

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>6/4/2018</u>	Permit No.: <u>B2018-2325</u>
Date issued: <u>6/5/2018</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 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: <u>116025 SW Audubon Street</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Suite/bldg./apt. no.: <u>15, 14, 17, 18</u>	Project name: <u>Creekside Condos</u>
Cross street/directions to job site: <u>Buildings 116025, 116035, 116045, 116055</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Tear off & re-roof</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Association Management Services, LLC</u>	
Address: <u>15350 SW Squish Hwy Ste 200</u>	
City/State/ZIP: <u>Portland, OR 97224</u>	
Phone: <u>503-598-0553</u>	Fax: <u>503-598-0554</u>
E-mail: <u>dominica.culver@ams-nw.com</u>	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Carlson Roofing Co., Inc.</u>	
Contact name: <u>Amy McLean</u>	
Address: <u>70 Box 1045 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>503-846-1575</u>	Fax: <u>503-640-2102</u>
E-mail: <u>amy@carlsonroof.com</u>	
CONTRACTOR	
Business name: <u>Carlson Roofing Co., Inc.</u>	
Address: <u>70 Box 1045 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>503-846-1575</u>	Fax: <u>503-640-2102</u>
CCB lic.: <u>1591080</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>\$134,324.19</u>	
Existing building area:	<u>27,300</u> square feet
New building area:	square feet
Number of stories:	<u>3</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	<u>1,073.38</u>
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: <u>Amy McLean</u>	Date: <u>5/24/18</u>
<u>[Signature]</u>	<u>5/24/18</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



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: <u>6/4/2018</u>	Permit No.: <u>B2018-2324</u>
Date Issued: <u>6/5/2018</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 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: <u>116005 SW Audubon Street</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Suite/bldg./apt. no.: <u>116005, 116015</u>	Project name: <u>Creekside</u>
Cross street/directions to job site: <u>#13 #14 Condos</u> <u>Buildings 116005 + 116015</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
<u>Tear off & Re-Roof</u>

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Association Management Services NW</u>	
Address: <u>15350 SW Sequoia Pkwy Ste 200</u>	
City/State/ZIP: <u>Portland, OR 97224</u>	
Phone: <u>503.598.0550</u>	Fax: <u>503.598.0554</u>
E-mail: <u>dominica.culver@ams-nw.com</u>	

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Carlson Roofing Co, Inc.</u>	
Contact name: <u>Amy McLean</u>	
Address: <u>PO Box 1095 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>503.840.1575</u>	Fax: <u>503.640.2122</u>
E-mail: <u>amy@carlsonroof.com</u>	

CONTRACTOR	
Business name: <u>Carlson Roofing Co, Inc.</u>	
Address: <u>PO Box 1095 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>503.840.1575</u>	Fax: <u>503.640.2122</u>
CCB lic.: <u>159686</u>	

Authorized signature: <u>[Signature]</u>	Print name: <u>Amy McLean</u>	Date: <u>5/24/18</u>
	<u>[Signature]</u>	<u>5/24/18</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	<u>\$56,091.42</u>
Existing building area:	<u>11,400</u> square feet
New building area:	square feet
Number of stories:	<u>3</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	<u>1,093.14</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
 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: 6/4/2018	Permit No.: B298-2390
Date Issued: 6/15/2018	By: CA
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 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: 16065 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Creekside Condos
Cross street/directions to job site: Buildings 16065, 16075	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear off + Re-Roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Association Management Services, LLC	
Address: 15350 SW Sequoia Parkway Ste 200	
City/State/ZIP: Portland, OR 97234	
Phone: 503.598.0552	Fax: 503.598.0554
E-mail: dominica.culver@ams-nw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Carlson Roofing Co. Inc.	
Contact name: Amy McEllean	
Address: 70 Box 11095 / 1550 SW Maple St	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503.846.1575	Fax: 503.640.2123
E-mail: amy@carlsonroof.com	
CONTRACTOR	
Business name: Carlson Roofing Co. Inc.	
Address: 70 Box 11095 / 1550 SW Maple St.	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503.846.1575	Fax: 503.640.2123
CCB lic.: 159688L	

