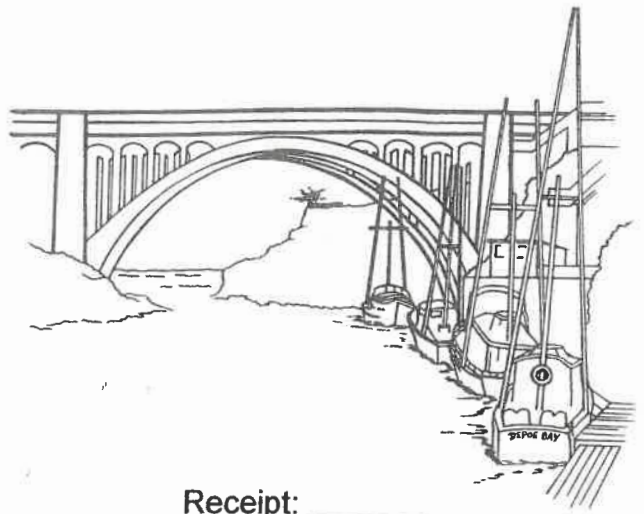


# CITY of DEPOE BAY

Post Office Box 8 + Depoe Bay, Oregon 97341  
Phone (541) 765-2361 + Fax (541) 765-2129  
TDD# 1-800-735-2900



## Zoning Action Application

TO BE COMPLETED BY OFFICE:

Deposit: N/A

Receipt: \_\_\_\_\_

Fee: TBD

1. Date Received _____	Staff Initials _____
1. Case File Number _____	Action: _____ Planning Commission _____
2. Action Requested C.U. _____ N.C.U. _____	Variance _____ Zone Change _____
Geotechnical Report _____	<u>Other</u> <u>BUILDING PERMIT</u>
3. Current Zoning _____	Current Plan Designation _____ Lot Size _____
4. Previous Planning Actions on Property _____	
5. Existing Code Violation(s) _____	

## TO BE COMPLETED BY APPLICANT:

Reason For Request \_\_\_\_\_

Property Description T \_\_\_\_\_ S, R \_\_\_\_\_ W, W.M., Section \_\_\_\_\_ Tax Lot(s) \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Relationship to Property \_\_\_\_\_

(Owner, Contract Purchaser, etc.)

Agent (if any) \_\_\_\_\_

Directions to Property \_\_\_\_\_

Existing Structures \_\_\_\_\_

Current/Proposed Utilities: Sewage \_\_\_\_\_ Water \_\_\_\_\_

Anticipated Date of Development \_\_\_\_\_



## Lincoln County

### Building Division

210 SW 2<sup>nd</sup> St

Newport, OR 97365

[lincolncountybldgdiv@co.lincoln.or.us](mailto:lincolncountybldgdiv@co.lincoln.or.us)

(541) 265-4192 Fax (541) 265-6945

### COMMERCIAL BUILDING PERMIT APPLICATION

DEPARTMENT USE ONLY

Permit No:

Date Issued:

By:

### WORK SITE LOCATION:

<b>ADDRESS:</b>
<b>MAP &amp; TAX LOT:</b>
<b>CATEGORY OF CONSTRUCTION:</b>
<input type="radio"/> Commercial <input type="radio"/> Multi-Family
<b>TYPE OF WORK:</b>
<input type="radio"/> New <input type="radio"/> Addition <input type="radio"/> Sign <input type="radio"/> Accessory structure (garage, carport, sheds, etc.) <input type="radio"/> Alteration <input type="radio"/> Interior Alteration <input type="radio"/> Other (Retaining walls, solar, driveways, etc.)
<b>DESCRIPTION OF WORK:</b>

<b>Valuation*:</b>	
<b>Type of construction:</b>	
<b>Occupancy group:</b>	
<b>Number of Units: (Multifamily)</b>	
<b>Number of Buildings: (Multifamily)</b>	
<b>Finished square feet:</b>	
<b>Unfinished square feet:</b>	
<b>Number of floors:</b>	
<b>Are fire sprinklers installed?</b>	<input type="radio"/> Yes <input type="radio"/> No <b>Will they be installed?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Is building over 4,000 square feet or 20ft high?</b>	<input type="radio"/> Yes <input type="radio"/> No

