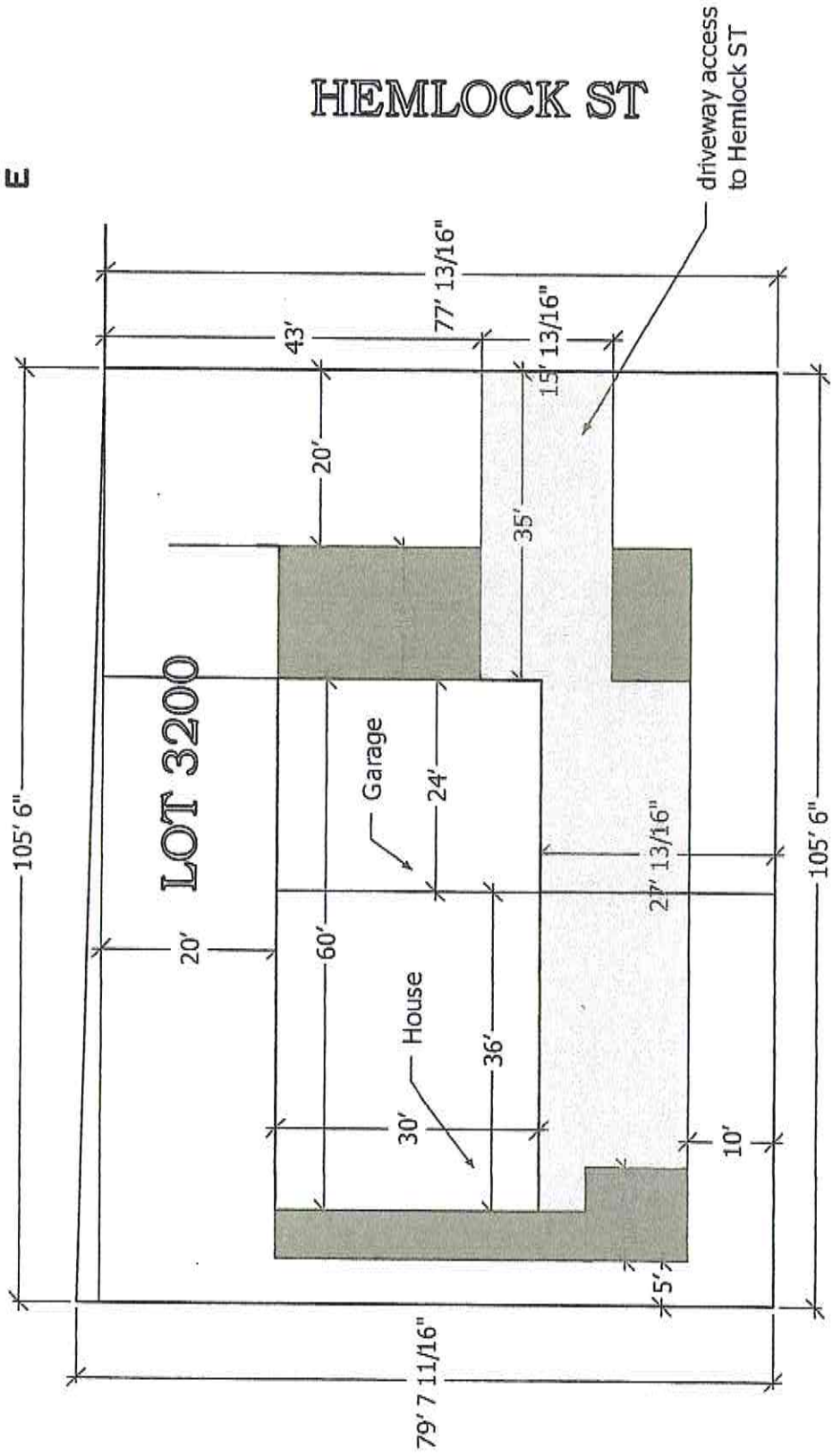
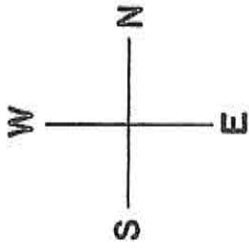
Date: _____

(When Construction is approved, copy to Clatsop County Department of Planning & Development)



ROUTE 101

Arch Cape
Oregon



AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed by approving agency.

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

Job Site Address: Tax Lot 3200, Arch Cape, OR City: _____
Owner: Jason + Shonda Barros Phone: 207 469-5145
Address: 4400 Ocean Beach Hwy #10 Longview WA 98632 Email: jasonbarros45@gmail.com
Agent: none
Proposed Development/Construction: residence

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T _____ R _____ S _____ Tax Lot(s) 3200
Permit Needed: Yes No Site Approved: Yes No
Agency Signature: _____ Date: _____
Remarks: _____

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute: _____
Agency Signature: _____ Title: _____ Date: _____
Remarks: _____

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 Fax (503) 986-0904
Water Master (Local Office) 4000 Blimp Blvd Ste 400 Tillamook, OR 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): Hemlock/101
Agency Signature: [Signature] Title: Fiedief Date: 6/29-20
Remarks: Hydrant on corner

Contact the local RFPD having jurisdiction.

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

Agency 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

AGENCY REVIEW & APPROVAL FORM

Information on this form must be filled out and signed by approving agency.

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

Job Site Address: Tax Lot 3200, Arden Cape, OR City: _____
Owner: Jason + Shonda Barros Phone: 207 469-5145
Address: 4400 Ocean Beach Hwy #10 Longview WA 98632 Email: jasonbarros45@gmail.com
Agent: none
Proposed Development/Construction: residence

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T _____ R _____ S _____ Tax Lot(s) 3200
Permit Needed: Yes No Site Approved: Yes No
Agency Signature: Phil Chubb Date: 6.26.20
Remarks: 24 hr notice required for sewer inspection

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute: _____
Agency Signature: Phil Chubb Title: District Mgr. Date: 6.26.20
Remarks: _____

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 Fax (503) 986-0904
Water Master (Local Office) 4000 Blimp Blvd Ste 400 Tillamook, OR 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): _____
Agency Signature: _____ Title: _____ Date: _____
Remarks: _____

Contact the local RFPD having jurisdiction.

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

Agency 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