

INSPECTION REPORT

AME _____

BP# 88 - 140

SITE INSPECTION

Setbacks: OK Drainage: OK Correction Notice: F
Floodplain: H/A Inspector: BG Date: 07-19-88

FOOTING INSPECTION

Soil Type: OK Depth: OK Size: OK
Reinforcement: H/A Correction Notice: _____
Inspector: BG Date: 07-19-88

FOUNDATION INSPECTION

Size: OK Reinforcement: H/A Anchor Bolts: H/A
Piers: OK Inspector: BG Date: 07-19-88
Correction Notice: F

FRAMING INSPECTION

Wood Grading: _____ Foundation Vents: _____ Headers: _____
Nailing: _____ Roof Vents: _____ Beams: _____
Sill Plate: _____ Roof Framing: _____ Stairs: _____
Floor Framing: _____ Roof Sheathing: _____ Crawl Space: _____
Wall Framing: _____ Bearing Points: _____ Pilings: _____
Wall Sheathing: _____ Weather Barriers: _____
Inspector: _____ Date: _____ Correction Notice: _____

WALL COVERING INSPECTION

Type: _____ Nailing: _____ Correction Notice: _____
Inspector: _____ Date: _____

FIREPLACE / CHIMNEY INSPECTION

Wood Stove: _____ Chimney: _____ Flue: _____
Fireplace: _____ Clearance: _____
Inspector: _____ Date: _____ Correction Notice: _____

FINAL INSPECTION

Fire or Smoke Alarm: _____ Guardrails: _____ Landings: _____
Heating: _____ Paint: _____ Correction Notice: _____
Inspector: _____ Date: _____