<b>APPLICANT:</b>		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>PROPERTY OWNER:</b>		
Same as applicant? <input type="radio"/> Yes <input type="radio"/> No		
Name:		
Full Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>CONTRACTOR INSTALLATION</b>		
Same as applicant? <input type="radio"/> Yes <input type="radio"/> No		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
E-mail:		
CCB license no.:		
Contact Name:	Phone #:	
<b>REQUIRED DOCUMENTS FOR APPLICATION</b>		
I have downloaded and reviewed the plans and documents Checklist (Initials): _____		
<b>SUBMITTAL METHOD FOR PLANS AND DOCS</b>		
<input type="radio"/> Paper <input type="radio"/> Electronic		

\*See reverse for terms and conditions

## Project information:

\*The value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and profit for the work described.

## Notices

**Associated permits:** Separate permit applications are required for plumbing, mechanical, electrical, right of way, fire sprinkler, fire alarm and/or fire line permits associated with this building permits.

**Expiration of application:** This application is valid for 180 days after it has been accepted as complete.

**Inspections required:** Approved County inspections must be completed before the work performed is enclosed.

## Terms and conditions

**Correct information:** I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

**Copyright release for government entities:** I hereby grant permission to the County of Lincoln to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the Counties regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

**Indemnity:** I, the permit applicant, shall indemnify, defend and hold harmless the County of Lincoln, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit.

**Owner permission:** I have the legal right or permission from any property owner whose property is affected by the work covered under this permit to: 1) enter the property; 2) perform the work covered under this permit; 3) leave structures on or in the affected property. The issuance of this permit shall not be construed as permission or a grant of a legal right to enter upon or remain on any property affected by the work covered under this permit.

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMERCIAL PLAN REVIEW CHECKLIST**

Building Division  
210 SW 2nd St  
Newport, OR 97365  
Phone: 541-265-4192 • Fax: 541-265-6945  
Email: [lincolncountybldgdiv@co.lincoln.or.us](mailto:lincolncountybldgdiv@co.lincoln.or.us)

**DEPARTMENT USE ONLY**

Permit #: \_\_\_\_\_  
County: \_\_\_\_\_  
By: \_\_\_\_\_ Date: \_\_\_\_\_

JOB INFORMATION		OWNER	
Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____ State: _____ ZIP: _____		City: _____ State: _____ ZIP: _____	
Phone: (____) _____ Fax: (____) _____		Phone: (____) _____ Fax: (____) _____	
ARCHITECT / ENGINEER		APPLICANT	
Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____ State: _____ ZIP: _____		City: _____ State: _____ ZIP: _____	
Phone: (____) _____ Fax: (____) _____		Phone: (____) _____ Fax: (____) _____	
REVIEW INFORMATION			
Declaration of value: \$ _____		Building sq. ft.: _____	
Building use (be specific): _____			
Check type of review: <input type="checkbox"/> Fire and life safety <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Sprinkler <input type="checkbox"/> Alarm			
MINIMAL PLAN REQUIREMENTS CHECKLIST			
<b>One set of plans including the following items are required for review:</b> <b>**Site Maps, Elevations &amp; Floor Plans <u>must</u> be signed/stamped by approving jurisdiction.**</b>			
Initials	Date		
1. _____	_____	<b>Site Plan</b> : changes of occupancy, additions, alterations, and new construction	
2. _____	_____	<b>Floor/Roof Plans/Truss Layout (if req):</b> including dimensions, windows, and doors	
3. _____	_____	<b>Floor/Roof Framing/Truss Calcs (if req):</b> framing member size, joist, beam, and column	
4. _____	_____	<b>Foundation Plan:</b> wall dimensions and footings — for complete review	
5. _____	_____	<b>Building Elevations:</b> minimum two views	
6. _____	_____	<b>Building Cross-Sections:</b> structural members, roof and wall sheathing	
7. _____	_____	<b>Structural Calculations:</b> new or change of occupancy	
8. _____	_____	<b>Electrical:</b> exits, fire alarms, and fire and life safety equipment	
9. _____	_____	<b>Energy Documentation:</b> If building is heated or cooled, submit on Oregon Energy Code guideline forms. <b>Residential</b> (motels, SR, apartments): identify path _____	
10. _____	_____	<b>Complete Specifications:</b> quality and type of all construction materials, and methods of construction	
11. _____	_____	<b>Architect/Engineer Stamp:</b> over 4,000 sq. ft. or 20' height — Architect law-ORS 671.030, Engineer law-ORS 672.020	
12. _____	_____	<b>Mechanical Plans:</b> equipment location, size, type, and layout — fan capacity, etc.	
13. _____	_____	<b>Disabled Access:</b> indicate compliance measures	
14. _____	_____	<b>Minimum Scale:</b> 1/8" / <b>Minimum Paper Size:</b> 8 1/2" X 11" on all plans	
<b>Other agency clearances:</b>			
15. _____	_____	Department of Environmental Quality or local sanitary authority	
16. _____	_____	Local Planning Department: zoning, special land use. Building is in flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**APPLICANT:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature



