

3580 CL

Permits 3/15/18 amy

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 3-15-18	Permit No.: B2018-1118
Date Issued: 5/30/2018	By:
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15943 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 49
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. (\$497,333.00)	
Valuation	\$
Number of bedrooms:	5 + Bonus + Den
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	418 square feet
Covered porch area:	85 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: 2018
Print name: Mark Grismer	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

*Revised 3/30/18
3726 BL*

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: <i>3/29/2018</i>	Permit No: <i>2018-1342</i>
Date Issued: <i>5/30/2018</i>	By:
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>15625 SW Redbird St.</i>	
City/State/ZIP: <i>Beaverton OR</i>	
Suite/bldg./apt. no.:	Project name: <i>Russell</i>
Cross street/directions to job site: <i>SW 155th Terrace off of SW Scholls Ferry Rd.</i>	
Subdivision: <i>Westmont</i>	Lot no.: <i>124</i>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>DR Horton Inc</i>	
Address: <i>4380 SW Macadam Ave#100</i>	
City/State/ZIP: <i>Portland OR 97239</i>	
Phone: <i>(503) 222-4151</i>	Fax:
E-mail: <i>magrismer@drhorton.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>DR Horton Inc</i>	
Contact name: <i>Mark Grismer</i>	
Address: <i>4380 SW Macadam Ave#100</i>	
City/State/ZIP: <i>Portland OR 97239</i>	
Phone: <i>(503) 222-4151</i>	Fax:
E-mail: <i>magrismer@drhorton.com</i>	
CONTRACTOR	
Business name: <i>DR Horton Inc</i>	
Address: <i>4380 SW Macadam Ave#100</i>	
City/State/ZIP: <i>Portland OR 97239</i>	
Phone: <i>(503) 222-4151</i>	Fax:
CCB lic.: <i>130859</i>	
Authorized signature:	
Print name: <i>Mark Grismer</i>	Date: <i>2018</i>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>\$ 378,946.0</i> <i>326,819.70 OK</i>
Number of bedrooms:	<i>4 + Bonus + Den</i>
Number of bathrooms:	<i>3</i>
Total number of floors:	<i>2</i>
New dwelling area:	<i>2661</i> square feet
Garage/carport area:	<i>465</i> square feet
Covered porch area:	<i>138</i> square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<i>1,362.20</i>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 3/26/2018	Permit No.: B2018-1265
Date Issued: 5/30/2018	By:
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15942 SW Thrush Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 70
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

Authorized signature:	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	497,333.20
Number of bedrooms:	5 + Bonus + Den
Number of bathrooms:	3 \$497,333.20
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	418 square feet
Covered porch area:	83 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	11674.93
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14



4723 AR

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 VTDD
BeavertonOregon.gov

2/20 Rounded 2/23/18

OFFICE USE ONLY	
Date Received: 2-20-18	Permit No.: B2018-0733
Date Issued: 5/30/18	By:
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15964 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 22
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature:	Date: 2/18
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$474,726.33 ✓
Number of bedrooms:	4 + Bonus + Den
Number of bathrooms:	4
Total number of floors:	2
New dwelling area:	3376 square feet
Garage/carport area:	451 square feet
Covered porch area:	116 square feet
Deck area:	9 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,815.97
Amount received	\$1,815.97
Date received:	2-20-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

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Building Permit Application

12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222V/TDD
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: MAY 4 2018	Permit No. B2018-1946
Date Issued: 5-31-18	By: MK
BUILDING SERVICES DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8410 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON 97008	
Suite/bldg./apt. no.: 400	Project name: FALAFEL
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INTERIOR (TI)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: FALAFEL	
Address: 8410 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON 97008	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: MIKE MONTGOMERY	
Address: 4931 SW 16TH 211	
City/State/ZIP: PORTLAND 97225	
Phone: 503-515-6495	Fax: 719-4825
E-mail: MIKEM@EZFCLIMITS.BIZ	
CONTRACTOR	
Business name: RUSS BARTELS CONST	
Address:	
City/State/ZIP:	
Phone: 202143	Fax:
CCB lic.: 193970	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 150,000	
Existing building area:	square feet
New building area:	1288 square feet
Number of stories:	
Type of construction:	VB
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	643.93
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: 5-4-18
Print name:	

Building Permit Application

ROLLED PLANS

4/11



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 4-11-18	Permit No.: B2018-1570
Date Issued: 5-31-18	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Emerson
JOB SITE INFORMATION AND LOCATION	
Job site address: 10100 SW Inglewood St	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Ridgewood ES HVAC & Electrical Upgrade
Cross street/directions to job site: SW Melnore St	
Subdivision:	Lot no.: 3400
Tax map/parcel no.: 1S111BB	
DESCRIPTION OF WORK	
Updating building mechanical system. Roof, ceiling and wall patch/ repair work proposed at all locations affected by mechanical scope. New cabinetry at affected locations.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District (attn: Jeff Hamman)	
Address: 16550 SW Merlo Rd.	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4571	Fax:
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CIDA, Inc.	
Contact name: Dustin Johnson	
Address: 15895 SW 72nd Ave, Suite 200	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 226-1285	Fax:
E-mail: dustinj@cidainc.com	
CONTRACTOR	
Business name: INLINE Commercial Construction, Inc.	
Address: 18880 SW Shaw St.	
City/State/ZIP: Aloha, OR 97007	
Phone: (503) 642-5117	Fax:
CCB lic.: 51880	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,000
Existing building area:	20,396 square feet
New building area:	No Change square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	E
New:	No Change
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1460.26
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 04/06/18
Print name: Dustin Johnson	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-31-18	Permit No.: B2018-2309
Date Issued: 5-31-18	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3600 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: BANNER BANK
Cross street/directions to job site: SW HALL BLVD & SW CEDAR HILLS BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW NON-STRUCTURAL WALLS, DOOR, GLAZING & FINISHES	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: BANNER BANK	
Address: PO BOX 907	
City/State/ZIP: WALLA WALLA, WA 99362	
Phone: 509.524.5601	Fax:
E-mail: mschaecher@bannerbank.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: MYHRE GROUP ARCHITECTS	
Contact name: HEATHER MCGRATH	
Address: 620 SW CAN AVE, SUITE 500	
City/State/ZIP: PORTLAND, OR 97204	
Phone: 503.236.6000	Fax:
E-mail: heatherm@myhregroup.com	
CONTRACTOR	
Business name: LORENZ BRUN CONSTRUCTION	
Address: 3611 SE 20th AVE, SUITE 300	
City/State/ZIP: PORTLAND, OR 97202	
Phone: 503.805.8954	Fax:
CCB lic.: 33	
Authorized signature: [Signature]	
Print name: HEATHER MCGRATH	Date: 5.30.18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 30,000	
Existing building area:	1,730 square feet
New building area:	1,730 square feet
Number of stories: 1	
Type of construction: VB	
Occupancy groups: B	
Existing: B	
New: B	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,271.06
Amount received	\$1,271.06
Date received:	5-31-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No.: 152018-2845
Date Issued: 5/31/2018	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13535 SW Chariot ct.	
City/State/ZIP: Beaverton 97008	
Suite/bldg./apt. no.:	Project name: Bogert
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<p style="font-size: 1.2em;">Install Footings & beam to open up great room & move a window & patio door.</p>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bruce & Marcia Bogert	
Address: Same	
City/State/ZIP:	
Phone: 503-481-3372	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Parsons Remodeling	
Contact name: Ed Parsons	
Address: 1800 Blankenship rd suite 190	
City/State/ZIP: west Linn OR 97068	
Phone: 503-539-0832	Fax: 503-656-6967
E-mail: ed@parsonsremodeling.com	
CONTRACTOR	
Business name: Parsons Remodeling	
Address: 1800 Blankenship rd. suite 190	
City/State/ZIP: west Linn OR 97068	
Phone: 503-656-7232	Fax: 503-656-6967
CCB lic.: 136199	