NOTES: _____

N/A = Does Not Apply N/C = Not Code OK = Approved N/I = Not Inspected

BUILDING PERMIT APPLICATION

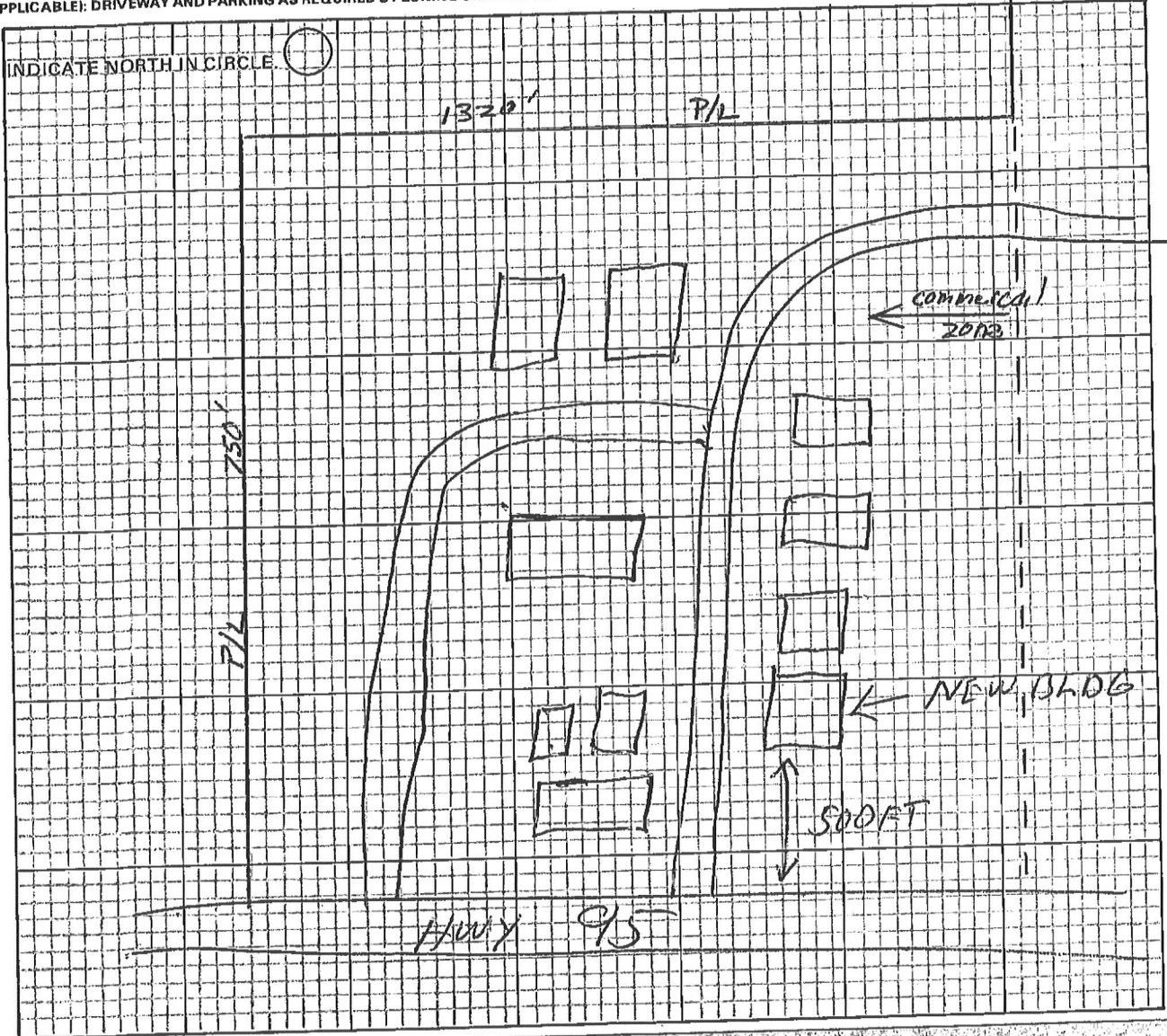
BONNER COUNTY, IDAHO

LEGAL DESCRIPTION		BUILDING PERMIT NO.	
Section <u>10</u> , Township <u>52</u> North, Range <u>2W</u> , B.M.		<u>89-018</u>	
OWNER	PHONE		
<u>FRANK LINSKOTT</u>	<u>2632790</u>		
MAIL ADDRESS	ZIP		
<u>8910 HWY 95 SAGE IDAHO</u>	<u>83860</u>		
CONTRACTOR	MAIL ADDRESS	PHONE	LICENSE NO.
<u>SANDAO CONST</u>			
ARCHITECT or ENGINEER	MAIL ADDRESS	PHONE	LICENSE NO.
Class Of Work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REMODEL <input type="checkbox"/> MOBILE HOME			
DESCRIBE WORK: <u>POLE BLDG</u>			
SPECIFICATIONS			
FOUNDATION		FRAMING	
Size of Footing <u>see plan</u>		Size	Spacing
Depth of Footing in Ground			Span
Foundation Wall		Girders—Beams	
Reinforcement		Joist, First Floor	
Footing Drain Tile <input type="checkbox"/> Yes <input type="checkbox"/> No		Joist, Second Floor	
		Joist, Ceiling	
COVERINGS		Roof Rafters	
Exterior Siding	Roof	Interior Studs	
Interior Walls	Floors	Exterior Studs	
		Bearing Walls	
Directions to Building Site:		OFFICE USE ONLY	
		Type of Const. <u>VIT</u>	Occupancy Group <u>B</u>
		Size of Bldg. (Total) Sq. Ft.	No. of Stories <u>1</u>
		No. of Dwelling Units	Use Zone
		1st Floor <u>1440 SF</u>	Max. Occ. Load
		2nd Floor	Fire Sprinklers Required () Yes () No
		Basement	
		Garage	
		Carport	
		Valuation <u>17,280.00</u>	
		Plan Check Fee <u>26.56</u>	
		Permit Fee <u>106.25</u>	
NOTICE			
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING.			
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED UNLESS PRIOR APPROVAL OF BUILDING DEPT.			
I HEREBY CERTIFY THAT 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. THE 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.			
Signature of Owner or Authorized Agent <u>Frank Linskott</u>		Date	
Application Accepted By	Plan Checked By <u>04/05/89 BG.</u>	Approved to Issue <u>Pof.</u>	

PLOT PLAN

OWNER FRANK LINSOTT	BUILDING PERMIT NO 89-018
LEGAL DESCRIPTION C10 TOWN 52 RANGE 2W	ENERGIZING PERMIT NO EP 89-014
Section 10 , Township 56	North, Range 2W B.M.
STRUCTURE TYPE POLE	USE POLE
	SITE AREA ACREAGE 22 AC

PROVIDE THE FOLLOWING INFORMATION IN THE SPACE BELOW: THE BOUNDARY LINES OF SITE WITH DIMENSIONS; ALL ROADS SHOWN AND LABELED (COUNTY, PUBLIC, EASEMENT); ALL BODIES OF WATER; STRUCTURE WITH DIMENSIONS; ALL SETBACKS FROM STRUCTURE TO BOUNDARY LINES AND TO ANY BODIES OF WATER (WHERE APPLICABLE); DRIVEWAY AND PARKING AS REQUIRED BY ZONING ORDINANCE; AND SPECIFY THE USE OF EACH STRUCTURE.



I/WE CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT FIRST OBTAINING APPROVAL. I/WE FURTHER CERTIFY THAT THE PROPOSED CONSTRUCTION, ALTERATION AND/OR REPAIR WILL CONFORM TO THE LOCAL PLANNING AND ZONING AND HEALTH DEPARTMENT REQUIREMENTS THAT WILL BE IN EFFECT ON THE DATE OF THE GRANTING OF THE BUILDING PERMIT.

Name of Owner(s) of Site and Structure (print)
Frank Linscott

Signature of Owner(s) or Authorized Representative *[Signature]* Date **4/4/89**

COPIES White - Public Works Dept. Yellow - Applicant.
Pink - Bldg. Inspector. Gold - Assessor's Office.

PARCEL NO 56-102W-104201		
FLOODPLAIN ZONE C		
DEVELOPMENT PERMIT NO		
ZONE / PERMIT NO	DATE	APPROVAL
ZONE DISTRICT Commercial	04/05/89	<i>[Signature]</i>
HEALTH DISTRICT no sense	04/5/89	<i>[Signature]</i>
PLOT PLAN	04/06/89	<i>[Signature]</i>

INSPECTION REPORT

NAME _____

BP# 89-018

SITE INSPECTION

Setbacks: _____ Drainage: _____ Correction Notice: _____
Floodplain: _____ Inspector: _____ Date: ____-____-____

FOOTING INSPECTION

Soil Type: _____ Depth: _____ Size: _____
Reinforcement: _____ Correction Notice: _____
Inspector: _____ Date: ____-____-____

FOUNDATION INSPECTION

Size: _____ Reinforcement: _____ Anchor Bolts: _____
Piers: _____ Inspector: _____ Date: ____-____-____
Correction Notice: _____

FRAMING INSPECTION

Wood Grading: _____ Foundation Vents: _____ Headers: _____
Nailing: _____ Roof Vents: _____ Beams: _____
Sill Plate: _____ Roof Framing: _____ Stairs: _____
Floor Framing: _____ Roof Sheathing: _____ Crawl Space: _____
Wall Framing: _____ Bearing Points: _____ Pilings: _____
Wall Sheathing: _____ Weather Barriers: _____
Inspector: _____ Date: ____-____-____ Correction Notice: _____

WALL COVERING INSPECTION

Type: _____ Nailing: _____ Correction Notice: _____
Inspector: _____ Date: ____-____-____

FIREPLACE / CHIMNEY INSPECTION

Wood Stove: _____ Chimney: _____ Flue: _____
Fireplace: _____ Clearance: _____
Inspector: _____ Date: ____-____-____ Correction Notice: _____

FINAL INSPECTION

Fire or Smoke Alarm: _____ Guardrails: _____ Landings: _____
Heating: _____ Paint: _____ Correction Notice: _____
Inspector: _____ Date: ____-____-____

NOTES: _____

N/A = Does Not Apply N/C = Not Code OK = Approved N/I = Not Inspected

BUILDING PERMIT APPLICATION

BONNER COUNTY, IDAHO

LEGAL DESCRIPTION Section <u>10</u> , Township <u>56</u> North, Range <u>2W</u> B.M.	BUILDING PERMIT NO. 90-157
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OWNER <u>FRANK LINSOTT</u>	PHONE <u>263 2790</u>
MAIL ADDRESS <u>8910 HWY 95 SAGLE</u>	ZIP <u>83860</u>
CONTRACTOR <u>SANDAU BUILDERS</u>	MAIL ADDRESS PHONE LICENSE NO.
ARCHITECT or ENGINEER	MAIL ADDRESS PHONE LICENSE NO.

Class Of Work: NEW ADDITION ALTERATION REMODEL MOBILE HOME

DESCRIBE WORK:
POLE DOG

SPECIFICATIONS				
FOUNDATION		FRAMING		
Size of Footing		Girders—Beams	Size	Spacing
Depth of Footing in Ground		Joist, First Floor		
Foundation Wall		Joist, Second Floor		
Reinforcement		Joist, Ceiling		
Footing Drain Tile <input type="checkbox"/> Yes <input type="checkbox"/> No		Roof Rafters		
COVERINGS		Interior Studs		
Exterior Siding	Roof	Exterior Studs		
Interior Walls	Floors	Bearing Walls		

Directions to Building Site:
Sagle Commercial District

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED UNLESS PRIOR APPROVAL OF BUILDING DEPT.