# Information Notice to Owners About Construction Responsibilities

(ORS 701.325 (3))

Homeowners acting as their own general contractors to construct a new home or make a substantial improvement to an existing structure, can prevent many problems by being aware of the following responsibilities:

- Homeowners who use labor provided by workers not licensed by the Construction Contractors Board, may be considered an employer, and the workers who provide the labor may be considered employees. **As an employer, you must comply with the following:**
- **Oregon's Withholding Tax Law:** Employers must withhold income taxes from employee wages at the time employees are paid. You will be liable for the tax payments even if you don't actually withhold the tax from your employees. For more information, call the Department of Revenue at 503-378-4988.
- **Unemployment Insurance Tax:** Employers are required to pay a tax for unemployment insurance purposes on the wages of all employees. For more information, call the Oregon Employment Department at 503-947-1488.
- **Oregon's Business Identification Number (BIN):** is a combined number for both Oregon Withholding and Unemployment Insurance Tax. To file for a BIN, go online to the Oregon Business Registry. For questions, call 503-945-8091.
- **Workers Compensation Insurance:** Employers are subject to the Oregon Workers Compensation Law, and must obtain Workers Compensation Insurance for their employees. If you fail to obtain Workers Compensation Insurance, you could be subject to penalties and be liable for all claim costs if one of your workers is injured on the job. For more information, call the Workers Compensation Division at the Department of Consumer and Business Services at 800-452-0288.
- **Tax Withholding:** Employers must withhold Social Security Tax and Federal Income Tax from employee wages. You may be liable for the tax payment, even if you didn't actually withhold the tax. For a Federal EIN number, go online to [www.irs.gov](http://www.irs.gov).

## Other Responsibilities of Homeowners:

- **Code Compliance:** As the permit holder for a construction project, the homeowner is responsible for notifying building officials at the appropriate times, so that the required inspections can be performed. Homeowners are also responsible for resolving any failure to meet code requirements that may be found through inspections.
- **Property Damage and Liability Insurance:** Homeowners acting as their own contractors should contact their insurance agent to ensure adequate insurance coverage for accidents and omissions, such as falling tools, paint overspray, water damage from pipe punctures, fire, or work that must be redone. Liability Insurance must be sufficient to cover injuries to persons on the job site who are not otherwise covered as employees by Workers Compensation Insurance.
- **Expertise:** Homeowners should make sure they have the skills to act as their own general contractor, and the expertise required to coordinate the work of both rough-in and finish trades.

CONSTRUCTION CONTRACTORS BOARD

PO Box 14140, Salem, OR 97309-5052

Telephone: 503-378-4621 – Fax: 503-373-2007

Website Address: [www.oregon.gov/ccb](http://www.oregon.gov/ccb)

# Property Owner Statement Regarding Construction Responsibilities

Oregon Law requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. **(ORS 701.325 (2))**

**This statement is required for residential building, electrical, mechanical, and plumbing permits. Licensed architect and engineer applicants, exempt from licensing under ORS 701.010 (7), need not submit this statement. This statement will be filed with the permit.**

Please check the appropriate box:

☐

I own, reside in, or will reside in the completed structure and my general contractor is:

\_\_\_\_\_

Name

\_\_\_\_\_

CCB#

\_\_\_\_\_

Expiration Date

☐

I will inform my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.

or

☐

I will be performing work on property I own, a residence that I reside in, or a residence that I will reside in. If I hire subcontractors, I will hire only subcontractors licensed with the Construction Contractors Board. If I change my mind and hire a general contractor, I will select a contractor who is licensed with the CCB and will immediately give the name of the contractor to the office issuing this Building Permit.