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	\$103,471.87
Existing building area:	12,900 square feet
New building area:	square feet
Number of stories:	3
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	1,118.05
Amount received	
Date received:	

Authorized signature:

Print name: Amy McEllean	Date: 5/24/18
	5/24/18

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* 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
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 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 6/4/2018	Permit No. B2018-2399
Date Issued: 6/18/2018	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 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: 16085 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 23, 22	Project name: Creekside Condos
Cross street/directions to job site: Buildings 16085, 16095	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Tear off & Re-Roof	

<input checked="" type="checkbox"/> PROPERTY OWNER		<input type="checkbox"/> TENANT	
Name: Association Management Services LLC			
Address: 5350 SW Sequoia Pkwy SE 200			
City/State/ZIP: Portland, OR 97224			
Phone: 503.598.0552		Fax: 503.598.0554	
E-mail: dominica.culver@ams-nw.com			

<input checked="" type="checkbox"/> APPLICANT		<input type="checkbox"/> CONTACT PERSON	
Business name: Carlson Roofing, Co, Inc.			
Contact name: Amy McLean			
Address: PO Box 16095 / 550 SW Maple St.			
City/State/ZIP: Hillsboro, OR 97124			
Phone: 503.840.1575		Fax: 503.640.2122	
E-mail: amy@carlsonroof.com			

CONTRACTOR	
Business name: Carlson Roofing Co Inc.	
Address: PO Box 16095 / 550 SW Maple St	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503.840.1575 Fax: 503.640.2122	
CCB lic.: 159686	

Authorized signature:	<i>[Signature]</i>
Print name: Amy McLean	Date: 5/24/18
	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 \$54091.42	
Existing building area:	11400 square feet
New building area:	square feet
Number of stories:	3
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	1,053.14
Amount received	
Date received:	

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* 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 VTDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 6/4/2018	Permit No.: B7018-2400
Date Issued: 6/5/2018	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 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: 16101 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97004	
Suite/bldg./apt. no.: 20, 21, 31	Project name: Creekside Condos
Cross street/directions to job site: Buildings 16101, 16109, 16187	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear off & Re-Roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Association Management Services LLC	
Address: 15250 SW Sequoia Hwy Ste 200	
City/State/ZIP: Portland, OR 97254	
Phone: 503-598-0555	Fax: 503-598-0554
E-mail: dominica.culver@ams-nw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Carlson Roofing, Co. Inc.	
Contact name: Amy McElwan	
Address: PO Box 1095 / 550 SW Maple St	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503-540-1575	Fax: 503-640-2123
E-mail: amy@carlsonroof.com	
CONTRACTOR	
Business name: Carlson Roofing Co. Inc.	
Address: PO Box 1095 / 550 SW Maple St	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503-540-1575	Fax: 503-640-2123
CCB lic.: 1591080	

