



CITY OF WHEELER, OREGON

755 Nehalem Blvd, P.O. Box 177, Wheeler, OR 97147

Telephone: (503) 368-5767 / Fax: (503) 368-4273

Website: www.ci.wheeler.or.us / Email: cityofwheeler@nehalemtnet.net

CLEARING, CUTTING, AND FILLING (CCF) PERMIT

CCF Permit # _____
(Year/xxx)

This Clearing, Cutting, and Filling Permit based upon Wheeler Zoning Ordinance Sec. 11.053 is required when any of the following is proposed: (a) An application for building permit with ground disturbing activities; (b) Alteration of lot elevations; (c) Excavation of existing soils or the placement of fill.

PROPERTY OWNER INFORMATION:

APPLICANT / CONTRACTOR:

Name: Nehalem Bay Health District

Name: Scott Edwards Architecture, Hayley Purdy

Mail Address: PO Box 6, 278 Rowe Street

Mail Address: 2525 East Burnside

City/State/Zip: Wheeler, OR 97147

City/State/Zip: Portland, OR 97214

Phone: 208.866.6864

Phone: 503-896.5341

Cell Phone: 208.866.6864

Cell Phone: 503-896.5341

Email Address: marc@nehalembayhd.org

Email Address: hpurdy@seallp.com

FAX: N/A

FAX: _____

City Business License #: Pending/Application filed 11-10-23

CCB #: N/A

PROPERTY DESCRIPTION:

Location / Address: TL 400 at Highway 101, Wheeler OR 97147

Legal Description: 2N1003DA 00400

Township: 2 North Range: R10W Section(s): 2 Tax Lot(s): 400

Lot Area: 59,130 SF Zone(s): GC

RESPONSIBILITY

Whenever damage, erosion, or sedimentation of adjacent or downslope properties is caused by stripping vegetation, grading or other development, it shall be the responsibility of the property owner, person, corporation or other entity causing such sedimentation to remove it from all adjoining surfaces and drainage systems and repair damage to property prior to issuance of final approvals for the project. The property owner shall be responsible for repairing existing streets, public facilities, and surrounding properties damaged in the development of the property. City staff may make periodic inspections to ensure grading and erosion control measures are working effectively. The City shall have the right to require the developer to pay for additional measures to assure compliance with this ordinance.

PROPERTY OWNER'S SIGNATURE

DATE

Marc C. Johnson

November 9, 2023



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PROVIDE THE FOLLOWING REQUIRED INFORMATION:

When Received

- Site Plan: Identify property line locations, existing structures, proposed structures, roads, driveways, utilities, stormwater drainage facilities, easements, wetlands, watercourses, topographical features, trees with 6-inch or greater caliper or an outline of wooded areas, and trees proposed for removal.
- Grading and Erosion Control Plan: Estimate the depths and location of all excavations and fills. Identify the type and location of erosion control measures. Erosion control measures shall be installed prior to construction and shall be continuously maintained. Debris shall be removed from the property within 30 days of the completion of the associated activity unless an alternate timeline is approved with the permit application.
- Storm Water Drainage Plan: Identify roof drains, foundations drains, drainage swales, and culverts. Storm water systems shall be consistent with the Wheeler Storm Water Master Plan and designed to avoid sedimentation and flooding of adjacent and downslope properties.

THE FOLLOWING DOCUMENTATION MAY BE REQUIRED TO MEET APPLICABLE CRITERIA:

- Geologic Investigation Report: Submit a Geologic Investigation Report when any of the following is proposed: (a) An application for a building permit with ground disturbing activities; (b) Alteration of lot elevations more than those elevations which maintain proper drainage on the subject and adjacent properties, as well as maintaining non-hazardous conditions for development of the subject and surrounding properties; (c) Alteration of existing soils and the general contour of the lot outside the limits of maintaining stable surface and drainage conditions.
- Wetland Delineation Report and Concurrence and Agency Authorization:
For work in wetlands, submit authorization from the Division of State Lands and the US Army Corps of Engineers. Work will only be permitted where the City finds that the filling will not cause flooding of adjacent properties or public streets or drainage systems and that the drainage system is adequate to handle actual or projected storm run-off.