**I have read and understand the Information Notice to Homeowners About Construction Responsibilities, and I hereby certify that the information on this homeowner statement is true and accurate.**

\_\_\_\_\_  
Print Name of Permit Applicant

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Date

Permit #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_



## **SECTION A, SYSTEM DEVELOPMENT CHARGES/CONNECTION FEES**

"This institution is an equal opportunity provider"

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

OWNERS'S NAME, IF OTHER THAN APPLICANT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: (EXAMPLE: T 9 R 11 SEC 5AA TAX LOT 100)

T \_\_\_\_\_ R \_\_\_\_\_ SEC \_\_\_\_\_ TAX LOT \_\_\_\_\_

DESCRIBE PROPOSED USE/CONNECTION AND PROPOSED DATE OF CONNECTION:

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

1. CITY DOES **NOT** INSTALL SEWER: DO YOU WISH CITY TO INSTALL WATER SERVICE ?  
(IF AGREEMENT AVAILABLE) YES \_\_\_\_\_ NO \_\_\_\_\_

2. **CONNECTION FEES MUST** BE PAID AT TIME BUILDING PERMIT IS FILED.

3. UPON APPROVAL OF SERVICE CONNECTION, PLEASE NOTIFY CITY HALL **ONE WEEK IN ADVANCE OF DESIRED DATE OF CONNECTION.**

### **"FOR OFFICE USE ONLY"**

COMMENTS/REQUIREMENTS FOR SERVICE CONNECTIONS TO PROPERTY:

CITY WATER SERVICE INSTALLATION AGREEMENT AVAILABLE? YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE	SDC CHARGE	INSPECT AND/OR INSTALL	TOTAL
WATER SERVICE	_____	_____	_____
SEWER SERVICE	_____	_____	_____
STORM DRAIN	_____	_____	_____
TRANSPORTATION	_____	_____	_____
PARKS	_____	_____	_____
OTHER (CULVERT?)	_____	_____	_____
(Per Res. No. 183 and Ord. No. 61)			

**GRAND TOTAL** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Refer to Ordinance # 264** (adopted 6/21/11, eff 7/1/11)

ENR-Construction Cost Index 04/20-03/21 = 2.95%

**Water SDC: \$ 3,120/EDU** plus applicable inspection/installation fees (see below)

**Sewer SDC: \$ 4,343/EDU** plus applicable inspection/installation fees (see below)

**Storm Drain SDC: \$1,788/EDU**

**Parks SDC: \$ 771/EDU**

**Transportation SDC: See attached chart**

\*\*\*Note to Staff: **View of the Bay Lots 1 thru 28** (Phase I) each are credited \$ 160.71 toward the Transportation SDC.  
(Ex: SDC for a Single Family Dwelling is **\$ 3,141.29**)

Water & Sewer Inspection/Installation Charges

Rev. 10/2021

**Refer to Resolution # 234**

CPI-U - Portland-Salem 04/2020-03/2021 = 1.6%

Charges for service connections, in addition to SDC's are as follows:

SEWER: Inspection Only	\$ 295
------------------------	--------

WATER: 5/8" or 3/4" Service:	
Inspection Only, includes meter	\$ 894
Inspection & Installation	\$ 1,586

WATER: 1" Service	
Inspection Only, includes meter	\$ 1,164
Inspection & Installation	\$ 1,856

Water: 1.5" Service	
Inspection Only, includes meter	\$ 1,220
Inspection & Installation	\$ 1,912

WATER: 2" Service	
Inspection Only, includes meter	\$ 2,338
Inspection & Installation	\$ 3,030

WATER: 3", 4" or larger service connections:

Due to the infrequency of these connections the city does not stock these materials, costs shall be based upon actual cost at the time of application.  
*"This institution is an equal opportunity provider"*