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: 76,756.18	
Existing building area:	15,000 square feet
New building area:	square feet
Number of stories:	3
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	1,239.61
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: Amy McElwan	Date: 5/24/18
[Signature]	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 VTDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: <u>9/4/2018</u>	Permit No.: <u>B2018.2402</u>
Date Issued: <u>5/5/2019</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 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: <u>16133 2 Audubon Street</u>	
City/State/ZIP: <u>Beaverton, OR 97004</u>	
Suite/bldg./apt. no.: <u>27, 28</u>	Project name: <u>Creekside Condos</u>
Cross street/directions to job site: <u>Buildings 16133, 16147</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Tear off & Re-Roof</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Association Management Services LLC</u>	
Address: <u>5250 SW Seaside Hwy, Ste 200</u>	
City/State/ZIP: <u>Portland, OR 97221</u>	
Phone: <u>503-548-0555</u>	Fax: <u>503-548-0554</u>
E-mail: <u>dominica.culver@ams-no.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Carlson Roofing, Co. Inc.</u>	
Contact name: <u>Amy McElean</u>	
Address: <u>PO Box 11095 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97124</u>	
Phone: <u>503-540-1575</u>	Fax: <u>503-640-2123</u>
E-mail: <u>amy@carlsonroof.com</u>	
CONTRACTOR	
Business name: <u>Carlson Roofing Co. Inc.</u>	
Address: <u>PO Box 11095 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>503-540-1575</u>	Fax: <u>503-640-2123</u>
CCB lic.: <u>1591080</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>\$70,850.33</u>	
Existing building area:	<u>14,400</u> square feet
New building area:	square feet
Number of stories:	<u>3</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	<u>1,182.97</u>
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: <u>Amy McElean</u>	Date: <u>5/24/18</u>
<u>[Signature]</u>	<u>5/24/18</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

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>6/4/2018</u>	Permit No.: <u>B208-20101</u>
Date Issued: <u>6/5/2018</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 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: <u>1617, SW Audubon Street</u>	Project name: <u>Creekside Condos</u>
City/State/ZIP: <u>Beaverton, OR 97004</u>	
Suite/bldg./apt. no.: <u>19, 26</u>	
Cross street/directions to job site: <u>Buildings 1617, 1621</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Tear off & Re-Roof</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Association Management Services LLC</u>	
Address: <u>5350 SW Sequoia Hwy Ste 600</u>	
City/State/ZIP: <u>Portland, OR 97224</u>	
Phone: <u>503-598-0555</u>	Fax: <u>503-598-0554</u>
E-mail: <u>dominica.culver@ams-nw.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Carlson Roofing Co, Inc.</u>	
Contact name: <u>Amy McElwan</u>	
Address: <u>PO Box 1695 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97124</u>	
Phone: <u>503-540-1575</u>	Fax: <u>503-540-2123</u>
E-mail: <u>amy@carlsonroof.com</u>	
CONTRACTOR	
Business name: <u>Carlson Roofing Co, Inc.</u>	
Address: <u>PO Box 1695 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>503-540-1575</u>	Fax: <u>503-540-2123</u>
CCB No.: <u>1591080</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>70,852.32</u>	
Existing building area:	<u>14,400</u> square feet
New building area:	square feet
Number of stories:	<u>3</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	<u>1,182.97</u>
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: <u>Amy McElwan</u>	Date: <u>5/24/18</u>
<u>[Signature]</u>	<u>5/24/18</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



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: 6/4/2018	Permit No. 132018-2409
Date Issued: 6/15/2018	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 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: 16173 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97004	
Suite/bldg./apt. no.: 33, 33, 39	Project name: Creekside Condos
Cross street/directions to job site: Buildings 16159, 16161, 16173	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear off & Re-Roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Association Management Services LLC	
Address: 15250 SW Seasonal Phony Ste 600	
City/State/ZIP: Portland, OR 97224	
Phone: 503-598-0555	Fax: 503-598-0554
E-mail: dominica.culver@ams-no.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Carlson Roofing, Co, Inc.	
Contact name: Amy McLean	
Address: PO Box 11095 / 550 SW Maple St.	
City/State/ZIP: Hillsboro, OR 97124	
Phone: 503-840-1575	Fax: 503-840-2133
E-mail: amy@carlsonroof.com	
CONTRACTOR	
Business name: Carlson Roofing Co, Inc.	
Address: PO Box 11095 / 550 SW Maple St	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503-840-1575	Fax: 503-840-2133
CCB lic.: 1591080	

