

BUILDING PERMIT

RESIDENTIAL / DEMOLITION

22500 Salamo Rd. West Linn,OR 97068 503-656-4211

WEST LINN

PERMIT NUMBER: 935-12-0984

bldg@westlinnoregon.gov

IVR NUMBER: 935167519122			FIRST ISSUED DATE:	10/03/2012		
			OF WORK			
SCOPE:		LASS OF WO	DRK:	JOB VALUATION: \$0.00		
DESCRIPTION OF WORK TO BE DONE: HOUSE D	EMOLITION					
		JOB SITE I	NFORMATION			
SITE ADDRESS: 1800 8TH AVE, WEST LINN, OR	97068		OWNER:			
TAXLOT PARCEL # : 21E35C 02100		ADDRESS:				
			PHONE:			
	C	ONTRACTO	OR INFORMATION			
Business Name	License	Work	Address		Phone	
LAKE OSWEGO INSULATION CO	CCB 38052		0425 SW IOWA ST PORTLAND OR 9	97239-3625	503-245-6460	
FEE INFORMATION			REQUIRED INSPECTIONS			
Fee Description	Quanity Unit	Total Fee	Inspection Type			
Demolition of a Building or Structure	6.00 Ea	60.00	7160 Sewer/Septic Cap			
	Total Fees:	\$ 60.00	1820 Demolition 1991 Final Demolition			
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			Schedule Inspections online at: www.buildingpermits.oregon.gov or by calling: 1-888-299-2821 or 503-722-5509			
			or by calling: 1-8	88-299-2821 or 503	1-722-5509	
ALL PROVISIONS OF LAWS AND ORDINAL		_		_		
GRANTING OF A PERMIT DOES NOT PRES		_	IOLATE OR CANCEL THE PROVISION	ONS OF ANY OTH	ER STATE OR LOCAL LAW	
REGULATING CONSTRUCTION OR THE PERFOR			dou dhio no marit ann na maire d to ha lio		And her	
This permit is issued under OAR 918-460-0030. Al ORS 701.010. Permit will expire if work is not star		_		ensea uniess exemp	ted by	
ONO 701.010. I CHIIII WIII CAPITO II WOLK IS HOL STAIL	•		•			
Signature:	David \	vv. Da	<u> 10 </u>			
~- 8	Bur	ilding Official		Date		