



City of Corvallis

Development Services Division
501 SW Madison Avenue, PO Box 1083, Corvallis, OR 97339
Office: 541-766-6929 FAX: 541-766-6936
Automated Inspection Request Line: 541-766-6745

FINAL EXPIRATION NOTICE

Permit Number: MEC14-00023

Site Address: 1415 NW LINCOLN AVE

Applicant:

DAY HEATING CO

225 DIVISION ST. NE

SALEM, OR 97301-1025

Contractor:

DAY HEATING CO

225 Division St. NE

Salem, OR 97301-1025

Date of application: 1/13/2014

Expiration date: 7/12/2014

Project Description:

Install ductless split heat pump system. (1) outdoor unit, with (2) two indoor heads. Both indoor heads are the same.

Recently you were notified that the above permit was due to expire. You were requested to contact this office to schedule an inspection or request a one-time permit extension. Because work has ceased for more than 180-days and/or we have not heard from you, I have directed that the permit expire by limitation. Before this work can recommence, a new permit must be obtained.

If you have questions, feel free to contact me at my office email or phone (listed below).

Greg Hall
Specialty Inspection Supervisor
Email: greg.hall@corvallisoregon.gov
Direct phone: 541-766-6546

March 02, 2015

Date Printed

CC TO OWNERS
ERIC BAILEY
3080 SE STERNWHEELER DR
CORVALLIS OR 97333

CC TO OWNERS
LAURIE M BRIDGES
1415 NW LINCOLN AVE
CORVALLIS OR 97330 2651

BLD13-158 M2C14-023+352
M2C13-488+493

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAY HEATING CO
225 DIVISION ST NE
SALEM OR 97301 1025

2. Article Number

(Transfer from service label)

7013 2630 0001 5204 2561

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7013 2630 0001 5204 2561

7013 2630 0001 5204 2561

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

BLD13-158 M2C14-023 + 352
M2C13-488 + 493

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAY HEATING CO
225 DIVISION ST NE
SALEM OR 97301 1025

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Susanna Klopferstein* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Susanna Klopferstein

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
MAR 11 2015

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7013 2630 0001 5204 2561

PS Form 3811, July 2013

Domestic Return Receipt



Community Development
 Development Services Division
 501 SW Madison Avenue
 P.O. Box 1083
 Corvallis, OR 97339-1083

PORTLAND
 OR 970
 09 MAR '15
 PM 3 L

PRESORTED
 FIRST CLASS



U.S. POSTAGE >> PITNEY BOWES

 ZIP 97333 \$ 000.43⁵
 02 1W
 0001360467 MAR 04 2015

*Please Return to
 Sender*

M4L14-00023

*Does Not live →
 here*

ERIC BAILEY
 3080 SE STERNWHEELER DR
 CORVALLIS OR 97333

NIXIE 970 SE 1009 0003/19/15

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

BC: 97339108383 *1329-06356-09-40

524

97339108383