Authorized signature:	
Print name: Ed Parsons	Date:
<i>[Signature]</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	677.70
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received:	Permit No. 13 2018-2344
Date Issued: 5/31/2018	By: <i>[Signature]</i>
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 73755 NW GREENBRIER PKWY, SE 100	
City/State/ZIP: BEAVERTON, OREGON 97008	
Suite/bldg./apt. no.: 130	Project name:
Cross street/directions to job site: CORNEL	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: LINCOLN PROPERTY	
Address: 1211 SW 5TH AVE STE 700	
City/State/ZIP: PORTLAND OREGON	
Phone: 503.673.2803	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Commercial Contractors Inc.	
Contact name: Bryan Monroe	
Address: 5573 South 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: 503.227.4440	Fax:
E-mail: bryan.monroe@ccigc.com	
CONTRACTOR	
Business name:	
Address: same as applicant.	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 123729	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 5,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	373.96
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date: 5/31/18
Print name: Sake Money	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-30-18	Permit No.: B2018-2333
Date Issued: 5-30-18	By: HL
	Payment Type: CHECK

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7665 SW Copel St	
City/State/ZIP: Portland OR 97225	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Canyon & Copel	
Subdivision: Lanham Park	Lot no.: 2
Tax map/parcel no.: 15112BD-01601	
DESCRIPTION OF WORK	
TEAR DOWN GARAGE & PAD FOR CONCRETE REMOVE CABINETS IN KITCHEN	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DEREK MASON	
Address: 7665 SW Copel St	
City/State/ZIP: Portland OR 97225	
Phone: 503 998 7258	Fax:
E-mail: DEREK.MASON@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Custom Renovation LLC	
Address: 16409 SE DIVISION ST STE 211	
City/State/ZIP: Portland OR 97236	
Phone: 503 757 1983	Fax:
CCB lic.: 168 976	
Authorized signature:	
Print name: DEREK MASON	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$184.51
Amount received	\$184.51
Date received:	5-30-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY	
Date Received: MAY 29 2018	Permit No.: B2018-2314
Date Issued: 5-30-18	By: <i>[Signature]</i>
Payment Type: Visa	

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16411 Southwest Timberland Drive, Beaverton, Oregon, 97007, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 9.28	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pamela Anderson	
Address: 16411 Southwest Timberland Drive, Beaverton, Oregon, 97007, United States	
City/State/ZIP:	
Phone: 5037933297	Fax:
E-mail: pamela@adwm.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$17,211
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	207.20
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>[Signature]</i>	Date:
Print name: Jeff Lee	05/22/2018

Building Permit Application

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 V/TDD

BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>11/17/2017</u>	Permit No.: <u>B2017-5018</u>
Date Issued: <u>5-30-18</u>	By: <u>JK</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>2725 SW CEDAR HILLS BLVD</u>	
City/State/ZIP: <u>BEAVERTON, OR 97005</u>	
Suite/bldg./apt. no.: <u>250</u>	Project name: <u>LEGACY WS INT MED</u>
Cross street/directions to job site: <u>CORNER OF SW CEDAR HILLS BLVD & SW JENKINS RD</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
MEDICAL CLINIC TENANT IMPROVEMENT TO SECOND FLOOR SHELL SPACE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>CE JOHN</u>	
Address: <u>1701 SE COLUMBIA RIVER DR</u>	
City/State/ZIP: <u>VANCOUVER, WA</u>	
Phone: <u>(360) 696-0837</u>	Fax:
E-mail: <u>sgarey@cejohn.com</u>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>ZGF ARCHITECTS</u>	
Contact name: <u>ANNA EMERSON</u>	
Address: <u>1223 SW WASHINGTON ST, 2ND FL</u>	
City/State/ZIP: <u>PORTLAND, OR 97205</u>	
Phone: <u>(503) 863-2313</u>	Fax:
E-mail: <u>ANNA.EMERSON@ZGF.COM</u>	
CONTRACTOR	
Business name: <u>JE JOHN</u>	
Address: <u>1701 SE COLUMBIA RIVER DR</u>	
City/State/ZIP: <u>VANCOUVER, WA</u>	
Phone: <u>(360) 823-2730</u>	Fax:
CCB lic.: <u>63261</u>	

Authorized signature:	Date:
Print name: <u>ANNA EMERSON</u>	<u>11/09/17</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,900,000
Existing building area:	square feet 13,625
New building area:	square feet N/A
Number of stories:	TWO STORIES
Type of construction:	1-B
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>11,533.74</u>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-30-18	Permit No.: B2018-2398
Date Issued: 5-30-18	By: [Signature]
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9200 SW Nimbus # C	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: #C	Project name: Bella furnish's
Cross street/directions to job site: Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
T.I. Demo, walls	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kicker Matthew	
Address: 101 SW main ST. Suite 210	
City/State/ZIP: Portland, Oregon 97204	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert-Todd Const. Inc.	
Contact name: TODD LOPIPARO	
Address: 4080 SE International Way	
City/State/ZIP: Milwaukie, OR 97222 B-113	
Phone: 503-653-5704	Fax: 503-653-5729
E-mail: TODD@ROBERTTODDCONSTRUCTION.COM	
CONTRACTOR	
Business name: ROBERT-TODD CONST. COM.	
Address: 4080 SE International Way # B113	
City/State/ZIP: Milwaukie, OR 97222	
Phone: 503-653-5704	Fax: 503-653-5729
CCB lic.: 98517	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: [Handwritten]	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 85,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,133.50
Amount received	\$1,133.50
Date received: 5-30-18	
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	
* Fee methodology set by Tri-County Building Industry Service Board	

Authorized signature: [Signature]

Print name: TODD LOPIPARO Date: 5-30-18



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5/31/2018	Permit No.: 162018-2364
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12406 SW BROADWAY STREET	
City/State/ZIP: BEAVERTON OR 97223	
Suite/bldg./apt. no.:	Project name: Spicy Thai
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
MOVE KITCHEN DOOR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: STARHOUSE REMODELING LLC	
Address: 4075 SW TOALAWAY AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 503 789 9909	Fax:
CCB lic.: 191709	
Authorized signature: <i>[Signature]</i>	
Print name: <i>[Signature]</i>	Date: 0529 2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 1000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	173.36
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Pekit Khamvongsq

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: MAY 22 2018	Permit No.: B 2018-2239
Date Issued: 5/31/2018	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Agile 33
Cross street/directions to job site: Between 141st and SW Hocken on SW Millikan	
Subdivision:	Lot no.:
Tax map/parcel no.: R2088984	
DESCRIPTION OF WORK	
Equipment Install: Agile 33 work cell; 5 pieces of equipment	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: 1 Bowerman Drive	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Nike, Air M.I.	
Contact name: Nick Pisciotto	
Address:	
City/State/ZIP:	
Phone: (503) 206-2899	Fax:
E-mail: nick.pisciotto@nike.com	
CONTRACTOR	
Business name: Omega Morgan	
Address: 23810 NW Huffman St	
City/State/ZIP: Hillsboro, OR, 97005	
Phone: (503) 647-7474	Fax:
CCB lic.: 127213	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	5,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	373.96
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: [Signature]	Date: 5/22/18
Print name:	