**CITY OF DEPOE BAY  
TRANSPORTATION SDC FEE SCHEDULE**

Rev. 10/1/2021

LAND USE (ITE CLASS)	ITE TRIP RATE	UNITS BASIS	PASS BY DEPOE BAY VOL.	TRIP RATE	TRIP COST	SDC CHARGE
<b>RESIDENTIAL</b>						
Single Family Detached (210)	9.57	per unit	0%	9.57	364.00	\$ 3,483
Apartment (220)	6.63	per unit	0%	6.63	364.00	\$ 2,413
Condominium Townhouse(230)	5.86	per unit	0%	5.86	364.00	\$ 2,133
Mobile Home Park (240)	4.81	per space	0%	4.81	364.00	\$ 1,751
Planned Unit Dev. (270)	7.5	per unit	0%	7.5	364.00	\$ 2,730
Hotel (310)	8.92	per room	40%	5.35	364.00	\$ 1,947
Suites Hotel (311)	6.24	per room	40%	3.74	364.00	\$ 1,361
Motel (320)	9.11	per room	40%	5.47	364.00	\$ 1,991
Campground/RV Park (416)	9.11	per space	40%	5.47	364.00	\$ 1,991
<b>COMMERCIAL/INDUSTRIAL</b>						
Marina (420)	2.96	per berth	0%	2.96	364.00	\$ 1,077
General Light Industrial (110)	6.97	1,000 SF	0%	6.97	364.00	\$ 2,537
General Heavy Industrial (120)	1.5	1,000 SF	0%	1.5	364.00	\$ 546
Industrial Park (130)	6.96	1,000 SF	0%	6.96	364.00	\$ 2,533
Manufacturing (140)	3.82	1,000 SF	0%	3.82	364.00	\$ 1,390
Warehousing (150)	4.96	1,000 SF	0%	4.96	364.00	\$ 1,805
Mini Storage (151)	2.5	1,000 SF	0%	2.5	364.00	\$ 910
Elementary School (520)	1.02	student	0%	1.02	364.00	\$ 371
Middle School/Jr High (522)	1.45	student	0%	1.45	364.00	\$ 528
High School (530)	1.79	student	0%	1.79	364.00	\$ 652
Jr/Community College (540)	1.54	student	0%	1.54	364.00	\$ 561
University (550)	2.38	student	0%	2.38	364.00	\$ 866
Day Care (565)	79.26	1,000 SF	80%	15.85	364.00	\$ 5,769
Nursing Home (620)	2.61	per bed	40%	1.57	364.00	\$ 571
Clinic (630)	31.45	1,000 SF	20%	25.16	364.00	\$ 9,158
General Office (710)	11.01	1,000 SF	20%	8.8	364.00	\$ 3,203
Medical/Dental Office (720)	36.13	1,000 SF	20%	28.9	364.00	\$ 10,520
Specialty Retail Center (814)	40.67	1,000 SF	40%	24.4	364.00	\$ 8,882
Building Materials/Lumber(812)	39.71	1,000 SF	20%	31.77	364.00	\$ 11,564
Discount Store (815)	56.63	1,000 SF	40%	33.98	364.00	\$ 12,369
Hardware/Paint (816)	51.29	1,000 SF	40%	41.03	364.00	\$ 14,935
Nursery/Garden Center (817)	36.08	1,000 SF	40%	21.65	364.00	\$ 7,881
Shopping Center (820)	42.92	1,000 SF	40%	25.75	364.00	\$ 9,373
Restaurant (831)	89.95	1,000 SF	20%	71.97	364.00	\$ 26,197
High Turnover Restaurant(832)	130.34	1,000 SF	40%	78.2	364.00	\$ 28,465
Fast Food w/Drive Thru (834)	496.12	1,000 SF	80%	99.22	364.00	\$ 36,116
Quick Lube (837)	40	svc pos.	40%	24	364.00	\$ 8,736
Car Sales (841)	67.5	1,000 SF	20%	30	364.00	\$ 10,920
Auto Parts (843)	61.91	1,000 SF	40%	37.15	364.00	\$ 13,523
Fuel Service Station (844)	168.56	fuel pos.	80%	33.71	364.00	\$ 12,270
Fuel Service w/Market (845)	162.78	fuel pos.	80%	32.56	364.00	\$ 11,852
Fuel Svc w/Mkt/Car Wash(846)	152.84	fuel pos.	80%	30.57	364.00	\$ 11,127
Car Wash (847)	5.79	wash stall	80%	1.16	364.00	\$ 422
Supermarket (850)	111.51	1,000 SF	40%	66.91	364.00	\$ 24,355
Convenience Market (851)	737.99	1,000 SF	80%	147.6	364.00	\$ 53,726
Discount Club (861)	41.8	1,000 SF	40%	25.08	364.00	\$ 9,129
Pharmacy/Drugstore (880)	90.06	1,000 SF	40%	54.04	364.00	\$ 19,671
Drive In Bank (912)	265.21	1,000 SF	80%	53.04	364.00	\$ 19,307