I HEREBY CERTIFY THAT 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. THE 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.

Frank Linscott
 Signature of Owner or Authorized Agent

Date

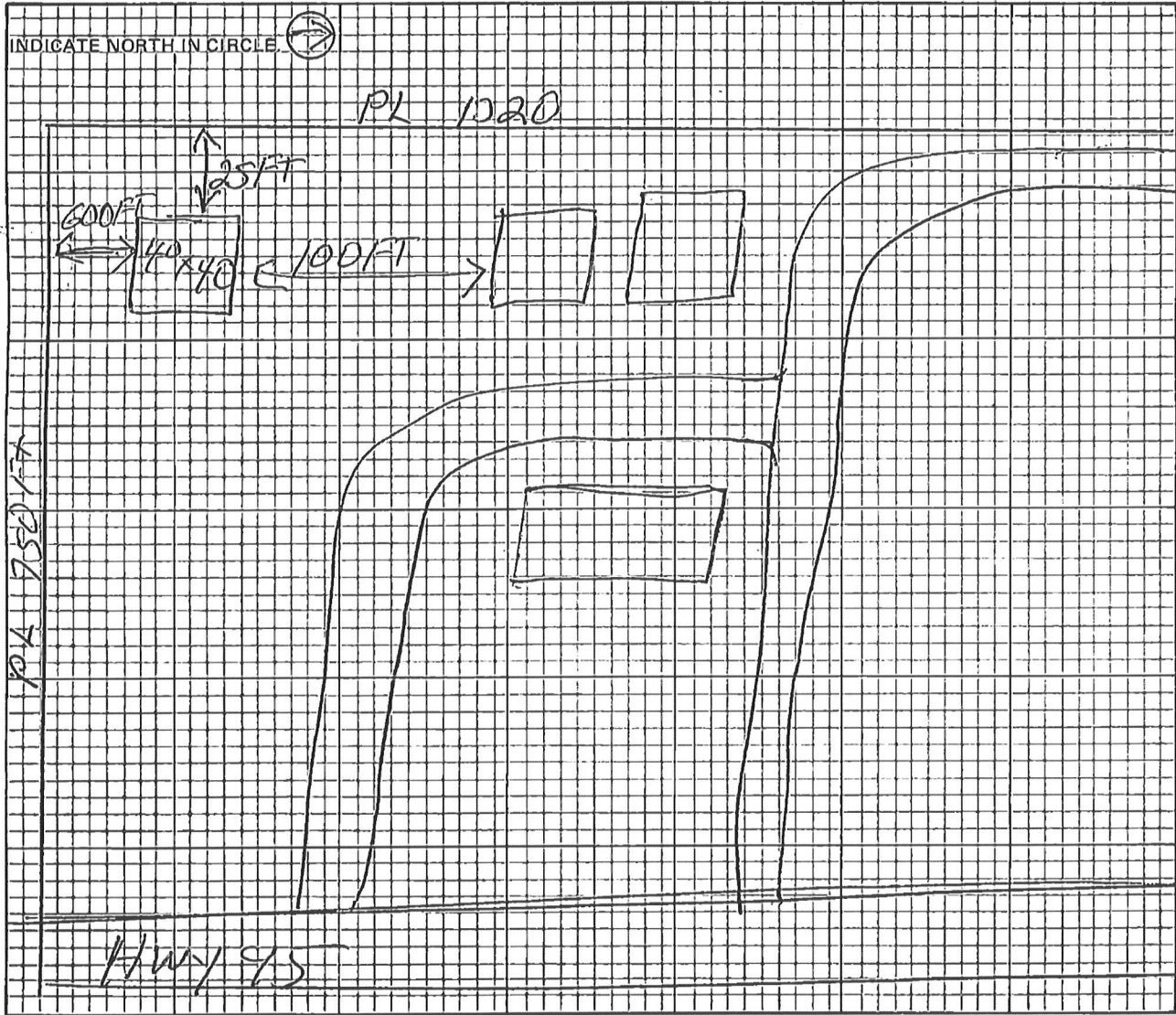
OFFICE USE ONLY			
Type of Const.	VN	Occupancy Group	M
Division	1	Size of Bldg. (Total) Sq. Ft.	1600
Max. Occ. Load		No. of Stories	1
Fire Sprinklers Required () Yes (X) No		No. of Dwelling Units	
1st Floor		Use Zone	
2nd Floor			
Basement			
Garage	1600 SF		
Carport			
Valuation	\$ 12,960.00		
Plan Check Fee	24.57		
Permit Fee	\$ 98.26		

Application Accepted By <u>L.L. 5/31/90</u>	Plan Checked By <u>FA</u>	Approved to Issue <u>6/4/90</u>
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BUILDING PERMIT APPLICATION PLOT PLAN

OWNER <i>FRANK LINSOTT</i>	BUILDING PERMIT NO: <i>90-157</i>
LEGAL DESCRIPTION <i>S</i>	ENERGIZING PERMIT NO: <i>EIP. 90-110</i>
Section <i>10</i> , Township <i>56</i> North, Range <i>2W</i> B.M	
STRUCTURE TYPE <i>POLE</i>	USE
	SITE AREA ACREAGE <i>22 AC</i>

PROVIDE THE FOLLOWING INFORMATION IN THE SPACE BELOW: THE BOUNDARY LINES OF SITE WITH DIMENSIONS; ALL ROADS SHOWN AND LABELED (COUNTY, PUBLIC, EASEMENT); ALL BODIES OF WATER; STRUCTURE WITH DIMENSIONS; ALL SETBACKS FROM STRUCTURE TO BOUNDARY LINES AND TO ANY BODIES OF WATER (WHERE APPLICABLE); DRIVEWAY AND PARKING AS REQUIRED BY ZONING ORDINANCE; AND SPECIFY THE USE OF EACH STRUCTURE.



I/WE CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT FIRST OBTAINING APPROVAL. I/WE FURTHER CERTIFY THAT THE PROPOSED CONSTRUCTION, ALTERATION AND/OR REPAIR WILL CONFORM TO THE LOCAL PLANNING AND ZONING AND HEALTH DEPARTMENT REQUIREMENTS THAT WILL BE IN EFFECT ON THE DATE OF THE GRANTING OF THE BUILDING PERMIT.