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5/23/2018	Permit No.: B 2018-2240
Date Issued: 5/31/2018	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Agile 32
Cross street/directions to job site: Between 141st and SW Hocken on SW Millikan	
Subdivision:	Lot no.:
Tax map/parcel no.: R2088984	
DESCRIPTION OF WORK	
Equipment Install: Agile 32 work cell; 5 pieces of equipment	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: 1 Bowerman Drive	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Nike, Air M.I.	
Contact name: Nick Pisciotto	
Address:	
City/State/ZIP:	
Phone: (503) 206-2899	Fax:
E-mail: nick.pisciotto@nike.com	
CONTRACTOR	
Business name: Omega Morgan	
Address: 23810 NW Huffman St	
City/State/ZIP: Hillsboro, OR, 97005	
Phone: (503) 647-7474	Fax:
CCB lic.: 127213	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 5,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	37396
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date: 5/22/18
Print name:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: <u>5/2/2018</u>	Permit No. <u>B20181904</u>
Date Issued: <u>5/31/2018</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>11850 SW 3rd St.</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>874122/Beaverton/Sprint</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1S115BD03100 / R117849</u>	
DESCRIPTION OF WORK	
Replace (3) antennas, remove (3) radios, remove (6) junction cylinders, and install (1) 1-7/16" hybrid line. All changes to be made to an existing monopole communications tower. No changes on the ground.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Portland General Electric</u>	
Address: <u>121 SW Salmon St.</u>	
City/State/ZIP: <u>Portland, OR 97204</u>	
Phone: <u>(503) 708-4023</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Crown Castle</u>	
Contact name: <u>Zach Phillips</u>	
Address: <u>5111 N. Bowdoin St.</u>	
City/State/ZIP: <u>Portland, OR 97203</u>	
Phone: <u>(503) 708-9200</u>	Fax:
E-mail: <u>zach.phillips.contractor@crowncastle.com</u>	
CONTRACTOR	
Business name: <u>FBD - North Sky</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <u>SO 208747</u>	
Authorized signature: <u>[Signature]</u>	Date:
Print name: <u>Zach Phillips</u>	<u>04/30/18</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$15,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>232.43</u>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received:	Permit No.: <u>B2018-2310</u>
Date Issued: <u>5/29/2018</u>	By: <u>[Signature]</u>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <u>Maintenance repairs</u>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: <u>Carport</u>
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>5229 SW Barclay Cnt</u>	
City/State/ZIP: <u>Beaverton OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Barclay Cnt</u>
Cross street/directions to job site: <u>Murray/Farmington</u>	
Subdivision: <u>Westbrook</u>	Lot no.: <u>92</u>
Tax map/parcel no.: <u>1546C B01550</u>	
DESCRIPTION OF WORK	
<u>Carport - Maintenance Repair</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>RT Clootier Homes</u>	
Address: <u>PO Box 7464</u>	
City/State/ZIP: <u>Beaverton OR 97007</u>	
Phone: <u>503 476-5605</u>	Fax:
CCB lic.: <u>158297</u>	
Authorized signature: <u>[Signature]</u>	
Print name: <u>Richard J Clootier</u>	Date: <u>5/29/18</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: <u>\$4,000.00</u>	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>269.38</u>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-29-18	Permit No.: B2018-2897
Date Issued: 5-29-18	By: Kh
	Payment Type: M/C

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9555 SW BARNES RD	
City/State/ZIP: PORTLAND, OR 97225	
Suite/bldg./apt. no.: 255	Project name: Advanced Internal Medic
Cross street/directions to job site: PETERKORT CENTRE CAMPUS	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
MINOR INTERIOR REMODEL.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TINA BEAVERS (Property Manager)	
Address: 9755 SW BARNES RD, SUITE 620	
City/State/ZIP: PORTLAND, OR, 97225	
Phone: (503) 546-5632	Fax:
E-mail: tbreavers@peterkort.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ANKROM MOISAN ARCHITECTS	
Contact name: MARIJA SASSINE	
Address: 38 NW DAVIS ST, STE. 300	
City/State/ZIP: PORTLAND, OR, 97209	
Phone: (503) 892-8379	Fax: (503) 245-7710
E-mail: marijas@ankrommoisan.com	
CONTRACTOR	
Business name: DENALI CONSTRUCTION, INC	
Address: PO BOX 69	
City/State/ZIP: CANBY, OREGON, 97013	
Phone: (503) 849-4435	Fax:
CCB lic.: 208947	

Authorized signature:	
Print name: MARIJA SASSINE	Date: 05/25/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000
Existing building area:	square feet
New building area:	square feet 2238
Number of stories:	3
Type of construction:	Type II-B, Sprinklered
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$1,310.18
Amount received	\$1,310.18
Date received:	5-29-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: <i>5/25/2018</i>	Permit No. <i>32018-2199</i>
Date Issued: <i>5/25/2018</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 770 Pebblestone Lane,	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Tom Holt
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PV ROOF MOUNT 7.93 kw	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tom Holt	
Address: 770 Pebblestone Lane,	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SolarCity Corp. dba TESLA	
Contact name: Melissa Farias	
Address: 6132 NE 112th Ave	
City/State/ZIP: Portland OR 97220	
Phone: (503) 894-6903	Fax:
E-mail: Melissa.Farias@SolarCity.com	
CONTRACTOR	
Business name: SolarCity Corp. dba TESLA	
Address: 6132 NE 112th Ave	
City/State/ZIP: Portland OR 97220	
Phone: (503) 894-6903	Fax:
CCB lic.: 180498	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	207.20
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Authorized signature: <i>[Signature]</i>	Date: 5.21.18
Print name: Melissa Farias	

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-24-18	Permit No.: B2018-2267
Date Issued: 5-24-18	By: [Signature]
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 775 NW 178 th & 17835 NW Walker Rd, Beaverton	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: NW 178 th & NW Walker Rd	
Subdivision:	Lot no.: 3800 & 3300
Tax map/parcel no.: 1N131CA03300 / 1N131CA03600	
DESCRIPTION OF WORK	
Demo of Shop	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Proteus Investments LLC	
Address: 3416 Via Oporto # 301	
City/State/ZIP: Newport Beach CA 92663	
Phone: 949-315-8013	Fax:
E-mail: Seandrobbins@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Stolz Construction m&t Development, LLC	
Contact name: Daniel Stolz - Tynisha & Mike Safstrom	
Address: 25248 S.E. Sunshine Valley Rd 6729 Childs Rd.	
City/State/ZIP: Damascus, Or. 97089 Lake Oswego, Or 97035	
Phone: (503) 522-3102 890-6884	Fax:
E-mail: DanielStolz@live.com m&tdevelopmentllc@icloud.com	
CONTRACTOR	
Business name: Stolz Construction	
Address: 25248 S.E. Sunshine Valley Rd	
City/State/ZIP: Damascus, Or. 97089	
Phone: (503) 522-3102	Fax:
CCB lic.: 184517	
Authorized signature: [Signature]	Date:
Print name: Daniel Stolz	05/23/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 600
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1881
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>2-13-18</u>	Permit No.: <u>B2018-0652</u>
Date Issued: <u>5-24-18</u>	By: <u>[Signature]</u>
Payment Type: <u>Check</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>8705 SW Hall Blvd.</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.:	Project name: <u>Nectar</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1S126BC01300</u>	
DESCRIPTION OF WORK	
TI for new marijuana dispensary. New interior walls for creation of product storage closets. Minor interior demolition. New display counters.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Nectar Markets LLC</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>BAMA Architecture</u>	
Contact name: <u>Auryn White</u>	<u>kyle@bamadesign.com</u>
Address: <u>7350 SE Milwaukie Ave.</u>	
City/State/ZIP: <u>Portland, OR 97202</u>	
Phone: <u>(503) 253-4283</u>	Fax:
E-mail: <u>auryn@bamadesign.com</u>	
CONTRACTOR	
Business name: <u>NW Elite</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <u>209645</u>	