ENR of 2.95%

Prior Year was 353.63

## **SECTION B, BUILDING PERMIT REVIEW FEE**

BY AUTHORITY OF CITY OF DEPOE BAY ORDINANCE #245, A DEVELOPMENT REVIEW FEE IS ASSESSED WITH EACH BUILDING PERMIT APPLICATION FOR CONSTRUCTION WITHIN THE CITY. THIS FEE IS DETERMINED BY THE GROSS SQUARE FOOTAGE OF THE AREA OF NEW CONSTRUCTION OR RECONSTRUCTION COVERED BY THE PERMIT. GROSS SQUARE FOOTAGE IS DETERMINED BY EXTERIOR DIMENSIONS OF EACH TYPE OF CONSTRUCTION FOR WHICH A PERMIT IS SOUGHT. PLEASE NOTE GROSS SQUARE FOOTAGE DOES INCLUDE DECKS, GARAGES, PORCHES, ETC.

THE FEE SHALL BE DETERMINED BY THE FOLLOWING SCHEDULE:

<b><u>TYPE OF CONSTRUCTION</u></b>	<b><u>SQUARE FOOTAGE</u></b>	<b><u>FEE</u></b>	<b><u>TOTAL</u></b>
RESIDENTIAL: NEW OR REMODEL	_____	X \$.04	_____
COMMERCIAL: NEW OR REMODEL	_____	X \$.07	_____

\* \* \* MINIMUM FEE: \$10.00 \* \* \*

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS OF SQUARE FOOTAGE ARE TRUE AND ACCURATE

\_\_\_\_\_  
APPLICANT

"This institution is an equal opportunity provider"

**CITY OF DEPOE BAY**  
**SINGLE FAMILY DWELLING**  
**STANDARD CERTIFICATION FORM**

**Applicant/Owner:** \_\_\_\_\_

**Subject Property Map and Tax Lot #:** \_\_\_\_\_

**Section 152.068 Design Features for Single-Family Dwellings** *(added 12/6/93-ORD 194)*

1. All single-family dwellings located within a residential zone (except for manufactured homes located within a manufactured home subdivision or a 'mobile home park') shall utilize at least two of the following design features:

***Please indicate which two or more features will be provided with the proposed dwelling:***

- a. ☐ Dormers
  - b. ☐ Recessed entries
  - c. ☐ Cupolas
  - d. ☐ Bay or bow windows
  - e. ☐ Window shutters
  - f. ☐ Off-sets on building face or roof (minimum 12 inches)
  - g. ☐ Gables
  - h. ☐ Covered porch entry or unenclosed deck
  - i. ☐ Pillars or posts
  - j. ☐ Tile, shake or elongated (not corrugated) metal roofing
  - k. ☐ Horizontal lap siding or shakes.
2. Individual lots shall be residentially landscaped and maintained similar to surrounding neighborhood development. Use of native vegetation shall be encouraged wherever possible.
3. A driveway having a durable and dustless surface shall be provided.
4. Single-family dwellings and other improvements shall be developed in compliance with applicable provisions set forth in the City Zoning Ordinance.

***As the Applicant for a Building Permit to construct a new single family dwelling, I hereby certify that the proposed dwelling will comply with the applicable standards of DBZO Section 152.068.***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**CITY OF DEPOE BAY APPLICATION FOR WATER AND SEWER SERVICE**  
**P.O. BOX 8, DEPOE BAY, OR 97341    ●    541-765-2361**

**OFFICE USE ONLY:**

Residential / Commercial

Account # -

Former Owner -

Service address: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the owner of the above property as of \_\_\_\_\_ (date), and hereby request water and sewer service be provided.