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: 91,517.58	
Existing building area:	18,600 square feet
New building area:	square feet
Number of stories:	3
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	1,377.71
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: Amy McLean	Date: 5/24/18
[Signature]	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 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>6/4/2018</u>	Permit No.: <u>152018-2403</u>
Date Issued: <u>6/5/2018</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 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: <u>16151 SW Audubon Street</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Creekside Condos</u>
Cross street/directions to job site: <u>Buildings 16151, 16199</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Tear off & Re-Roof</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Association Management Services LLC</u>	
Address: <u>5250 SW Sequoia Hwy Ste 200</u>	
City/State/ZIP: <u>Portland, OR 97224</u>	
Phone: <u>503-598-0555</u>	Fax: <u>503-598-0554</u>
E-mail: <u>dominica.culver@ams-nw.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Carlson Roofing, Co. Inc.</u>	
Contact name: <u>Amy McElwan</u>	
Address: <u>PO Box 11095 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>503-840-1575</u>	Fax: <u>503-640-2123</u>
E-mail: <u>amy@carlsonroof.com</u>	
CONTRACTOR	
Business name: <u>Carlson Roofing Co. Inc.</u>	
Address: <u>PO Box 11095 / 550 SW Maple St.</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>503-840-1575</u>	Fax: <u>503-640-2123</u>
CCB lic.: <u>15391080</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>\$ 560,091.42</u>	
Existing building area:	<u>1400</u> square feet
New building area:	square feet
Number of stories:	<u>3</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	<u>1,093.14</u>
Amount received	
Date received:	

Authorized signature:	Date: <u>6/24/18</u>
Print name: <u>Amy McElwan</u>	<u>6/24/18</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

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: 5-22-18	Permit No.: B2018-2204
Date Issued: 6/8/2018	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: 1700 NW 167th Place	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 220	Project name: JSR Micro
Cross street/directions to job site: NW Cornell Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add (103) sprinkler to accommodate remodel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: St. Laurent Properties	
Address: 120 NE 136th Ave, Suite 200	
City/State/ZIP: Vancouver, WA 98664	
Phone: (503) 260-9145	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Ted Baker	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: ted.baker@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	
Authorized signature: [Signature]	Date: 05/21/18
Print name: Ted Baker	

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	\$18,600.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1.00
Type of construction:	5B
Occupancy groups:	
Existing: B & F1	
New: B & F1	

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	\$179.53
Amount received	\$626.37
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

* B2018-0981

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...



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: 4-3-18	Permit No.: B2018-1458
Date Issued: 4/7/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" 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: 15570 SW JENKINS RD	
City/State/ZIP: Beaverton, Oregon 97006	
Suite/bldg./apt. no.:	Project name: OIA Global
Cross street/directions to job site: SW Jenkins Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove portions of the Fire Sprinkler System and Install New for storage upgrade.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: OIA Global Phase 1	
Address: 1770 SW 158th. Ave.	
City/State/ZIP: Beaverton, Oregon 97006	
Phone: (503) 415-3527	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: AFP Systems, Inc.	
Contact name: Rick Berry	
Address: 19435 SW 129th. Ave.	
City/State/ZIP: Tualatin, Or. 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
E-mail: rick@afpsys.com	
CONTRACTOR	
Business name: AFP Systems, Inc.	
Address: 19435 SW 129th. Ave.	
City/State/ZIP: Tualatin, Or. 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	

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 \$44,500.00	
Existing building area:	15,915.00 square feet
New building area:	15,915.00 square feet
Number of stories:	1.00
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

Becka@afpsys.com

Authorized signature:

[Signature]