Authorized signature: <u>[Signature]</u>	Date: <u>02/12/18</u>
Print name: <u>Auryn White</u>	Date: <u>02/12/18</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$20,000
Existing building area:	square feet 3,518
New building area:	square feet 0
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	M,B,S-1
New:	M,B,S-1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$478.04
Amount received	\$478.04
Date received: <u>2-13-18</u>	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-24-18	Permit No.: B0018-2260
Date Issued: 5-24-18	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11995 SW Corby Dr	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Bldg. A, B and C Project name: TPO Roof overlay	
Cross street/directions to job site: Close NW 117th Ave and SW Barnes Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Roof preparation and cleaning Install FR-10 as underlayment mechan attached Install TPO 60mil with the color mechan attached	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Public Storage, Inc.	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Heriberto Bahena	
Address: 1621 S 257th St.	
City/State/ZIP: Des Moines, WA 98198	
Phone: (206) 851-2194	Fax: (206) 212-6874
E-mail: hbc@rooftech-inc.com	
CONTRACTOR	
Business name: Rooftech, Inc.	
Address: 1621 S 257th St	
City/State/ZIP: Des Moines, WA 98198	
Phone: (206) 851-2194	Fax: (206) 212-6874
CGB lic.: 210052	
Authorized signature: [Signature]	
Print name: Heriberto Bahena	Date: 5/22/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$135,527.00 Dlls.
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,882.26
Amount received	\$1,882.26
Date received:	5-24-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No.: B2018-2254
Date Issued: 5/24/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6600 SW 105TH, SUITE 155.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove wall, door/frame/hardware and casework, convert a single suite into (2) separate suites. New walls, new doors/hardware, new floor finishes, new dishwasher and relocated casework with sink.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pacific NW Properties	
Address:	
City/State/ZIP: Beaverton, Oregon 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address: 7650 SW Beveland Street, Suite 120	
City/State/ZIP: Tigard, Oregon 97223	
Phone:	Fax:
E-mail: curt@mdgpc.com	
CONTRACTOR	
Business name: Vanosdel Construction	
Address: PO Box 1057	
City/State/ZIP: Battle Ground, WA 98604	
Phone: (360) 687-8636	Fax:
CCB lic.: #164073	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	43,000
Existing building area:	square feet 3,833
New building area:	square feet 2,240
Number of stories:	2
Type of construction:	IIIB
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,805.41
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Curt Torlan	05/23/18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No. B2018-2255
Date Issued: 5/24/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6000 SW 105TH AVE., SUITE 100	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 160	Project name: Speculative TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove wall, door/frame/hardware and casework, convert a single suite into (2) separate suites. New walls, wall infill, floor finish repair, relocated door/frame/hardware and relocated casework with sink and dishwasher.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pacific NW Properties	
Address:	
City/State/ZIP: Beaverton, Oregon 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address: 7650 SW Beveland Street, Suite 120	
City/State/ZIP: Tigard, Oregon 97223	
Phone:	Fax:
E-mail: curt@mdgpc.com	
CONTRACTOR	
Business name: Vanosdel Construction	
Address: PO Box 1057	
City/State/ZIP: Battle Ground, WA 98604	
Phone: (360) 687-8636	Fax:
CCB lic.: #164073	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5,000
Existing building area:	square feet 3,833
New building area:	square feet 1,233
Number of stories:	2
Type of construction:	IIIB
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Curt Torlan	05/23/18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5/23/2018	Permit No.: B2018-2250
Date Issued:	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13255 SW 6 th Street	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Garage/Shed Demo
Cross street/directions to job site: SW 6 th near Erickson	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Demolish addition on backside of garage Concrete slab will stay

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Zachary Henson	
Address: 13255 SW 6 th Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 219 916-2783	Fax:
E-mail: zachary.b.henson@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name: A-1 Demo	
Address: 1327 G. St, Washougal	
City/State/ZIP: Washougal, WA 98671	
Phone: 360 713-4568	Fax:
CCB lic.: 182 466	

Authorized signature: [Signature] Zac Henson
Print name: [Signature] Zac Henson
Date: 5/23/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	3,200
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet 230
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application
 City of Beaverton Community Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.beavertonoregon.gov

OFFICE USE ONLY	
Date Received: 5/22/2018	Permit No: 132018-2213
Date Issued: 5/22/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2715 SW 153rd Drive	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Beaverton Creek BLDG 19
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Complete Tear Off And Re-roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fresen US	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: McDonald & Wetle Inc	
Contact name: Brian Bell	
Address: 2020 NE 194th St	
City/State/ZIP: Portland OR 97230	
Phone: 503-667-0175	Fax:
E-mail: BrianB@mcdonaldwelle.com	
CONTRACTOR	
Business name: Same As Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 44680	

Authorized signature: [Signature]

Print name: Brian Bell	Date: 5/14/2018
------------------------	-----------------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	175,754
Existing building area:	39500 square feet
New building area:	39500 square feet
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 10/17/2017	Permit No: B20174432
Date Issued: 5/22/2018	BM
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10760 SW Denney Road	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Denney Rd Bldg 2
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding new storefront, window openings, canopies and ADA ramps	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Denney Road Industrial Park, LLC	
Address: 1121 SW Salmon Suite 500	
City/State/ZIP: Portland, Oregon	
Phone: 503.242.2900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: VLMK Engineering + Design	
Contact name: Jennifer Kimura	
Address: 3933 SW Kelly Ave.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4453	Fax:
E-mail: jenniferk@vlmk.com	
CONTRACTOR	
Business name: Perlo Construction	
Address: 16101 SW 72nd #200	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 624-2090	Fax:
CCB lic.: 189245	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900,000.00
Existing building area:	square feet 53,611
New building area:	square feet 0
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	S1
New:	S1

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	7,029.19
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: 10-13-17
Print name: Jennifer Kimura	

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: <u>10/17/2017</u>	Permit No. <u>B2017-4431</u>
Date Issued: <u>5/22/2018</u>	<i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>10750 SW Denney Road</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Denney Rd Bldg 1</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding new storefront, window openings, canopies and ADA ramps	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Denney Road Industrial Park, LLC</u>	
Address: <u>1121 SW Salmon Suite 500</u>	
City/State/ZIP: <u>Portland, Oregon</u>	
Phone: <u>503.242.2900</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>VLMK Engineering + Design</u>	
Contact name: <u>Jennifer Kimura</u>	
Address: <u>3933 SW Kelly Ave.</u>	
City/State/ZIP: <u>Portland, OR 97239</u>	
Phone: <u>(503) 222-4453</u>	Fax:
E-mail: <u>jenniferk@vlmk.com</u>	
CONTRACTOR	
Business name: <u>Perlo Construction</u>	
Address: <u>16101 SW 72nd #200</u>	
City/State/ZIP: <u>Portland, OR 97224</u>	
Phone: <u>(503) 624-2090</u>	Fax:
CCB lic.: <u>189245</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$1M</u>
Existing building area:	square feet <u>33,535</u>
New building area:	square feet <u>0</u>
Number of stories:	<u>1</u>
Type of construction:	<u>IIIB</u>
Occupancy groups:	
Existing:	<u>S1</u>
New:	<u>S1</u>