PARCEL NO. <i>56002W104201</i>		
FLOODPLAIN ZONE <i>"C"</i>		
DEVELOPMENT PERMIT NO. <i>N/A</i>		
ZONE / PERMIT NO.	DATE	APPROVAL
ZONE DISTRICT <i>Commercial</i>	<i>6-4-90</i>	<i>R. L. L.</i>
HEALTH DISTRICT <i>N/A</i>		
PLOT PLAN	<i>6-4-90</i>	<i>R. L. L.</i>

Name of Owner(s) of Site and Structure (print)

Frank Linscott *my 90 91*
Signature of Owner(s) or Authorized Representative Date

COPIES White - Public Works Dept. Yellow - Applicant.
Pink - Bldg. Inspector. Gold - Assessor's Office.

INSPECTION REPORT

NAME Simpson

BP# 90-157

SITE INSPECTION

Setbacks: OK Drainage: OK Correction Notice: F
Floodplain: OK Inspector: RC Date: 06-05-90

FOOTING INSPECTION

Soil Type: OK Depth: OK Size: OK
Reinforcement: OK Correction Notice: F
Inspector: RC Date: 06-05-90

FOUNDATION INSPECTION

Size: _____ Reinforcement: _____ Anchor Bolts: _____
Piers: _____ Inspector: _____ Date: _____
Correction Notice: _____

FRAMING INSPECTION

Wood Grading: _____ Foundation Vents: _____ Headers: _____
Nailing: _____ Roof Vents: _____ Beams: _____
Sill Plate: _____ Roof Framing: _____ Stairs: _____
Floor Framing: _____ Roof Sheathing: _____ Crawl Space: _____
Wall Framing: _____ Bearing Points: _____ Pilings: _____
Wall Sheathing: _____ Weather Barriers: _____
Inspector: _____ Date: _____ Correction Notice: _____

WALL COVERING INSPECTION

Type: _____ Nailing: _____ Correction Notice: _____
Inspector: _____ Date: _____

FIREPLACE / CHIMNEY INSPECTION

Wood Stove: _____ Chimney: _____ Flue: _____
Fireplace: _____ Clearance: _____
Inspector: _____ Date: _____ Correction Notice: _____

FINAL INSPECTION

Fire or Smoke Alarm: _____ Guardrails: _____ Landings: _____
Heating: _____ Paint: _____ Correction Notice: _____
Inspector: _____ Date: _____

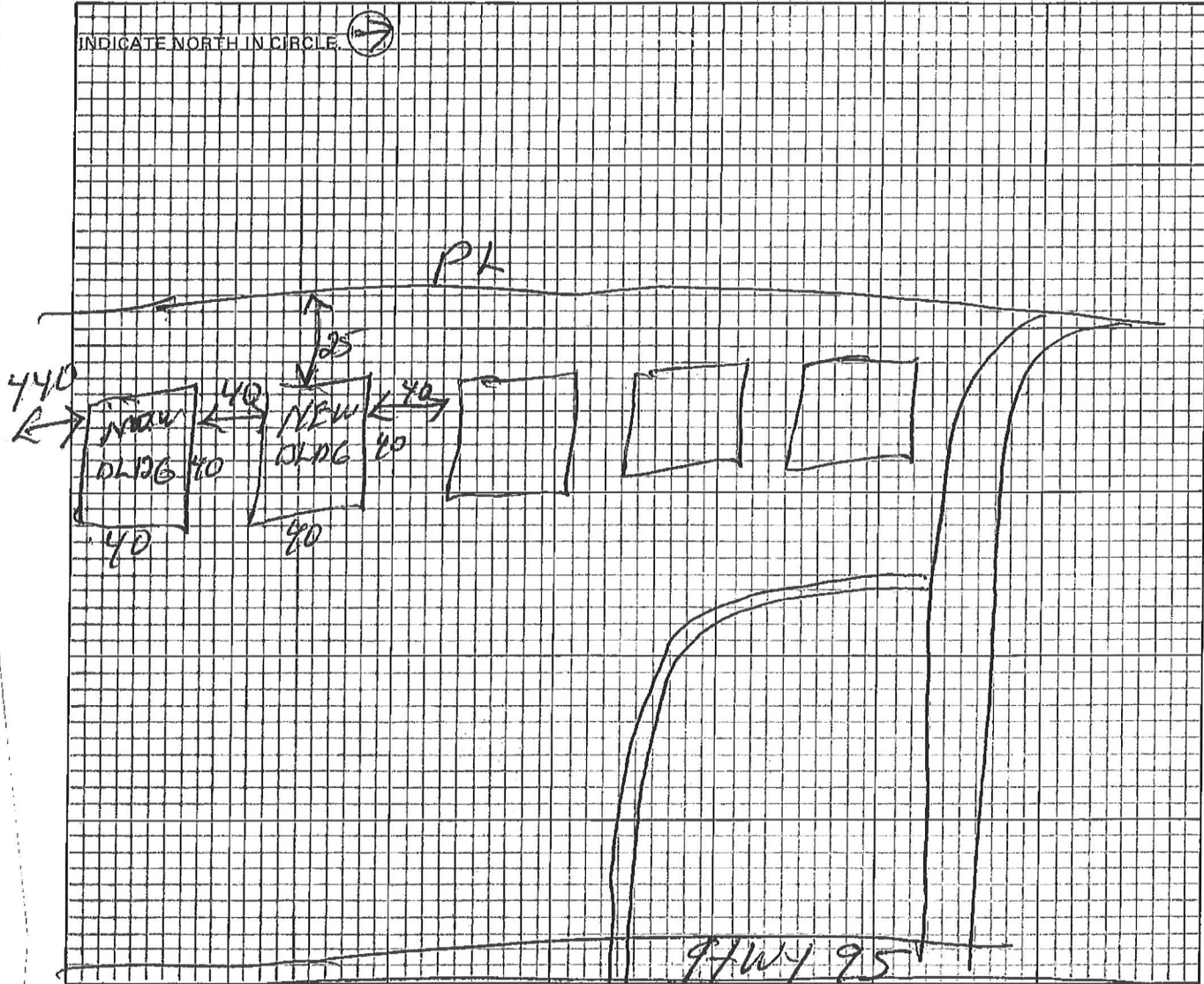
NOTES: _____

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BUILDING PERMIT APPLICATION PLOT PLAN

OWNER FRANK LINSOTT	BUILDING PERMIT NO. 90-307
LEGAL DESCRIPTION	ENERGIZING PERMIT NO. 6-1-90-202
Poll	Section 10 , Township 56 North, Range 2 W B.M
STRUCTURE TYPE	USE
	SITE AREA ACREAGE 22.00

PROVIDE THE FOLLOWING INFORMATION IN THE SPACE BELOW: THE BOUNDARY LINES OF SITE WITH DIMENSIONS; ALL ROADS SHOWN AND LABELED (COUNTY, PUBLIC, EASEMENT); ALL BODIES OF WATER; STRUCTURE WITH DIMENSIONS; ALL SETBACKS FROM STRUCTURE TO BOUNDARY LINES AND TO ANY BODIES OF WATER (WHERE APPLICABLE); DRIVEWAY AND PARKING AS REQUIRED BY ZONING ORDINANCE; AND SPECIFY THE USE OF EACH STRUCTURE.