Print name: RICK BERRY

Date: 04/03/18

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 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>6/5/2018</u>	Permit No.: <u>32018-2462</u>
Date Issued: <u>6/5/2018</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>6600 SW 105th Ave.</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Suite/bldg./apt. no.: <u>Suite 155</u>	Project name: <u>Springwater Wealth</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Fire Alarm - Notification Device Relocates</u>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Springwater Wealth</u>	
Address: <u>6600 SW 105th Ave., Suite 155</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Point Monitor Corp.</u>	
Contact name: <u>Brooke Williams</u>	
Address: <u>5863 Lakeview Blvd. #100</u>	
City/State/ZIP: <u>Lake Oswego, OR 97035</u>	
Phone: <u>(503) 627-0100</u>	Fax:
E-mail: <u>bwilliams@pointmonitor.com</u>	
CONTRACTOR	
Business name: <u>Point Monitor Corp.</u>	
Address: <u>5863 Lakeview Blvd. #100</u>	
City/State/ZIP: <u>Lake Oswego, OR 97035</u>	
Phone: <u>(503) 627-0100</u>	Fax:
CCB lic.: <u>135901</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>\$1,000</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*	
<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: <u>[Signature]</u>	Date:
Print name: <u>Ben Breit</u>	<u>06/05/18</u>

Building Permit Application

5/16/19



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: 5-16-18	Permit No.: B2018-2102
Date Issued: 6-6-18	By: [Signature]
	Payment Type: Visa

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: 16250 SW JADE VIEW WAY	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.:	Project name: GERTZ JV9
Cross street/directions to job site:	
Subdivision:	Lot no.: 9
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New fire sprinkler system for a newly-constructed residence.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Gertz Fine Homes	
Address: 19200 SW 46th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-3390	Fax:
E-mail: Ken@gertzco.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Triad Fire Protection	
Contact name: Todd Sexton	
Address: 1927 NE Rodney Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 856-6333	Fax:
E-mail: office@triad-fire.com	
CONTRACTOR	
Business name: Triad Fire Protection	
Address: 1927 NE Rodney Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 856-6333	Fax:
CCB lic.: 199988	

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	4,504
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3,003
Garage/carport area:	square feet 534
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	\$74.13
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:
Print name: Eric Chase	05/15/18



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: 5-18-18	Permit No.: B2015-2137
Date Issued: 6/5/2018	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: 2725 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OREGON 97005	
Suite/bldg./apt. no.:	Project name: KINGPINS-LASER
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD SPRINKLER TO NEW MEZZANINE	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: KINGPINS	
Address: 2725 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OREGON 97005	
Phone:	Fax:
E-mail: nick@fireone.org	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: FIRE ONE FIRE SYSTEMS, INC	
Contact name: Nick Bocchetti	
Address: PO Box 734	
City/State/ZIP: OREGON CITY OR 97045	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 98140	
Authorized signature: [Signature]	
Print name: Nick Bocchetti	Date: 18 MAY 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 2500 ⁰⁰	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	MEZZANINE (TI)
Occupancy groups:	
Existing:	ORDINARY GRP II
New:	LIGHT HAZARD
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	\$206.11
Amount received	\$206.11
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



Plumbing 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

Date Received:	Permit No. B2018-2437
Date Issued: 6/5/2018	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: 12680 SW Farmington RD	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
40' Sewer Line install	
<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: Hollo Drain	
Address: 2208 NW BirdsdaLe Suite 8	
City/State/ZIP: Gresham OR 97030	
Phone: 503 239 8801	Fax:
E-mail: OFFICE@apollodrain.com	Plumbing, lic.: 20-532PB
CCB lic.: 49419	City or metro lic. no.: 3082
Authorized signature: <i>Brandon Tomson</i>	
Print name: Brandon Tomson	Date: 6-1-18

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (Includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (0 sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: 0 48')		*	
Storm sewer (no. linear ft.: 0)		*	
Water service (no. linear ft.: 0)		*	
Fixture or item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve		20.31	
Clothes washer		20.31	
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer		20.31	
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker		20.31	
Interceptor/grease trap		20.31	
Medical gas (value: \$ 0)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory		20.31	
Tub/shower/shower pan		20.31	
Urinal		20.31	
Water closet		20.31	
Water heater/expansion tank		20.31	
Water meter pvt		20.31	
1&2 family dwelling re-pipe		144.95	
Multi-family/commercial re-pipe (first 20 fixtures)		144.95	
Multi-family/commercial re-pipe ea. fixture over 20		9.67	
Other:		20.31	
Subtotal			
Minimum permit fee			96.64
<input type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			\$108.24