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: <u>10-13-17</u>
<i>[Signature]</i>	

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 10/17/2017	Permit 2017-4434
Date Issued: 5/22/2018	[Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
30 JOB SITE INFORMATION AND LOCATION	
Job site address: 10750 SW Denney Road	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Denney Rd Bldg 4
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding new storefront, window openings, canopies, ADA ramps and new canopy.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Denney Road Industrial Park, LLC	
Address: 1121 SW Salmon Suite 500	
City/State/ZIP: Portland, Oregon	
Phone: 503.242.2900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: VLMK Engineering + Design	
Contact name: Jennifer Kimura	
Address: 3933 SW Kelly Ave.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4453	Fax:
E-mail: jenniferk@vlmk.com	
CONTRACTOR	
Business name: Perlo Construction	
Address: 16101 SW 72nd #200	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 624-2090	Fax:
CCB lic.: 189245	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$600,000	
Existing building area:	square feet 36,187
New building area:	square feet 0
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	S1
New:	S1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	5,097.19
Amount received	
Date received:	

Authorized signature:	Date: 10-13-17
[Signature]	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5/22/2018	Permit No.: B2018-2212
Date Issued: 5/22/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4950 SW Western Ave	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: NW Fencing
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Demo of office area	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: VLMK Engineering + Design	
Contact name: Jennifer Kimura	
Address: 3933 SW Kelly Ave	
City/State/ZIP: Portland, Oregon 97239	
Phone: 503.222.4453	Fax:
E-mail: jenniferk@vlmk.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Road #190	
City/State/ZIP: Durham, Oregon 97224	
Phone: 503.968.8949	Fax:
CCB lic.: 66915	

Authorized signature: [Signature]	Date: 5-1-18
Print name: Jennifer Kimura	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$38,915.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	
Existing:	B
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	1,518.67
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

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Building Permit Application



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Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 3-15-18	Permit No.: B2018-1119
Date Issued: 5-22-18	By: MK
	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15941 SW Through Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 101
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature:	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 428,228.82
Number of bedrooms:	5 + Bonus + Den
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	418 square feet
Covered porch area:	83 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

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Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY

Date Received: <u>5-22-18</u>	Permit No.: <u>B2018-798</u>
Date Issued: <u>5-22-18</u>	By: <u>MR</u>
Payment Type: <u>Check</u>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>15956 SW Wren Lane</u>	
City/State/ZIP: <u>Beaverton OR</u>	
Suite/bldg./apt. no.:	Project name: <u>Russell</u>
Cross street/directions to job site: <u>SW 155th Terrace off of SW Scholls Ferry Rd.</u>	
Subdivision: <u>Westmont</u>	Lot no.: <u>21</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>DR Horton Inc</u>	
Address: <u>4380 SW Macadam Ave#100</u>	
City/State/ZIP: <u>Portland OR 97239</u>	
Phone: <u>(503) 222-4151</u>	Fax:
E-mail: <u>magrismer@drhorton.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>DR Horton Inc</u>	
Contact name: <u>Mark Grismer</u>	
Address: <u>4380 SW Macadam Ave#100</u>	
City/State/ZIP: <u>Portland OR 97239</u>	
Phone: <u>(503) 222-4151</u>	Fax:
E-mail: <u>magrismer@drhorton.com</u>	
CONTRACTOR	
Business name: <u>DR Horton Inc</u>	
Address: <u>4380 SW Macadam Ave#100</u>	
City/State/ZIP: <u>Portland OR 97239</u>	
Phone: <u>(503) 222-4151</u>	Fax:
CCB lic.: <u>130859</u>	
Authorized signature:	Date: <u>2018</u>
Print name: <u>Mark Grismer</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. \$2977573.4	
Valuation	<u>435,674.43</u>
Number of bedrooms:	<u>4 + Bonus + Den</u>
Number of bathrooms:	<u>3</u>
Total number of floors:	<u>2</u>
New dwelling area:	<u>3567</u> square feet
Garage/carport area:	<u>572</u> square feet
Covered porch area:	<u>180</u> square feet
Deck area:	<u>9</u> square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Revised 3/27/15

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 3/26/2018	Permit No: B2018-1262
Date Issued: 5-22-18	By: [Signature]
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15942 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 20
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature: [Signature]	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuator:	497,333.20
Number of bedrooms:	5 + Bonus Room
Number of bathrooms:	3 497,333.20
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	418 square feet
Covered porch area:	87 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Revised 3/7/18 MJ
3/5/18



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ARCH

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 3/5/2018	Permit No: B2018-0952
Date Issued: 5-22-18	By: JK
	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15558 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 1
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

Authorized signature:	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	381,651.54
Number of bedrooms:	5 + Bonus + Den
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	3165 square feet
Garage/carport area:	381 square feet
Covered porch area:	97 square feet
Deck area:	100 square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,530.83
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14



Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-22-18	Permit No.: B2018-2208
Date Issued: 5-22-18	By: MK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7120 Southwest Queen Lane, Beaverton, Oregon, 97008, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 5.51	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tresa and Taylor Peters	
Address: 7120 Southwest Queen Lane, Beaverton, Oregon, 97008, United States	
City/State/ZIP:	
Phone: 5037531420	Fax:
E-mail: tresa2015taylor@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	
Authorized signature:	Date:
Print name: Jeff Lee	05/18/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$11,282.74
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$207.20
Amount received	\$207.20
Date received:	5-22-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

4/27

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 4-27-18	Permit No.: B2018-1800
Date Issued: 5-22-18	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15236 NW GREENBRIER PARKWAY	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.: 15236	Project name: OREGON PHYSICS T.I.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
DEMOLITION OF NON STRUCTURAL PARTITIONS, CONSTRUCTION OF NON STRUCTURAL PARTITIONS, REMOVAL AND REPLACEMENT OF FLOORING	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: LINCOLN PROPERTY COMPANY	
Address: 1121 SW 5TH AVE SUITE 700	
City/State/ZIP: PORTLAND, OR 97204	
Phone: (503) 673-2805	Fax:
E-mail: LMORRISON@LPC.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: COMMERCIAL CONTRACTORS, INC.	
Contact name: JAKE MONEY	
Address: 5573 S 1ST CIRCLE	
City/State/ZIP: RIDGEFIELD, WA 98642	
Phone: (503) 227-4440	Fax:
E-mail: JAKE@CCIGC.COM	
CONTRACTOR	
Business name: COMMERCIAL CONTRACTORS, INC.	
Address: 5573 S 1ST CIRCLE	
City/State/ZIP: RIDGEFIELD, WA 98642	
Phone: (503) 227-4440	Fax:
CCB lic.: 123729	
Authorized signature: <i>Jake Money</i>	
Print name: Jake Money	Date: 4/27/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$160,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	V-B FULLY SPRINKERED
Occupancy groups:	B, F-1, S-1
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,856.95
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