PERMIT APPROVAL

DATE

(Print Name, Sign Name, Print Title)

FINAL APPROVAL (Satisfactory completion of all applicable requirements)

DATE

(Print Name, Sign Name, Print Title)

DRIVEWAY APPROACH CONSTRUCTION PERMIT APPLICATION

DATE 11/7/2023 APPLICATION NUMBER _____

1. PROPERTY OWNER NAME Nehalem Bay Health District

MAILING ADDRESS PO Box 6, 278 Rowe Street Wheeler, OR 97147

PHONE 208.866.6864

PHYSICAL ADDRESS OF PROPERTY TL 400 at Highway 101, Wheeler OR 97147

lot _____ block _____ addition _____

tax lot 400 sec. 2 twp. 2 North range R10W

2. APPLICANT, IF NOT PROPERTY OWNER Scott Edwards Architecture, Hayley Purdy

APPLICANT PHONE NUMBER 503-896-5341

3. PROPOSED DRIVEWAY TO BE ON West SIDE OF

Hospital Road STREET, NEAREST INTERSECTION Highway 101 and Hospital Road

4. In the rectangle on the reverse of this application the applicant shall draw a plot plan for the above lot showing the proposed approach, the distance from the centerline of the proposed approach to the two property corners on the street, and the location of the street.

5. Complete the blanks for the various dimensions on page 3 of this application.

6. The proposed driveway approach location must be staked and flagged on the site. Applicant must call for a Public Works inspection for proper drainage, traffic hazards, and general acceptability before permit will be issued.

7. PAVING REQUIRED? (see Ord. No. 2002-07) yes x no _____

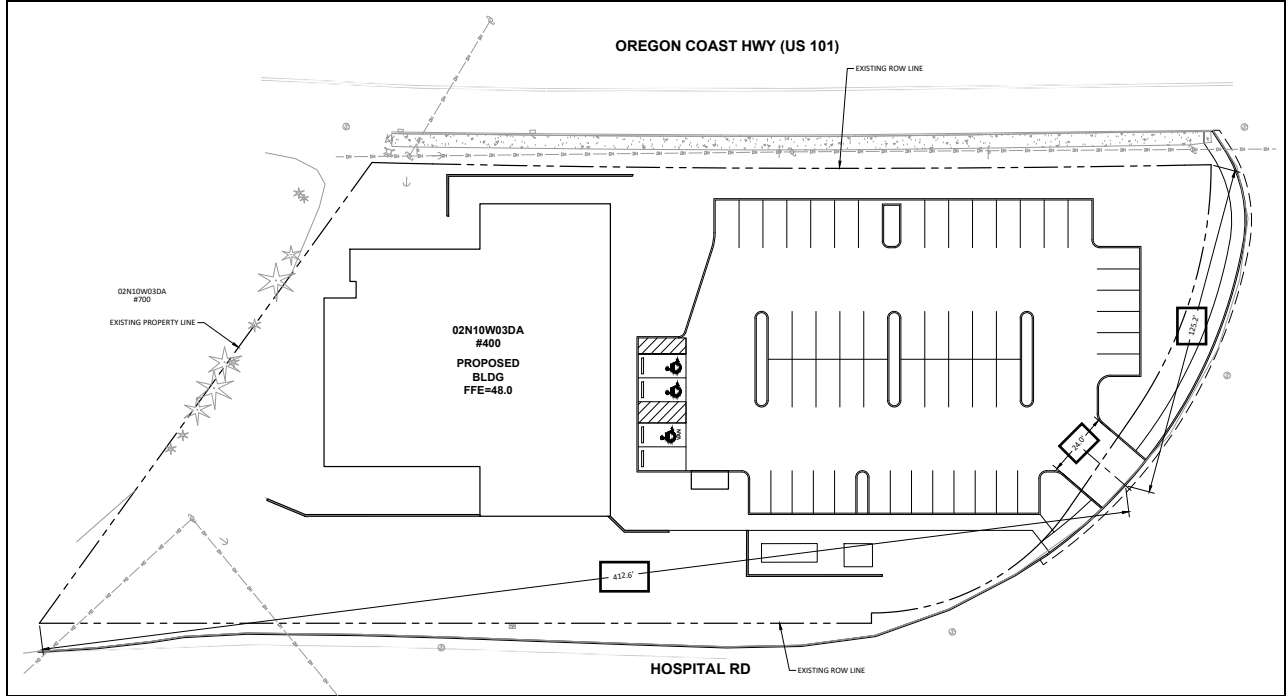
If paving is required and is not completed by the expiration date of the permit, the City will cause the paving to be done and charge the property owner the actual cost plus 10% administrative fee. If this charge is not paid within one month of date of the bill, it will become a lien on the property.

I have read the above and I understand there is a potential for a lien on my property.

PROPERTY OWNER SIGNATURE Marc C. Johnson

DATE SIGNED November 9, 2023

DRIVEWAY APPROACH CONSTRUCTION PERMIT APPLICATION



 FOR OFFICE USE ONLY

Received by _____ Date _____ Fee paid _____

Call for inspection received: _____

Public Works comments after inspection:

Permit issue date _____ , attach copy of permit

Call for final inspection received _____

Public Works comments after final inspection:

Certificate of completion issue date _____ , attach a copy.