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

* See Fee Schedule



Plumbing 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

Date Received:	Permit No. B278-2391
Date Issued: 06/01/2018	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: 9555 SW BARNES RD	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt. no.: 255	Project name: 18-897
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TENANT IMPROVEMENT	
<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: POWER PLUMBING CO	
Contact name: CHARLIE HALL	
Address: P.O. BOX 19418	
City/State/ZIP: PORTLAND, OR 97280	
Phone: (503) 244-1900	Fax: (503) 244-8825
E-mail: SERVICE@POWERPLUMBINGCO.COM	
CONTRACTOR	
Business name: POWER PLUMBING CO.	
Address: 6611 SW MULTNOMAH BLVD	
City/State/ZIP: PORTLAND, OR 97223	
Phone: (503) 244-1900	Fax: (503) 244-8825
E-mail: SEE ABOVE	Plumbing. lic.: 34-159PB
CCB lic.: 52378	City or metro lic. no.: 1462

Authorized signature: **[Signature: Kristie Bramwell]**

Print name: **KRISTIE BRAMWELL** Date: **06/01/18**

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (<u>0</u> sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: <u>0</u>)		*	
Storm sewer (no. linear ft.: <u>0</u>)		*	
Water service (no. linear ft.: <u>0</u>)		*	
Fixture or item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve		20.31	
Clothes washer		20.31	
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer		20.31	
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker		20.31	
Interceptor/grease trap		20.31	
Medical gas (value: \$ <u>0</u>)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	1	20.31	20.31
Tub/shower/shower pan		20.31	
Urinal		20.31	
Water closet		20.31	
Water heater/expansion tank		20.31	
Water meter pvt		20.31	
1&2 family dwelling re-pipe		144.95	
Multi-family/commercial re-pipe (first 20 fixtures)		144.95	
Multi-family/commercial re-pipe ea. fixture over 20		9.67	
Other:		20.31	
Subtotal			
Minimum permit fee			96.64
<input type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			\$108.24

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

* See Fee Schedule

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: 6/5/2018	Permit No. 182018-2433
Date Issued: 6/5/2018	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: 14170 SW Yearling Ct	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Add 2 windows
Cross street/directions to job site: East off Murray on Mawhood then turn south on Yearling	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Frame & add 2 new windows	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tony Rikli	
Address: 14170 SW Yearling Ct	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 496-8878	Fax:
E-mail: tony.rikli@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: AR Singh Contractor	
Contact name: Chris Whisenant	
Address:	
City/State/ZIP:	
Phone: 503 449-7354	Fax:
E-mail: chriswhisenant@gmail.com	
CONTRACTOR	
Business name: AR Singh Contractor LLC	
Address: 3395 SW 109th Ave	
City/State/ZIP: Beav OR 97005	
Phone: 503 807-1357	Fax:
CCB lic.: 167076	
Authorized signature: [Signature]	
Print name: Chris Whisenant	Date: 5/31/18

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	\$ 3,750-
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	
Fees due upon application	260.97
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) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-23-18	Permit No.: B2018-2231
Date Issued: 6-4-18	By: MK
Payment Type:	