12

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-2-18	Permit No.: B2018-1877
Date Issued: 5-22-18	By: [Signature]
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: tenant improvement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14825 NW Greenbrier Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Pallet Rack
Cross street/directions to job site: NW Greenbrier Parkway	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install Pallet Racking	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Pacific Office Automation	
Address: 14747 NW Greenbrier Parkway	
City/State/ZIP: Beaverton, OR 97006	
Phone: 503-849-3390	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Speedrack West	
Contact name: Chris Willems	
Address: 1100 NW Gordon Rd	
City/State/ZIP: North Plains, OR 97133	
Phone: 503-640-5666	Fax:
E-mail: cwillems@speedrackwest.com	
CONTRACTOR	
Business name: Superior Quality Installation Inc.	
Address: 15021 St. Andrews Drive	
City/State/ZIP: Oregon City OR 97045	
Phone: 503-572-6379	Fax:
CCB lic.: 202189	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$30,000.00
Existing building area:	33,800 square feet
New building area:	square feet
Number of stories:	1
Type of construction:	Tenant improvement
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$643.93
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: Chris Willems [Signature]	5/1/2018

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 12-5-17	Permit No.: 82017-5259
Date Issued: 2/22/2018	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: REPAIR
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5425 SW HALL BLVD.	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: Devowski Fire Repair
Cross street/directions to job site:	
Subdivision:	Lot no.: 04201
Tax map/parcel no.: 1S115CC	
DESCRIPTION OF WORK	
Repair fire damage to NW corner of building & adjacent storage unit. Replace rear canopies to allow for fire damage repair.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ran Devowski	
Address: 5425 SW Hall Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: West Coast Forensics	
Contact name: Jeff Lewis	
Address: 3835 SW Kelly Ave.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 756-1689	Fax: (503) 232-5372
E-mail: jeff@wcfore.com	
CONTRACTOR	
Business name: Kennedy Restoration	
Address: 315 SE 7th Ave.	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 234-0509	Fax: (503) 234-4479
CCB lic.: 3402	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5,000
Existing building area:	square feet 4,080
New building area:	square feet 0
Number of stories:	NO CHANGE
Type of construction:	NO CHANGE
Occupancy groups:	R-2
Existing:	NO CHANGE
New:	NO CHANGE
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$189.45
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: <i>[Signature]</i>	
Print name:	Date:
Jeff Lewis	12/05/17

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5/21/2018	Permit No: 2018-0311
Date Issued: 5/21/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12004 SW Baker Loop	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Rosetta Meadows
Cross street/directions to job site: SW Lombard Ave	
Subdivision: Rosetta Meadows	Lot no.: 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lombard Baker Properties LLC	
Address: 11279 SW ELLSON LANE	
City/State/ZIP: Beaverton, OR	
Phone: 541-350-1060	Fax:
E-mail: markvukanovich@gmail.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lombard Baker Properties LLC	
Contact name: Chris Boerste	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Lombard Baker Properties LLC	
Address:	
City/State/ZIP:	
Phone: 541-350-1060	Fax:
CCB lic.: 220864	
Authorized signature: [Signature]	
Print name: Mark Vukanovich	Date: 5/21/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 287,183-	
Number of bedrooms: 4	
Number of bathrooms: 3	
Total number of floors: 2	
New dwelling area: 2048 square feet	
Garage/carport area: 361 square feet	
Covered porch area: 73 square feet	
Deck area: square feet	
Other structure area: square feet	
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Existing building area: square feet	
New building area: square feet	
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-22-18	Permit No.: B2018-2194
Date Issued: 5-22-18	By: HK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8625 SW CASCADE SQ AVE	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: CASCADE SQ. SUITE 602 TI
Cross street/directions to job site: SW HALL	
Subdivision: TIMBERLINE RM DIV	Blk no.: 180
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TI TO REPLACE ENTRY DOOR, ADD BREAK AREA CABINET AND SINK.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH INVESTMENTS PROPERTY	
Address: 8275 SW CURVES PR.	
City/State/ZIP: BEAV. OR 97008	
Phone: 503-303-8065	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: INK BUILT ARCHITECTURE	
Contact name: MELYNDA RETZMAK	
Address: 2010 NE MLK JR. BLVD.	
City/State/ZIP: PORTLAND OR 97212	
Phone: 503-701-5277	Fax:
E-mail: mel@inkbuilt.design.com	
CONTRACTOR	
Business name: PACIFIC CREST STRUCTURES	
Address: 17750 SW UPPER BOWLES FERRY STE 190	
City/State/ZIP: DURHAM OR 97224	
Phone: 503-968-8949	Fax:
CCB lic.: 66915	
Authorized signature:	
Print name: MELYNDA RETZMAEK	Date: 5/22/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5500
Existing building area:	96,620 square feet
New building area:	0 square feet
Number of stories:	6
Type of construction:	1B
Occupancy groups:	
Existing:	B M S2
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$765.30
Amount received	\$765.30
Date received:	5-22-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application
 City of Beaverton Community Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.beavertonoregon.gov

OFFICE USE ONLY	
Date Received:	Permit No. 52018-2278
Date Issued: 5/29/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: -
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9755 SW Barnes Raod	
City/State/ZIP: Portland, Oregon 97225	
Suite/bldg./apt. no.: 105	Project name: Peterkort II Lawyers Title
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
relocate 5 sprinkler heads	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort II	
Address: 9755 SW Barnes Road	
City/State/ZIP: Portland, Oregon 97225	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Delta Fire, Inc.	
Contact name: Melissa Boughton	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, OR 97224	
Phone: 503-620-4020	Fax: 503-620-1058
E-mail: melissab@deltafire.com	
CONTRACTOR	
Business name: Delta Fire, Inc.	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, OR 97224	
Phone: 503-620-4020	Fax: 503-620-1058
CCB lic.: 64174	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$950.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	121.28
Amount received	
Date received:	

Authorized signature: [Signature: Melissa Boughton]	Date:
Print name: Melissa Boughton	5-24-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

City of Beaverton Community Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.beavertonoregon.gov

OFFICE USE ONLY	
Date Received:	Permit No. 152018-2277
Date Issued: 5/29/2018	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16315 SW Barrows Road	
City/State/ZIP: Beaverton, Oregon	
Suite/bldg./apt. no.:	Project name: Casa Lola Hair Salon
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
installed 8 sprinkler heads	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Casa Lola Hair Salon	
Address: 16315 SW Barrows Road	
City/State/ZIP: Beaverton, OR	
Phone:	Fax:
E-mail: carlos@casalolapdx.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Delta Fire, Inc.	
Contact name: Melissa Boughton	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, OR 97224	
Phone: 503-620-4020	Fax: 503-620-1058
E-mail: melissab@deltafire.com	
CONTRACTOR	
Business name: Delta Fire, Inc.	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, OR 97224	
Phone: 503-620-4020	Fax: 503-620-1058
CCB lic.: 64174	

Authorized signature: <i>Melissa Boughton</i>	Date:
Print name: Melissa Boughton	5-24-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$1,500.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	121.28
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: <u>5-15-18</u>	Permit No.: <u>B2015-2080</u>
Date Issued: <u>5/25/18</u>	By: <u>TK</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>3800 SW Cedar Hills Blvd,</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Thai Bloom</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Replacement of Fire suppression system with new Pyro Chem PCL-460 restaurant fire system into an exhaust hood.</u>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Thai Bloom Restaurant</u>	
Address: <u>3800 SW Cedar Hills Blvd,</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>(503) 297-2312</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Universal Fire Equipment</u>	
Contact name: <u>Greg Heath</u>	
Address: <u>18260 SW 100th Ct.</u>	
City/State/ZIP: <u>Tualatin, OR 97062</u>	
Phone: <u>503-691-9000</u>	Fax: <u>503-691-9004</u>
E-mail: <u>universalfireequipment@hotmail.com</u>	
CONTRACTOR	
Business name: <u>SAME AS ABOVE</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <u>86723</u>	