WE CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT FIRST OBTAINING APPROVAL. I/WE FURTHER CERTIFY THAT THE PROPOSED CONSTRUCTION, ALTERATION AND/OR REPAIR WILL CONFORM TO THE LOCAL PLANNING AND ZONING AND HEALTH DEPARTMENT REQUIREMENTS THAT WILL BE IN EFFECT ON THE DATE OF GRANTING OF THE BUILDING PERMIT.

Frank Linscott

 Owner(s) of Site and Structure (print)

Ray S **90**

 Owner(s) or Authorized Representative Date

White - Public Works Dept. Yellow - Applicant.

PARCEL NO. 56N02W10E1201			
FLOODPLAIN ZONE C			
DEVELOPMENT PERMIT NO. N/A			
ZONE / PERMIT NO.	DATE	APPROVAL	
ZONE DISTRICT Commercial	08-10-90	500 90 157 Podaj	
HEALTH DISTRICT N/A			
PILOT			

INSPECTION REPORT

NAME

Linscott

BP#

90-307

SITE INSPECTION

Setbacks: OK
Floodplain: N/A

Drainage: OK
Inspector: BG

Correction Notice: F
Date: 09-01-90

FOOTING INSPECTION

Soil Type: _____ Depth: _____ Size: _____
Reinforcement: _____ Correction Notice: _____
Inspector: _____ Date: ____-____-____

FOUNDATION INSPECTION

Size: _____ Reinforcement: _____ Anchor Bolts: _____
Piers: _____ Inspector: _____ Date: ____-____-____
Correction Notice: _____

FRAMING INSPECTION

Wood Grading: OK Foundation Vents: N/A Headers: OK
Nailing: OK Roof Vents: N/A Beams: OK
Sill Plate: N/A Roof Framing: OK Stairs: N/A
Floor Framing: N/A Roof Sheathing: OK Crawl Space: N/A
Wall Framing: OK Bearing Points: OK Pilings: OK
Wall Sheathing: OK Weather Barriers: OK
Inspector: BG Date: 10-26-90 Correction Notice: F

WALL COVERING INSPECTION

Type: _____ Nailing: _____ Correction Notice: _____
Inspector: _____ Date: ____-____-____

FIREPLACE / CHIMNEY INSPECTION

Wood Stove: _____ Chimney: _____ Flue: _____
Fireplace: _____ Clearance: _____
Inspector: _____ Date: ____-____-____ Correction Notice: _____

FINAL INSPECTION

Fire or Smoke Alarm: N/A Guardrails: N/A Landings: OK
Heating: OK Paint: OK Correction Notice: F
Inspector: BG Date: 10-26-90

NOTES: _____

N/A = Does Not Apply N/C = Not Code OK = Approved N/I = Not Inspected

BUILDING PERMIT APPLICATION

BONNER COUNTY, IDAHO

E

LEGAL DESCRIPTION Section <u>10</u> , Township <u>56</u> North, Range <u>2W</u> , B.M.	BUILDING PERMIT NO. <u>90-308</u>
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OWNER <u>FRANK LINSOTT</u>	PHONE <u>2622790</u>
MAIL ADDRESS <u>8910 HWY 95 SAGLE IDAHO</u>	ZIP <u>83860</u>
CONTRACTOR <u>SANDY BUILDERS</u>	PHONE
ARCHITECT or ENGINEER	LICENSE NO.

Class Of Work: NEW ADDITION ALTERATION REMODEL MOBILE HOME

DESCRIBE WORK:
POLE 12LDB

SPECIFICATIONS			
FOUNDATION	FRAMING		
	Size	Spacing	Span
Size of Footing	Girders—Beams		
Depth of Footing in Ground	Joist, First Floor		
Foundation Wall	Joist, Second Floor		
Reinforcement	Joist, Ceiling		
Footing Drain Tile <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Rafters		
COVERINGS	Interior Studs		See Plans file #90-307
Exterior Siding Roof	Exterior Studs		
Interior Walls Floors	Bearing Walls		

Directions to Building Site:
Sagle Commercial District

OFFICE USE ONLY			
Type of Const. <u>W</u>	Occupancy Group <u>B</u>	Division <u>1</u>	
Size of Bldg. (Total) Sq. Ft.	No. of Stories <u>1</u>	Max. Occ. Load	
No. of Dwelling Units	Use Zone	Fire Sprinklers Required (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	
1st Floor — <u>1600</u>			
2nd Floor —			
Basement —			
Garage —			
Carport —			

NOTICE

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I HEREBY CERTIFY THAT 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. THE 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.

Signature of Owner or Authorized Agent: [Signature] Date: _____

Application Accepted By	Plan Checked By <u>[Signature]</u>	Approved to Issue <u>08-16-90</u>
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Valuation	<u>9600</u>
Plan Check Fee	<u>19.53</u>
Permit Fee	<u>78.10</u>
TOTAL	<u>97.63</u>

INSPECTION REPORT

NAME _____

BP# 90-309

SITE INSPECTION

Setbacks: OK Drainage: OK Correction Notice: F
Floodplain: N/A Inspector: BC Date: 10-26-90

FOOTING INSPECTION

Soil Type: _____ Depth: _____ Size: _____
Reinforcement: _____ Correction Notice: _____
Inspector: _____ Date: ____-____-____

FOUNDATION INSPECTION

Size: _____ Reinforcement: _____ Anchor Bolts: _____
Piers: _____ Inspector: _____ Date: ____-____-____
Correction Notice: _____

FRAMING INSPECTION

Wood Grading: OK Foundation Vents: N/A Headers: OK
Nailing: OK Roof Vents: N/A Beams: OK
Sill Plate: N/A Roof Framing: OK Stairs: N/A
Floor Framing: N/A Roof Sheathing: OK Crawl Space: N/A
Wall Framing: OK Bearing Points: OK Pilings: OK
Wall Sheathing: OK Weather Barriers: OK
Inspector: BC Date: 10-26-90 Correction Notice: F

WALL COVERING INSPECTION

Type: _____ Nailing: _____ Correction Notice: _____
Inspector: _____ Date: ____-____-____

FIREPLACE / CHIMNEY INSPECTION

Wood Stove: _____ Chimney: _____ Flue: _____
Fireplace: _____ Clearance: _____
Inspector: _____ Date: ____-____-____ Correction Notice: _____