Nehalem Bay Fire & Rescue District Building Review & Approval Form

36375 Hwy 101 N.
Nehalem, OR 97131
Office 503-368-7590
Fax 503-368-7580

This form must be completed and signed by the Fire District prior to applying for a Building Permit or Manufactured Dwelling Placement Permit.

Township Range Section 1/4 Sect 1/16 Sect Tax Lot # (00500) Legal Property Owner:

Street Address: Mailing Address:

Phone #: City: State: Zip Code:

Proposed Development / Construction: Water Source: Water District:

* You will need to provide documentation from the Water Resources Department showing the gallons per minute (GPM) available to your property and a copy of your Well Report or Residential Water Right to your water source.

Fire District to Complete Information Below

1. Review of road access for the fire district use to the property resulted in the following:

- The road access is passable for Emergency Vehicles
- The road access is not passable for Emergency Vehicles

2. Review of water supply for fire district use to the property resulted in the following:

- There is adequate water available to the property for fire suppression.
(Minimum of 250 GPM for a 4 hour duration. ISO Rural Water Supply Requirement)
- There is not adequate water available to the property for fire suppression

Comments:

3. Action Taken:

- I have reviewed the information regarding the property listed above and Approve.
- I have reviewed the information regarding the property listed above and do not Approve.

Printed Name:

Signature:

Date:



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LAND USE APPLICATION

Land Use Application # _____

Property Owner: Nehalem Bay Health District Phone: 208.866.6864

Mailing Address: PO Box 6, 278 Rowe Street Wheeler, OR 97147

Applicant: Scott Edwards Architecture, Hayley Purdy Phone: 503-896.5341

Mailing Address: 2525 East Burnside Portland, OR 97214

Email Contact: hpurdy@seallp.com

Application Type(s): Check all that apply: * requires additional * information identified below

- | | |
|---|---|
| <input checked="" type="checkbox"/> Design Review (See: Section 11.050) | <input type="checkbox"/> Partition * |
| <input type="checkbox"/> Variance (See: Article 14) | <input type="checkbox"/> Subdivision * |
| <input type="checkbox"/> Conditional Use (See: Article 15) | <input type="checkbox"/> Planned Development * |
| <input type="checkbox"/> Zone Boundary Change from _____ to: _____ | <input type="checkbox"/> Cluster Development * |
| <input type="checkbox"/> Text Amendment (see attached verbiage) | <input type="checkbox"/> Consolidated Review Requested |
| <input type="checkbox"/> Miscellaneous Review: _____ | <input type="checkbox"/> Appeal of Decision # _____ |
| <input type="checkbox"/> Lot Line Adjustment * | <input type="checkbox"/> Floodplain Development Permit* |

PROPERTY DESCRIPTION:

Site Address: TL 400 at Highway 101, Wheeler OR 97147 Present Use: Undeveloped Land

Requested Use: medical clinic and pharmacy. The building is a B occupancy and V-B Construction Type.

Land Use Zone: General Commercial (GC)

Property Size: 59,130 SF square feet / acres

Access: _____

Wetlands; Flood Zone** _____ BFE: _____; Waterway: _____

Tax Map: Township: 2 North Range R10W Section 2 Tax Lot(s) 400

Survey: Yes; Recorded: Yes #(s): _____

Legal Description: TL 400 at Highway 101, 2N1003DA 00400, Wheeler, OR 97147

(Subdivision Name, Block, Lot Number(s) / Partition and Lot Number(s) / Other Description)

Provide three copies of the following information as necessary to depict the proposed use:

Draw plans to scale and include a north arrow. Information not listed may be required. In a Special Flood Hazard Area, a Floodplain Development Permit is required.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Site Plan | <input checked="" type="checkbox"/> Erosion Control Plan | <input checked="" type="checkbox"/> Storm Water Drainage Plan |
| <input checked="" type="checkbox"/> Grading Plan | <input checked="" type="checkbox"/> Revegetation Plan | <input checked="" type="checkbox"/> Construction Elevations |
| <input checked="" type="checkbox"/> Utilities (Water/Sewer/Access) | <input checked="" type="checkbox"/> Civil Engineering | <input type="checkbox"/> Tentative Plat * |
| <input checked="" type="checkbox"/> Property Survey | <input type="checkbox"/> Agency Approvals* | <input type="checkbox"/> Final Plat * |
| <input checked="" type="checkbox"/> Lot Corner Elevations | <input checked="" type="checkbox"/> Title Report * | <input type="checkbox"/> Open Space * |
| <input checked="" type="checkbox"/> Geologic Site Investigation | <input type="checkbox"/> Phasing * | <input type="checkbox"/> Flood Elevation Certificate* |

Property Owner(s) Signature: Marc C. Johnson Date: November 9, 2023



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For City Use:

LAND USE APPLICATION PROCESS PROCEDURE:

Application #'s: _____

Date Received:

_____ Application(s) submitted to the City (with fees: \$ _____)

_____ Application Review(s) Completed by: _____

_____ Application(s) Deemed Complete by: _____

_____ Notice Mailed (# of property owners: _____)

_____ Notice Published (receipt amount: \$ _____)

_____ Public Hearing(s) held: additional: _____

_____ Decision Date: Application Denied _____ / Approved _____

_____ Notice of Decision Mailed: Appeal Period Expiration Date: _____

_____ Appeal Received Yes No (If yes, see appeal application file)

ADDITIONAL LAWS MAY APPLY; ADDITIONAL PERMITS AND APPROVALS MAY BE REQUIRED

Additional applications may be required. Approvals from local, state, or federal agencies may be required. The instructions on this application shall not be construed to allow violation of other laws or ordinances. If this application is in conflict with a law or ordinance, the law or ordinance shall take precedence.

DECISION

The City shall take final action on an application within 120 days of the receipt of a complete application. Upon the request of the applicant, the 120 day period may be extended for a reasonable period of time. A decision is final at the expiration of the applicable appeal period.

APPEAL PROCESS

A decision of the Planning Commission may be appealed to the City Council by a participant to the first evidentiary public hearing by filing a notice of intent within 20 days of the date the final order is signed. A decision of the City Council may be appealed to the Land Use Board of Appeals by a participant to the first evidentiary public hearing by filing a notice of intent within 21 days of the date decision sought to be reviewed is final. The complete case including the final order shall be available for review at the City.

CITY OF WHEELER

PO Box 117 • Wheeler • OR 97147
(503) 368-5767

APPLICATION FOR WATER SERVICE & NOTICE OF STORMWATER UTILITY FEE

Page 1 of 2

Name of applicant: Scott Edwards Architecture, Hayley Purdy

Location of service: TL 400 at Highway 101, Wheeler OR 97147

Billing contact information: Nehalem Bay Health District, Marc Johnson
(Name)
PO Box 6, 278 Rowe Street
(Mailing address)
Wheeler, OR 97147

Phone number: 208.866.6864

Email address: marc@nehalembayhd.org hpurdy@seallp.com

Date of service to begin: June 2024

By signing this application, I agree to abide by the rules and regulations of the City of Wheeler Water Department. This application is merely a written request for service and does not bind the City to serve. I understand that I am responsible for payment of charges for water service on this account until I inform the City that I am no longer responsible.

I also understand that the City of Wheeler has a Storm Water Management Utility which charges a monthly fee which is billed with the water bill.

Marc C. Johnson

Applicant signature

November 9, 2023

Date

TO BE COMPLETED BY CITY STAFF:

Account #: _____ Meter size: _____
Fee amount: _____ Received by: _____

CITY OF WHEELER

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(503) 368-5767

APPLICATION FOR WATER SERVICE & NOTICE OF STORMWATER UTILITY FEE

Page 2 of 2

The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to provide 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 provide it, we are required to not the race/national origin of individual applicants on the basis of visual observation or surname.

Race (mark one or more):

- White Black/African American Asian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander

Ethnicity:

- Hispanic/Latino Not Hispanic/Latino

CITY OF WHEELER
SIGN PERMIT APPLICATION

APPLICATION NUMBER _____ DATE 11/17/2023
APPLICANT NAME Scott Edwards Architecture, Hayley Purdy PHONE NO 503-896-5341
APPLICANT ADDRESS 2525 East Burnside, Portland OR 97214

BUSINESS NAME Nehalem Bay Health District
BUSINESS ADDRESS PO Box 6, 278 Rowe Street, Wheeler OR 97147 ZONE GC
PHONE: 208.866.6864 BUSINESS LICENSE NO Pending Application filed 11-10-23

SIGN DIMENSIONS:
HEIGHT 2'-0" WIDTH: 10'-2" THICKNESS 1/2"

SIGN LOCATION (distance from ground to bottom of sign, affixed to side/front of building or free-standing, facing what street, hanging over sidewalk, etc.)

1'-0" minimum above grade

SIGN COLORS:
BACKGROUND Dark Gray BORDER _____
LETTERING Aluminum PICTURE Nehalem Bay Health Center Logo

LIGHTING In ground, wall wash light with shielding.

OTHER SIGNS ON PROPERTY (list size and location) _____
Building mounted signage at front entry, wall mounted. 3'-4" tall x 2'-10" wide

ATTACH A SCALE DRAWING OF THE PROPOSED SIGN

* * * * *

FOR OFFICE USE

DATE FEE PAID _____ AMOUNT _____

DATE PERMIT ISSUED _____