I agree to comply with the rules and regulations of the City of Depoe Bay, and to pay such rates/charges for water and sewer as established by the City Council. I understand that as the owner of the property to which the service is provided, I shall be legally liable to pay all the service and usage charges and fees, whether service is supplied to the owner, renter, or other occupant.

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

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*This institution is an equal opportunity provider.*

-----

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race: (Mark one or more)

Ethnicity:

White \_\_\_\_\_

Hispanic or Latino \_\_\_\_\_

Black or African American \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

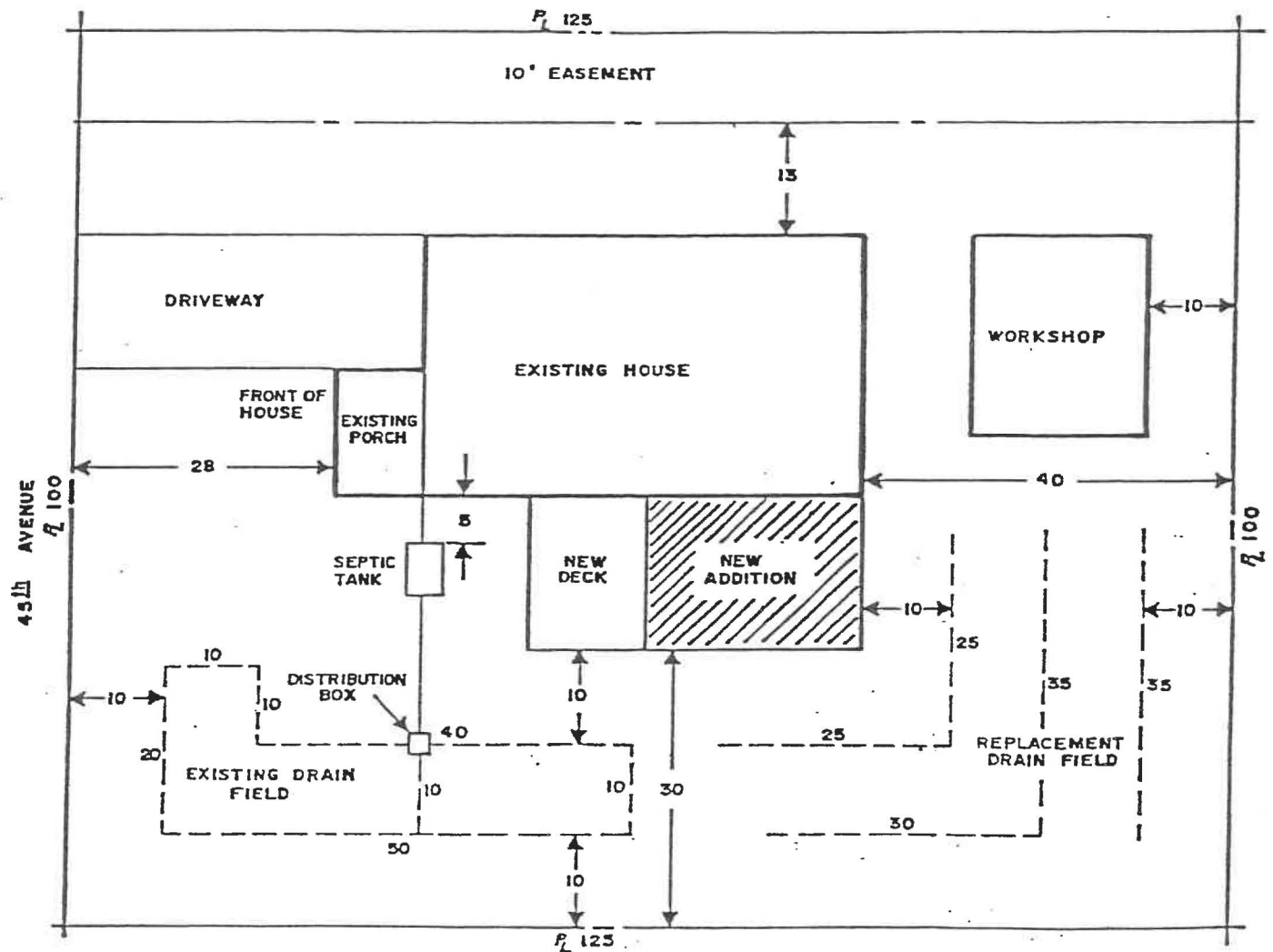
Date: \_\_\_\_\_

# PLOT PLAN REQUIREMENTS

Using Your Own Dimensions Show or Identify:

- All Streets by Name
- All Easements
- All Setbacks (House & Drainfield)
- All Porches & Decks
- All Additions
- All Existing Structures
- Driveway
- Front of House
- Drainfield Location
- Drainpipe Lengths
- Replacement Drainfield Location
- Septic Tank Location
- Distribution Box Location
- All Property Line Dimensions
- Scale
- North Arrow
- Owner Name & Address
- Legal Description

A TYPICAL PLOT PLAN



PLOT PLAN SCALE: 1" = 20'



OWNER: JOHN DOE  
 107 NORTH 45th AVE.  
 NEWPORT, OR. 97365  
 LEGAL DESCRIPTION: T.11 R.11 SEC. 8  
 TAX LOT 5000

Published on *Depoe Bay Oregon* (<https://www.cityofdepobay.org>)

## Local Utilities

Utility Companies Serving Depoe Bay

Utility	Name & Website	Address	Phone Number
Cable TV	<a href="#">Astound Broadband</a> <sup>[1]</sup>	646 SE Hwy 101 Depoe Bay, OR 97341	800-829-2225