Authorized signature: [Signature]

Print name: Greg Heath Date: 5-15-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>2950⁰⁰</u>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>\$206-11</u>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5/14/2018	Permit No: 2018 + 2059
Date Issued: 5/25/18	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14475 SW BARROWS Rd.	
City/State/ZIP: Beaverton, OR, 97007	
Suite/bldg./apt. no.:	Project name: Morning Star
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of an Ansul R-102 6 gallon fire suppression system into an exhaust hood.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Morning Star Restaurant	
Address: 14475 SW, Barrows Rd.	
City/State/ZIP: Beaverton, OR, 97007	
Phone: (503) 519-7087	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Universal Fire Equipment	
Contact name: Greg Heath	
Address: 18260 SW 100th ct.	
City/State/ZIP: Tualatin, OR, 97062	
Phone: (503) 691-9000	Fax: (503) 691-9004
E-mail: universalfireequipment@hotmail.com	
CONTRACTOR	
Business name: Same as Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 86723	
Authorized signature: [Signature]	
Print name: Greg Heath	Date: 5-14-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 3450 ⁰⁰	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	232.37
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application
COB Revision/Tracking Number
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 T

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 VTDD
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY	
Date Received: <u>10-13-2017</u> <u>JAN 9 2018</u>	Permit No.: <u>B2017-4435</u>
Date Issued: <u>5/22/2018</u>	Payment Type:

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>10750 SW Denney Road</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Denney Rd Bldg 1</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>The fire line will be only for the reconstructed FDC line from vault to Bldg 1. (185 lf)</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Denney Road Industrial Park, LLC</u>	
Address: <u>1121 SW Salmon Suite 500</u>	
City/State/ZIP: <u>Portland, Oregon</u>	
Phone: <u>503.242.2900</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>VLMK Engineering + Design</u>	
Contact name: <u>Jennifer Kimura</u>	
Address: <u>3933 SW Kelly Ave.</u>	
City/State/ZIP: <u>Portland, OR 97239</u>	
Phone: <u>(503) 222-4453</u>	Fax:
E-mail: <u>jenniferk@vlmk.com</u>	
CONTRACTOR	
Business name: <u>Perlo Construction</u>	
Address: <u>16101 SW 72nd #200</u>	
City/State/ZIP: <u>Portland, OR 97224</u>	
Phone: <u>(503) 624-2090</u>	Fax:
CCB lic.: <u>189245</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation
Number. of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation <u>\$8,000.00</u>
Existing building area: square feet
New building area: square feet <u>0</u>
Number of stories: <u>1</u>
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

--

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: <u>10-13-17</u>
Print name: <u>Jennifer Kimura</u>	

4/30



Building Permit Application

Community and Economic Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: APR 30 2018	Permit No: 2018-1828
Date Issued: 5-22-18	By: [Signature]
CITY OF BEAVERTON	
BUILDING DIVISION	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area: square feet	
Garage/carport area: square feet	
Covered porch area: square feet	
Deck area: square feet	
Other structure area: square feet	
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$6400	
Existing building area: square feet	
New building area: square feet	
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	311.17
Amount received	
Date received:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 1st Floor Cafeteria	Project name: Nike M73
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in the 1st floor cafeteria of the building per submittal plans.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

Authorized signature: [Signature]

Print name: Shane Tercek	Date: 04/24/18
NICET Level III, Fire Alarms	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Rounded 3/19/18

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 VTDD
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 3-15-18 Permit No.: B2018-1120
Date Issued: 5/17/2018
Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15635 SW Redbird street	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 123
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

Authorized signature:
Print name: Mark Grismer Date: 2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. \$382,896.60	
Valuation	\$330,535.06
Number of bedrooms:	5 + Bonus
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2740 square feet
Garage/carport area:	369 square feet
Covered porch area:	90 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
* Fee methodology set by Tri-County Building Industry Service Board
Form B70-1001 REV 2/14

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 4-12-18	Permit No.: B2018-1603
Date Issued: 5/15/2018	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6270 SW Madhatter Ln	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Hynes-27880
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Installing 4 Helical Piers

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Christopher Hynes & Elizabeth Ryan	
Address: 6270 SW Madhatter Ln	
City/State/ZIP: Beaverton OR 97008	
Phone: 443-510-8195	Fax:
E-mail:	

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Emily Singleton	
Address: 7910 SW Hunziker Street	
City/State/ZIP: Tigard, Or 97223	
Phone: (541) 492-5827	Fax:
E-mail: Esingleton@terrafirmafs.com	

CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 7910 SW Hunziker Street	
City/State/ZIP: Tigard, Or 97223	
Phone: (541) 492-5827	Fax:
CCB lic.: 173547	

Authorized signature: <i>[Signature]</i>	Date: 4-12-18
Print name: Emily Singleton	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 79000	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$124.43
Amount received	\$124.43
Date received: 4-12-18	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-18-18	Permit No.: B2018-2136
Date Issued: 5-18-18	By: JJK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11805 SW Bruce Dr	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Papulski
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install 5.9 KW roof mount solar prescriptive path.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Double J Electric inc.	
Contact name: Jamie Jones	
Address: PO Box 247	
City/State/ZIP: Grants Pass, OR 97528	
Phone: (541) 479-4489	Fax: (541) 279-2241
E-mail: jamie.j@doublejelectricinc.com	
CONTRACTOR	
Business name: Double J Electric inc.	
Address: PO Box 247	
City/State/ZIP: Grants Pass, OR 97528	
Phone: (541) 479-4489	Fax: (541) 279-2241
CCB lic.: 218418	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	18000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$207.20
Amount received	\$207.20
Date received:	5-18-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
	05/16/18
Print name: Jamie Jones	

4/6/18



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 4-6-18	Permit No.: B2018-1507
Date Issued: 5-18-18	By: KK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Kitchen Remodel
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14241 SW Deer Lane	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Nickerson
Cross street/directions to job site: Davies + Scholls Ferry	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Kitchen Remodel Removal of wall	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mark & Joyce Nickerson	
Address: 14241 SW Deer Lane	
City/State/ZIP: Beaverton OR 97007	
Phone: 503 641-8107	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Karen Linder Interior Design	
Contact name: Karen Linder	
Address: 11870 SW Wildwood St	
City/State/ZIP: Portland OR 97224	
Phone: 503 515-4745	Fax:
E-mail: Karen-designs@comcast.net	
CONTRACTOR	
Business name: American Legacy Homes	
Address: 1600 NE Chehalis	
City/State/ZIP: Newberg OR 97132	
Phone: 503-330-1801	Fax:
CCB lic.: 196705	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	40K
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fee due upon application	\$344.85
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: 4/6/18
Print name: Karen Linder	



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-16-18	Permit No.: B2018-2110
Date Issued: 5-16-18	By: KKK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15090 SW Gull DR	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Carpenter
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Extend Floor Space in Dining Room	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sandy Carpenter	
Address: 15090 SW Gull DR	
City/State/ZIP: Beaverton OR 97007	
Phone: 503-680-5311	Fax:
E-mail: sanderella312@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Murrayhill Remodeling	
Contact name: Joe Freeman	
Address: 1465 SW Hedlund Lane	
City/State/ZIP: Beaverton OR 97007	
Phone: 971-377-4631	Fax:
E-mail: joe@murrayhillremodeling.com	
CONTRACTOR	
Business name: Same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 2015413	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$807.93
Amount received	\$807.93
Date received:	5-16-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: _____
 Print name: Joe Freeman Date: 05/16/18