TYPE OF WORK	
<input checked="" 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 checked="" type="checkbox"/> Other: Awning e Deck
JOB SITE INFORMATION AND LOCATION	
Job site address: 16400 SW Blackbird Dr	
City/State/ZIP: Tigard OR 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 4300-231	
DESCRIPTION OF WORK	
New Patio Deck Awning Cover	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mike and Janet Estoup	
Address: 16400 SW Blackbird Dr	
City/State/ZIP: Beaverton OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Shane's Cowboy Construction LLC	
Contact name: Shane Pantier	
Address: 13500 SW Pacific Hwy Ste 58-188	
City/State/ZIP: Tigard OR 97223	
Phone: 503-716-0735	Fax:
E-mail: shanepantier773@gmail.com	
CONTRACTOR	
Business name: Shane's Cowboy Construction LLC	
Address: 13500 SW Pacific Hwy Ste 58-188	
City/State/ZIP: Tigard OR 97223	
Phone: 503-716-0735	Fax:
CCB lic.: 2110371	
Authorized signature: Shane Pantier	
Print name: SHANE PANTIER	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:	\$16,465.40
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet 120
1 Deck area:	square feet 120
2 Other structure area: Deck	square feet 520
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	\$285.85
Amount received	\$1005.21
Date received:	5-23-18

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: 5-3-18	Permit No.: B2018-1923
Date Issued: 6-4-18	By: JH
	Payment Type: COB Fee Reimbursement

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: 12725 SW Millikan Way	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.:	Project name: The Beaverton Building
Cross street/directions to job site: On SW Millikan Way near intersection of SW Cedar Hills Blvd and SW Canyon Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AA 08700	
DESCRIPTION OF WORK	
Minor tenant improvement to include demolition of transaction counter and wall infill, installation of additional door.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: City of Beaverton, contact: Patricia VanOsdel	
Address: P.O. Box 4755	
City/State/ZIP: Beaverton, OR, 97005	
Phone: (503) 526-2433	Fax:
E-mail: pvanosdel@beavertonoregon.gov	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Mackenzie	
Contact name: Mary Bradbury	
Address: 1515 SE Water Ave, Suite 100	
City/State/ZIP: Portland, OR, 97214	
Phone: (503) 224-9560	Fax: (503) 228-1285
E-mail: mbradbury@mcknze.com	
CONTRACTOR	
Business name: Portland Commercial Construction	
Address: 2723 W. Haugen Island DR Unit B	
City/State/ZIP: Portland OR	
Phone: 503 939 5094	Fax:
CCB lic.: 209259	
Authorized signature: <i>Mary Bradbury</i>	
Print name: Mary Bradbury	Date: 05/03/18

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	\$5000
Existing building area:	square feet 3000
New building area:	square feet 3000
Number of stories:	1
Type of construction:	Type 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*	
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



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: 6-4-18	Permit No.: B2018-2408
Date Issued: 6-4-18	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 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: 15625 S.W Breccia Dr.	
City/State/ZIP: Beaverton Or. 97007	
Suite/bldg./apt. no.:	Project name: AIOLES
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Repl Deck Replacmet.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Franceline Noles	
Address: 15625 S.W Breccia Dr	
City/State/ZIP: Beaverton Or. 97007	
Phone: 503-853-9851	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: FAIRPRICE Remodeling	
Contact name: GUS AZAR	
Address: 10789 S.E 99th Dr.	
City/State/ZIP: Happy Valley Or. 97086	
Phone: 503-869-6611	Fax:
E-mail: fairpriceco@MSN.COM	
CONTRACTOR	
Business name: Same as Above	
Address: Same as Above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 205343	

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	\$7,500
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	\$391.17
Amount received	\$391.17
Date received:	6-4-18

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: 6/4/18
Print name: GHASSAN AZAR	