FINAL INSPECTION

Fire or Smoke Alarm: N/A Guardrails: N/A Landings: OK
Heating: OK Paint: OK Correction Notice: F
Inspector: BC Date: 10-26-90

NOTES: _____

N/A = Does Not Apply N/C = Not Code OK = Approved N/I = Not Inspected

LEGAL DESCRIPTION: Section 10, Township 56N, Range 2W SITE ACREAGE: 22 ACG

BUILDING PERMIT # 95-0114 (u)

Subdivision _____ (Subdivision Name, Block # & Lot #)

ENERGIZING PERMIT # 081-95

OWNER: FRANK LINSOTT 2633790

OWNER MAIL ADDRESS: 8910 HWY 95 OWNER PHONE: SAGE FD 80860

MECHANICAL PERMIT # _____

CONTRACTOR: SANDAU BUILDERS MAIL ADDRESS: HCRSWW PRIET RIVER RD PHONE: 4481051 LICENSE # _____

ARCHITECT/ENG: JAMES A. SEWELL ASSC MAIL ADDRESS: PO BOX 160 NEWPORT WA PHONE: 509 4472626 LICENSE # _____

CLASS OF WORK (Check one): New [] Addition [] Remodel [] Change of Use [] Mobile []

Describe Work: POLE 12x6 Year _____

Type of Heating: 0 Utility Company: WWIP Make _____

Describe Use: STORAGE 30'x36' Size _____

Directions to Site: 8910 HWY 95 S - 4MI SOUTH OF SAND POINT ON HWY 95, TURN RIGHT 650 FT Idaho Insignia # _____

Type of Const.: <u>VN</u>	Occup. Group: <u>S</u>	Division: <u>2</u>	# of Units: _____	FEES	
# of _____	Max. Occupancy _____	IREs []	SGC []	Permit Fee:	<u>\$ 72.34</u>
Stories: _____	Load: _____	Fire Sprinklers Req.?	Yes [] No []	Plan Check Fee:	<u>\$ 36.17</u>
SQUARE FOOTAGE:	1st FLOOR SQ. FT.	2nd FLOOR SQ. FT.	BASEMENT SQ. FT.	Special Fees:	_____
GARAGE SQ. FT.	OTHER - SQ. FT.	SQUARE FOOT TOTAL: <u>1080</u>		Mechanical Fees:	_____
CONDITIONS:				Stormwater Fees:	<u>25.00</u>
				TOTAL:	<u>\$ 133.51</u>
				VALUATION OF WORK:	<u>\$ 8640.00</u>
				Parcel #:	<u>RP56NOAW104202a</u>
				Zone District:	<u>Commercial</u>

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I HEREBY CERTIFY THAT 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. THE 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 PERFORMANCES OF CONSTRUCTION.

Name of Owner or Authorized Agent: FRANK LINSOTT (Date): Mar 15 95

Signature of Owner or Authorized Agent: _____ (Date): _____

AGENCY: Bonner Co. Planning BY: / DATE: 3/28/95

Sewage Disposal Permit # re plumbing OK / 3-17-95

Roads/DOT 3-17-95

Div. of E. _____

Dept. of Law _____

Fire District: 755213 3/30/95

Other (Specify) _____

Application Accepted By: / Date: 3/17/95

Plans Checked By: / Date: 3/25/95

Approved to Issue By: / Date: 2 PARS

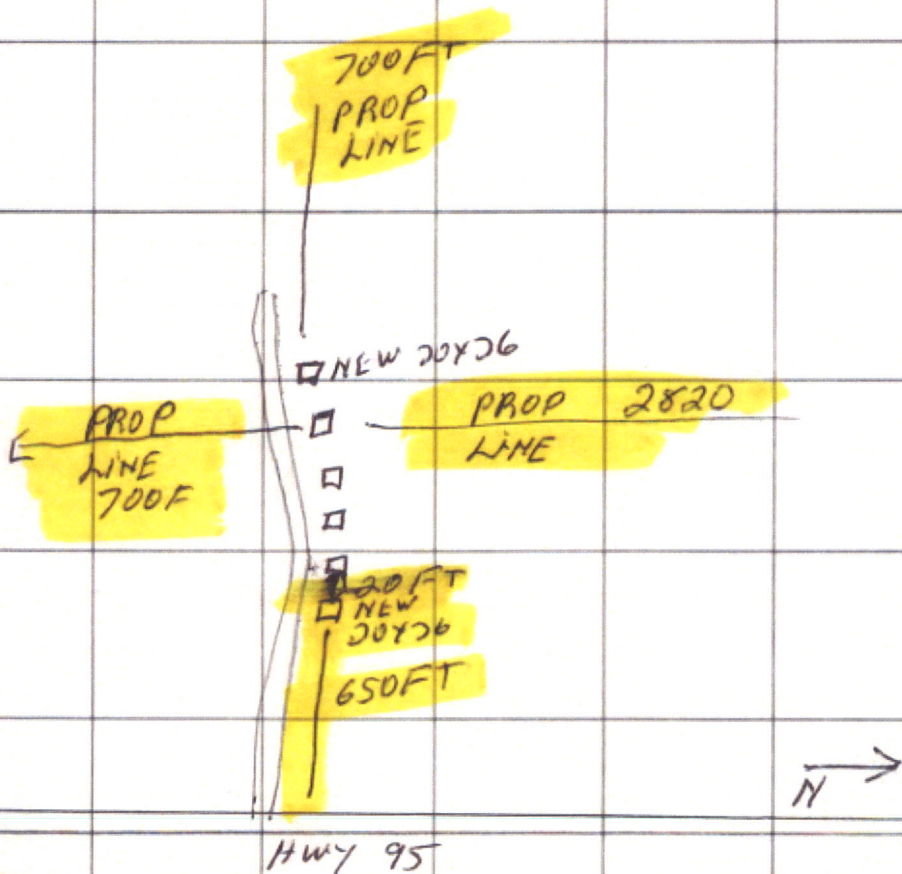
**BUILDING PERMIT APPLICATION • BONN COUNTY, IDAHO
- PLOT PLAN -**

OWNER

BUILDING PERMIT #

Draw a map of the site, providing the following information in the space below:

- The boundary lines of the site, including dimensions
- An arrow indicating direction north.
- All roads - public and private - that provide access to the site
- All bodies of water
- Proposed structure and its dimensions. All existing structures.
- Distance from all property lines and any bodies of water to architectural projections of structures.
- Parking spaces, accesses and driveways as required by zoning ordinance or special conditions.
- All easements of record (roads, utilities, Army Corps of Engineers, etc.).



