



# BUILDING PERMIT

## RESIDENTIAL / DEMOLITION

PERMIT NUMBER : 935-12-0985

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

bldg@westlinnoregon.gov

IVR NUMBER: 935120940971

FIRST ISSUED DATE: 10/03/2012

### TYPE OF WORK

SCOPE: CLASS OF WORK: JOB VALUATION: \$0.00

DESCRIPTION OF WORK TO BE DONE: HOUSE DEMOLITION

### JOB SITE INFORMATION

SITE ADDRESS: 1819 13TH ST. WEST LINN. OR 97068  
TAXLOT PARCEL #: 21E35C 02000

OWNER:  
ADDRESS:  
PHONE:

### CONTRACTOR INFORMATION

Business Name	License	Work	Address	Phone
LAKE OSWEGO INSULATION CO	CCB 38052		0425 SW IOWA ST PORTLAND OR 97239-3625	503-245-6460

### FEE INFORMATION

Fee Description	Quantity	Unit	Total Fee
Demolition of a Building or Structure	6.00	Ea	60.00
<b>Total Fees:</b>			<b>\$ 60.00</b>

### REQUIRED INSPECTIONS

**Inspection Type**  
7160 Sewer/Septic Cap  
1820 Demolition  
1991 Final Demolition

Schedule Inspections online at: [www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)  
or by calling: 1-888-299-2821 or 503-722-5509

ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

This permit is issued under OAR 918-460-0030. All persons or entities performing work under this permit are required to be licensed unless exempted by ORS 701.010. Permit will expire if work is not started or if work is suspended for 180 days.

Signature: \_\_\_\_\_  
**David W. Davies**  
Building Official

\_\_\_\_\_ 10/03/2012  
Date