



CURRY COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT **BUILDING DIVISION**

COURTHOUSE ANNEX • 94235 MOORE STREET SUITE 113 • GOLD BEACH, OREGON 97444

Phone (541) 247-3304
FAX (541) 247-4579

DEQ regulations require owners of all buildings, including residential homes, to conduct an asbestos survey performed by a DEQ accredited inspector prior to demolition. Residential buildings built after January 2, 2004, are exempted from this survey requirement. For further information, contact:

Martin Abts
DEQ – Coos Bay Office
Phone: (541) 315-4099
Email: abts.martin@deq.state.or.us

Applicant verifies contact has been made with DEQ.

Signature: _____

Date: _____

DEMOLITION PERMIT APPLICATION - \$30.00

CURRY COUNTY – GOLD BEACH – PORT ORFORD

TYPE OF DEMOLITION	
Commercial	Residential
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	
Lot no.:	
Tax map/parcel no.:	
REASON FOR DEMOLITION	
WHAT IS BEING DEMOLISHED?	
ASBESTOS REPORT INCLUDED (Report must be included prior to permit issuance):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
UNDERGROUND FLAMMABLE LIQUID STORAGE TANKS PRESENT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROPERTY OWNER	TENANT
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
APPLICANT	CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: : ()
E-mail:	
CONTRACTOR/OWNER	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	

Authorized signature:

Print name:	Date:
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DEPARTMENT USE ONLY	
Permit No:	
Office:	
By:	Issue Date:

Scheduled Start Date:	
Scheduled End Date:	
METHOD OF TRANSPORTING DEMOLISHED MATERIAL	
NAME OF DISPOSAL SITE TO BE USED	
DEMOLITION PERMIT FEES	
Fees due upon application	\$30.00
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Curry County Department of Community Development
94235 Moore St. Suite 113
Gold Beach, OR 97444
Phone: 541-247-3226
Fax: 541-247-4579

email: buildingpermits@co.curry.or.us

Applicant verifies property taxes paid on Manufactured Home with signature from Tax office.

Date: _____

Signature: _____



AVAILABILITY OF POWER - ELECTRIC COORDINATION

Situs Address:

Township:

Range:

Section:

Tax Lot:

1. THE ABOVE MENTIONED PROPERTY IS WITHIN THE SERVICE TERRITORY OF COOS -CURRY ELECTRIC COOPERATIVE, INC (CCEC) AND CAN BE PROVIDED WITH ELECTRICAL POWER ONCE THE ROUTE HAS BEEN DETERMINED, EASEMENTS AND/OR PERMITS OBTAINED, AND ALL FEES HAVE BEEN PAID.
2. OREGON UTILITY NOTIFICATION CENTER MUST BE CALLED PRIOR TO ANY DIGGING, TRENCHING OR EXCAVATION BEGINS. THEY CAN BE REACHED AT 1 (800) 332-2344 OR "811".
3. BUILDING STRUCTURES ARE NOT ALLOWED TO BE CONSTRUCTED UNDERNEATH OR ON TOP OF ANY CCEC'S FACILITIES AND MUST MAINTAIN A 15FT CLEARANCE SETBACK.
4. NATIONAL ELECTRIC SAFETY CODE FOR CLEARANCE REQUIREMENTS SHALL BE FOLLOWED.

CCEC Representative _____ Date _____

Owner/Representative _____ Date _____

Mailing Address for all Coos-Curry Electric Co-op offices: P.O. Box 1268, Port Orford OR 97465-1268

Port Orford Office: 43050 Hwy 101 Port Orford OR 97465 · Phone: 541-332-3931 Fax: 541-332-3501

Brookings Office: 815 Railroad St Brookings OR 97415 · Phone: 541-469-2103 Fax: 541-469-3193

Gold Beach Office: 29439 Ellensburg Gold Beach OR 97444 · Phone: 541-247-6638 Fax: 541-247-6630

Coquille Office: 220 S Mill Ave Coquille OR 97423 · Phone: 541-396-3118 Fax: 541-396-3119

www.ccec.coop

After Hours Outage Number 866-352-9044

Harbor Sanitary District

P.O. Box 2457 Brookings, OR 97415 (541) 469-5225

PERMIT APPLICATION APPROVAL FORM

Date: _____

Owner Name: _____ Phone: _____

Mailing Address: _____

Property Address: _____

Assessors Map and Tax Lot Number: _____

Owner's Representative: _____ Phone: _____

Permit Type:	New Construction <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Demolition <input type="checkbox"/>
	Replacement <input type="checkbox"/>	Conditional Use <input type="checkbox"/>	Remodel <input type="checkbox"/>

Sight Inspections will be required for all permits prior to approval.

Any conditions of approval are listed below:

Other comments: _____

Owner/Responsible Party: _____
Owner/Responsible Party Date

Harbor Sanitary District: _____
District Representative Date