1 / WE CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT FIRST OBTAINING APPROVAL. 1 / WE CERTIFY THAT THE PROPOSED CONSTRUCTION, ALTERATION AND/OR REPAIR WILL CONFORM TO THE LOCAL PLANNING AND ZONING AND HEALTH DEPARTMENT REQUIREMENTS THAT WILL BE IN EFFECT ON THE DATE OF THE GRANTING OF THE BUILDING PERMIT.

FRANK WINSOTT

Name of Owner(s) of Site and Structure (Please print)

Frank Winsott

Signature of Owner(s) or Authorized Representative

Mar 15 95

(Date)

255375

255375

CORRECTION TO WARRANTY DEED

WHEREAS, by Warranty Deed dated March 11, 1981, and recorded on March 12, 1981 in records of Bonner County, Idaho as Instrument No. 239624, NORMA F. LINSKOTT, a married man dealing with his sole and separate property, as Grantor, did convey and transfer unto FRANK E. LINSKOTT and CAROL LINSKOTT, husband and wife, of Route 1, Box 324, Sagle, Idaho, as Grantees, certain property in Bonner County, Idaho, and

WHEREAS, through error and mistake the description of the real property set forth in said Warranty Deed was erroneous and not the true description of the property which the Grantor wished to convey to Grantees, and

WHEREAS, the parties wish to correct said Warranty Deed to show such true description and correctly describe the property conveyed to Grantees, Now Therefore

The description set forth in said Warranty Deed is hereby corrected and changed to read as follows:

The Southwest Quarter of Northwest Quarter, the Southeast Quarter of Northwest Quarter, and the Northeast Quarter of Southwest Quarter, all in Section 10, Township 56 North, Range 2 West, Boise Meridian, Bonner County, Idaho.

The remainder of said Warranty Deed as recorded shall remain unchanged and as written.

SIGNED this 7th day of May, 1982.

Norma F. Linskott
Grantor
Frank E. Linskott
Carol Linskott
Grantees

May 20, 1982 3:42 PM
By: Paula Blomquist
Ray Linskott
2014 2014
2014 48

LOT AND BUILDING DIAGRAM — AREA COMPUTATION

	F			C	
	E			B	
	D			A	

138-252

139424

QUIT CLAIM DEED

3-8-72

For value received, the undersigned, Lana K. Linscott, a single woman, does hereby convey, release, remise and forever quit claim unto Frank Linscott, a single man, all of her right, title, claim and interest in and to the following described premises, to-wit:

The North one-half of the Northwest one-quarter (N 1/2 NW 1/4) Section 10, Township 56 North Range 2 West of the Boise Meridian, Bonner County, Idaho.

together with their appurtenances.

And the said Grantor does hereby covenant that said premises are free from all incumbrances.

Dated this 7th day of March, 1972.

Lana K. Linscott
Lana K. Linscott

STATE OF IDAHO)
) ss.
County of Bonner)

On this 7th day of March, 1972, before me, the undersigned Notary Public in and for said state and county, personally appeared Lana K. Linscott, known to me to be the person whose

LEGAL DESCRIPTION:
 Section 10 Township 56N Range 2W SITE ACREAGE 22AC6

BUILDING PERMIT # 95-0117 (e)

ENERGIZING PERMIT # 080-95

MECHANICAL PERMIT # NA

Subdivision _____
(Subdivision Name, Block # & Lot #)

OWNER
FRANK LINSOTT

OWNER MAIL ADDRESS 8910 HWY 95 SAGLE ID 83860 OWNER PHONE _____

CONTRACTOR SANDAU BUILDERS MAIL ADDRESS HCR SIDY WW PINE RIVER ID PHONE _____ LICENSE # 1351

ARCHITECT/ENG JAMES A. SEWELL ASSC MAIL ADDRESS PO BOX 160 NEWPORT WA PHONE _____ LICENSE # 5094470626

CLASS OF WORK (Check one):
 New Addition Remodel Change of Use Mobile

Describe Work: POLE DADG WMP Year: _____
 Type of Heating: _____ Utility Company: _____
 Describe Use: STORAGE 30' X 36' Make: _____
 Directions to Site: 8910 HWY 95 S - 4 MI SOUTH OF SANDPOINT ON HWY 95 TURN RIGHT 650 FT Size: _____
 Idaho Insignia # _____

Type of Const.	Occup. Group	Division	# of Units	FEES	
<u>VN</u>	<u>S</u>	<u>2</u>		Permit Fee:	<u>\$ 72.34</u>
# of _____	Max. Occupancy _____	IREs [] _____	SGC [] _____	Plan Check Fee:	<u>\$ 36.17</u>
Stories: _____	Load: _____	Fire Sprinklers Req? Yes [] No []		Special Fees:	
SQUARE FOOTAGE:	1st FLOOR SQ. FT.	2nd FLOOR SQ. FT.	BASEMENT SQ. FT.	Mechanical Fees:	
GARAGE SQ. FT.	OTHER - SQ. FT.	SQUARE FOOT TOTAL: <u>1080</u>		Stormwater Fees:	<u>25.00</u>
CONDITIONS:				TOTAL:	<u>\$ 133.51</u>
				VALUATION OF WORK:	<u>\$ 8,640.00</u>
				Parcel #	<u>RP56noaw104a002a</u>
				Zone District:	<u>Suburban Commercial</u>

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED UNLESS PRIOR APPROVAL OF BUILDING DEPARTMENT. HOWEVER A PERMIT IS VALID AS LONG AS WORK IS CONTINUED.

I HEREBY CERTIFY THAT 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. THE 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 PERFORMANCES OF CONSTRUCTION.

Name of Owner or Authorized Agent: FRANK LINSOTT (Date) _____

Signature of Owner or Authorized Agent: [Signature] (Date) me 1595

AGENCY: Bonner Co. Planning BY: / DATE: [Signature]

Sewage Disposal Permit # No plumbing CUA / 7-17-95

Roads/DDT: [Signature] 3/17/95

Div. of Environ. _____

Dept. of Lands _____

Fire District: 755123

Other (Specify): 3/30/95

Application Accepted By: / Date: 3/17/95

Plans Checked By: / Date: 3/28/95

Approved to Issue By: / Date: [Signature]