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

(Routed 5-26-17)

OFFICE USE ONLY	
Date Received: 5/24/2017	Permit No: B2017-2102
Date Issued: 5-16-18	By: HK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4750 SW Washington ST	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Alpine property management
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition of approximately 2000 S-F of office space to an existing building. The construction will be a single story wood framed.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tiffany Laviolette	
Address: [blacked out]	
City/State/ZIP: [blacked out]	
Phone: 503-226-1285	Fax:
E-mail: [blacked out]	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Rich Brooks. The Architect	
Contact name: 15895 SW 72nd Ave #200	
Address:	
City/State/ZIP: Portland, OR	
Phone: 503-226-1285	Fax:
E-mail: richb@cidainc.com	
CONTRACTOR	
Business name: Core General Contractors	
Address: 6107 SW Murray Blvd # 353	
City/State/ZIP: Beaverton OR 97008	
Phone: 971-404-5454	Fax:
CCB lic.: 207658	
Authorized signature: Rhonda Rich	
Print name: Maryam Rezaifar	Date: 05.24.2017

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	190,000
Existing building area:	square feet
New building area:	square feet 2,000
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,086.30
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Rounded 3/19/18 mt
Building Permit Application



3127
BR
Masonry

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 3-15-18	Permit No.: B2018-1121
Date Issued: 5-15-18	By: JK
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15645 SW Redbird Street	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 122
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature:	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation ~~\$351,282.90~~ **\$402,057.11**

Number of bedrooms: **5 + Bonus**

Number of bathrooms: **3**

Total number of floors: **2**

New dwelling area: **2903** square feet

Garage/carport area: **406** square feet

Covered porch area: **114** square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



B400 BR
ARCH

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

Row let 3/7/18
3/5/18

OFFICE USE ONLY	
Date Received: 3/5/2018	Permit No: B2018-0948
Date Issued: 5-18-18	By: MK
Payment Type: check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15578 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 3
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismar@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismar@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature:	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	424,919.58 ✓
Number of bedrooms:	4
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	3533 square feet
Garage/carport area:	417 square feet
Covered porch area:	65 square feet
Deck area:	185 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,662.67
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 VTDD
 BeavertonOregon.gov

B720 AR

Routed 3/7/18 m H
3/5/18

OFFICE USE ONLY	
Date Received: 3/5/2018	Permit No: B2018-0950
Date Issued: 5-15-18	By: NK
	Payment Type: check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15566 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 2
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature:	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	357,428.46
Number of bedrooms:	4 + Bonus + Den
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	2963 square feet
Garage/carport area:	399 square feet
Covered porch area:	33 square feet
Deck area:	100 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,457.25
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

Rounded 3/1/18 mH
3/5/18

OFFICE USE ONLY	
Date Received: 3/5/2018	Permit No: B2018-0995
Date Issued: 5-15-18	By: <i>[Signature]</i>
	Payment Type: check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15586 SW When Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 4
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismar@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismar@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature: <i>[Signature]</i>	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	378,140.94
Number of bedrooms:	5 + Bonus + Den
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	3129 square feet
Garage/carport area:	381 square feet
Covered porch area:	125 square feet
Deck area:	100 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	1,921.63
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 3-28-18	Permit No.: B2018-1319
Date Issued: 5-15-18	By: JH
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10470 SW Barnes Rd	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: TriMet Electric Charger
Cross street/directions to job site: Take entrance to Sunset TC at intersection with Barnes Road	
Subdivision:	Lot no.: 200
Tax map/parcel no.: 1S102CB00200	
DESCRIPTION OF WORK	
Install foundation for new electric bus charging pole to charge electric-powered buses serving Sunset Transit Center.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Joe Recker (TriMet)	
Address: 1800 SW 1st Ave, Suite 300	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 962-2893	Fax:
E-mail: reckerj@trimet.org	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TriMet	
Contact name: Joe Recker	<i>(same as property owner)</i>
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Potelco	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 76668	

Authorized signature:	Date:
Print name: Joe Recker	03/27/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$15,000
Existing building area:	square feet
New building area:	square feet n/a
Number of stories:	n/a
Type of construction:	n/a
Occupancy groups:	n/a
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$232.43
Amount received	\$232.43
Date received:	3-28-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Reopened 3/22/18

Correct value

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 3-22-18	Permit No.: B2018-12.33
Date Issued: 5-15-18	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4925 SW MENLO DR	
City/State/ZIP: Beaverton 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: south of Farmington Rd.	
Subdivision: Spencer Homestead	Lot no.: 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
large addition w/ 2 bath, 2 bds.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tony Manso Jose Manso	
Address: 4925 SW Menlo Dr.	
City/State/ZIP:	
Phone: 503-960-8959	Fax:
E-mail: MANSOTONY@GMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: JACK LOBACK	
Address: 4594 NE 35th PL	
City/State/ZIP: PORT OR 97211	
Phone: 503 282 6002	Fax:
E-mail: JACKLOBACK593@gmail.com	
CONTRACTOR	
Business name: owner/builder	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature:	
Print name: JOSE A. MANSO	Date: 3/22/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	35,000 \$156,429.90
Number of bedrooms:	2 \$181,629.00
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	1374 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,116.37
Amount received	\$1,116.37
Date received:	3-22-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 3-5-18	Permit No.: B2018-0926
Date Issued: 5-15-18	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15700 SW Greystone Ct.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 1st Floor	Project name: Clinic Beaverton-PET/CT
Cross street/directions to job site: Walker Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S105BD00101	
DESCRIPTION OF WORK	
Replacing PET/CT equipment in existing room and providing new air handler unit for the space.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Oregon Health & Science University	
Address: 3181 SW Sam Jackson Park Rd.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 494-5880	Fax:
E-mail: gallagla@ohsu.edu	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: PKA Architects	
Contact name: Marcus Morgan	
Address: 6969 SW Hampton Street	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 968-6800	Fax: (503) 968-6860
E-mail: marcus@pkaarchitects.com	
CONTRACTOR	
Business name: Skanska USA Building	
Address: 222 SW Columbia St # 300	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 382-0900	Fax:
CCB lic.: CCB# 153980	
Authorized signature:	
Print name: MARCUS MORGAN	Date: 3/5/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$760000
Existing building area:	square feet 600
New building area:	square feet 600
Number of stories:	2
Type of construction:	IIB
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$6,127.59
Amount received	\$6,127.59
Date received:	3-5-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

4/6/18



Building Permit Application

12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 4-6-18	Permit No.: B2018-1509
Date Issued: 5/11/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13675 SW 21st	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Nelson.
Cross street/directions to job site: Allen Blvd to SW Valley Ave, Continue to Hyland Way take left on 21st.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Raising floor in partial garage space.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chuck + Annie Nelson	
Address: 13675 SW 21st	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Laine Renovations Inc	
Contact name: Justin Laine	
Address: 8355 SW Monticello Ct.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-312-8469	Fax:
E-mail: laine renovations inc@gmail.com	
CONTRACTOR	
Business name: Laine Renovations Inc	
Address: 8355 SW Monticello Ct	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-312-8469	Fax:
CCB lic.: 181551	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 8,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$124.43
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: Kristy Laine	Date: 4-5-2018
Print name: Kristy Laine	