Electricity	<a href="#">Central Lincoln PUD</a> <sup>[2]</sup>	2129 N Coast Hwy Newport, OR 97365	541-265-3211
Garbage	<a href="#">North Lincoln Sanitary</a> <sup>[3]</sup>	1726 SE Hwy 101 Lincoln City, OR 97367	541-994-5555
Internet (cable broadband)	<a href="#">Astound Broadband</a> <sup>[1]</sup>	646 SE Hwy 101 Depoe Bay, OR 97341	800-829-2225
Internet (DSL broadband)	<a href="#">CenturyLink</a> <sup>[4]</sup>	6475 Gleneden Beach Loop Lincoln City, OR 97367	800-788-3500 541-996-6945
Internet (fiber optic)	<a href="#">Astound Broadband</a> <sup>[5]</sup>	151 E Olive St. Newport, OR 97365	541-574-9999
Internet (satellite)	<a href="#">Viasat Satellite Internet</a> <sup>[6]</sup>	6155 El Camino Real Carlsbad, CA, 92009	760-476-2200
Internet (research resource)	<a href="#">Find Internet by Address</a> <sup>[7]</sup>		
Natural Gas	<a href="#">NorthWest Natural</a> <sup>[8]</sup>	1405 SW Hwy 101 Lincoln City, OR 97367	541-994-2111
Post Office	<a href="#">United States Postal Service</a> <sup>[9]</sup>	486 NE Hwy 101 Depoe Bay, OR 97341	541-765-2480
Telephone	<a href="#">CenturyLink</a> <sup>[10]</sup>	6475 Gleneden Beach Loop Lincoln City, OR 97367	800-788-3500 541-996-6945
Water/Sewer	<a href="#">City of Depoe Bay</a> <sup>[11]</sup>	570 SE Shell Avenue Depoe Bay, OR 97341	541-765-2361

Source URL: <https://www.cityofdepobay.org/publicworks/page/local-utilities>

### Links

[1] <http://www.wavebroadband.com/> [2] <http://www.clpud.org/> [3] <http://www.northlincolnsanitary.com/> [4] <http://www.centurylink.com/> [5] <http://www.coastcom.net/> [6] <http://www.viasat.com/internet> [7] <https://decisiondata.org/find-internet-by-address/> [8] <https://www.nwnatural.com/> [9] <https://tools.usps.com/find-location.htm?location=1360711> [10] <https://www.centurylink.com> [11] <https://www.cityofdepobay.org/publicworks>