ISSUED
 755123
 3/30/95

BUILDING PERMIT APPLICATION • BONNER COUNTY, IDAHO
- PLOT PLAN -

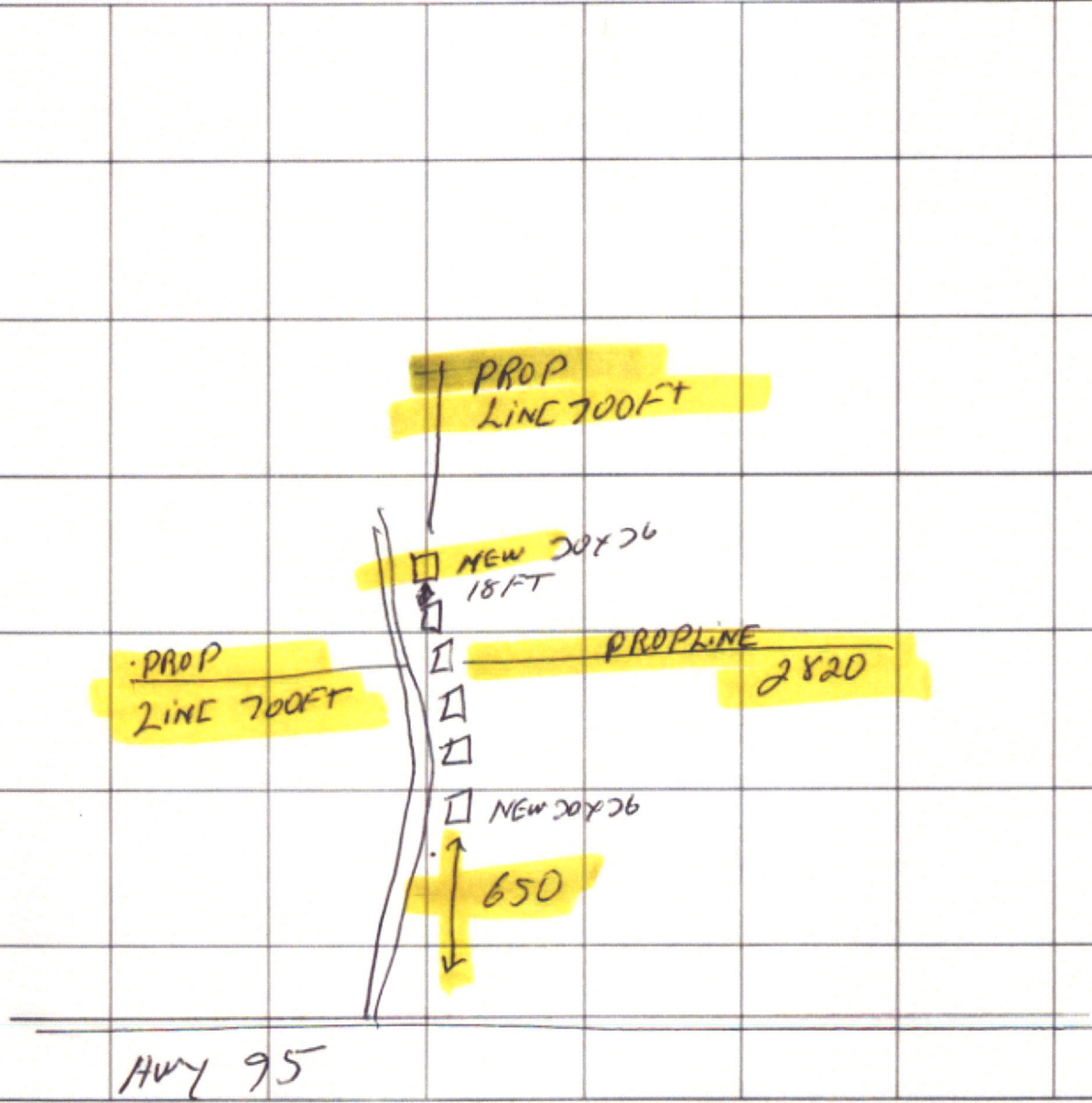
OWNER

BUILDING PERMIT #

95-0117

Draw a map of the site, providing the following information in the space below:

- The boundary lines of the site, including dimensions
- An arrow indicating direction north
- All roads - public and private - that provide access to the site
- All bodies of water
- Proposed structure and its dimensions. All existing structures.
- Distance from all property lines and any bodies of water to architectural projections of structures.
- Parking spaces, accesses and driveways as required by zoning ordinance or special conditions.
- All easements of record (roads, utilities, Army Corps of Engineers, etc.).



I / WE CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT FIRST OBTAINING APPROVAL. I / WE CERTIFY THAT THE PROPOSED CONSTRUCTION, ALTERATION AND/OR REPAIR WILL CONFORM TO THE LOCAL PLANNING AND ZONING AND HEALTH DEPARTMENT REQUIREMENTS THAT WILL BE IN EFFECT ON THE DATE OF THE GRANTING OF THE BUILDING PERMIT.

FRANK LINSOTT
Name of Owner(s) of Site and Structure (Please print)

Frank Linscott
Signature of Owner(s) or Authorized Representative

MAY 15 95
(Date)

255375

255375

CORRECTION TO WARRANTY DEED

WHEREAS, by Warranty Deed dated March 11, 1981, and recorded on March 12, 1981 in records of Bonner County, Idaho as Instrument No. 239624, NORMA F. LINSKOTT, a married man dealing with his sole and separate property, as Grantor, did convey and transfer unto FRANK E. LINSKOTT and CAROL LINSKOTT, husband and wife, of Route 1, Box 324, Sagle, Idaho, as Grantees, certain property in Bonner County, Idaho, and

WHEREAS, through error and mistake the description of the real property set forth in said Warranty Deed was erroneous and not the true description of the property which the Grantor wished to convey to Grantees, and

WHEREAS, the parties wish to correct said Warranty Deed to show such true description and correctly describe the property conveyed to Grantees, Now Therefore

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The remainder of said Warranty Deed as recorded shall remain unchanged and as written.

SIGNED this 7th day of May, 1982.

Norma Linskott
Grantor

Frank E. Linskott

Carol E. Linskott
Grantees

May 20th 1982
By Paula Blomquist Deputy

LOT AND BUILDING DIAGRAM — AREA COMPUTATION

	F			C	
	E			B	
	D			A	

138-252

139424

QUIT CLAIM DEED

3-8-72

For value received, the undersigned, Lana K. Linscott, a single woman, does hereby convey, release, remise and forever quit claim unto Frank Linscott, a single man, all of her right, title, claim and interest in and to the following described premises, to-wit:

The North one-half of the Northwest one-quarter (N 1/2 NW 1/4) Section 10, Township 36 North Range 1 West of the Boise Meridian, Bonner County, Idaho.

together with their appurtenances.

And the said Grantor does hereby covenant that said premises are free from all incumbrances.

Dated this 7th day of March, 1972.

Lana K. Linscott
 Lana K. Linscott

STATE OF IDAHO)
) ss.
 County of Bonner)

On this 7th day of March, 1972, before me, the undersigned Notary Public in and for said state and county, personally appeared Lana K. Linscott, known to me to be the person whose