Five OAKS MIDDLE SCHOOL II

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



RECEIVED

OFFICE USE ONLY	
Date Received: FEB 07 2018	Permit No.: B2018-0537
Date Issued: 02/05/2018	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 type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: School
JOB SITE INFORMATION AND LOCATION	
Job site address: 1600 NW 173rd Ave	
City/State/ZIP: Beaverton, OR, 97006	
Suite/bldg./apt. no.:	Project name: Five Oaks MS renovation
Cross street/directions to job site: 1/4 mile South of NW Cornell RD & NW 173rd Ave	
Subdivision:	Lot no.: 500
Tax map/parcel no.: 1N1310000500	
DESCRIPTION OF WORK	
Interior renovation of second floor from student gym into classrooms. Abatement, demolition and wall and finish upgrades for four first floor classrooms. Work includes: architectural electrical, mechanical & structural.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: BEAVERTON SCHOOL DISTRICT #48J (contact: Jessica Pavelka)	
Address: 16550 SW MERLO RD.	
City/State/ZIP: BEAVERTON, OR 97003	
Phone: (503) 356-4500	Fax:
E-mail: Jessica_Pavelka@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: BASSETTI ARCHITECTS	
Contact name: Joe Echeverri	
Address: 721 NW 9TH AVENUE, #350	
City/State/ZIP: PORTLAND, OR 97209	
Phone: (503) 224-9162	Fax:
E-mail: JEcheverri@bassettiarch.com	
CONTRACTOR	
Business name: Kirby Nagelhout Construction	
Address: 10110 SW Nimbus Ave, Suite B6	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 530-8420	Fax:
CCB lic.: #95590	

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	\$1,713,000
Existing building area:	square feet 153,192
New building area:	square feet 0
Number of stories:	2
Type of construction:	II - B
Occupancy groups:	E (Educational)
Existing:	E (Educational)
New:	E (Educational)

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	P.O. \$10,731.00
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 02/05/18
Print name: Jessica Pavelka - BSD PM	

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: 5-16-18	Permit No.: B2018-2096
Date Issued: 6/11/2018	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 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: 3905 117th ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Suite A	Project name: Ultra PT
Cross street/directions to job site: Canyon Road	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S11OCD-00900	
DESCRIPTION OF WORK	
Tenant improvement to existing suite approximately 1500sq ft. the project consists of new partition walls for a physical therapy tenant. All updates to comply with OSSC chapter 11 accessibility and ANSI requirements.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Ultra Physical Therapy and Hand Center, LLC	
Address: 3905 117th Ave,	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: CIDA Inc	
Contact name: Jen Hawkins	
Address: 15895 SW 72nd Ave, Suite 200	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 226-1285	Fax: (503) 226-1670
E-mail: jenh@CIDAINC.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Rd. , Suite 190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax: (503) 598-6658
CCB lic.: 66915	

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	\$44,820
Existing building area:	square feet 1,494
New building area:	square feet 1,494
Number of stories:	1
Type of construction:	V
Occupancy groups:	
Existing:	M
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	\$1,083.75
Amount received	
Date received:	

Authorized signature:

Jennifer Hawkins
 Jennifer Hawkins

Print name:

Date: 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

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: 5-24-18	Permit No.: B2018-2270
Date Issued: 6/1/2018	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: 14600 NW Greenbrier Pkwy.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Merlin	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N132DA01400	
DESCRIPTION OF WORK	
Seismic restraint design for textile equipment (Stitching machine)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike, Inc. (PM Adam Washington)	
Address: One Bowerman Drive	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 756-0817	Fax:
E-mail: Adam.Washington@nike.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Corbin Consulting Engineers, Inc.	
Contact name: John Minthorne	
Address: 1905 NW 169th Plc, Ste 121	
City/State/ZIP: Beaverton, OR 97006	
Phone: (971) 207-1673	Fax:
E-mail: john.minthorne@corbinengineering.com	
CONTRACTOR	
Business name: Ness & Campbell	
Address: 5730 NE 138th Ave	
City/State/ZIP: Portland, OR 97230	
Phone: (971) 280-0751	Fax:
CCB lic.: 18424	

Authorized signature:	Date:
Print name: DOUG C. FISCHER	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	\$2000
Existing building area:	square feet
New building area:	square feet Same
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	
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	\$80.18
Amount received	\$80.18
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

RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: JUN 21 2018	Permit No. B2018-2730
Date Issued: 6/21/18	By: [Signature]
BUILDING SERVICES DIVISION	Payment Type: 6362

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Tenant change
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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10950 SW 11th St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 500	Project name: Linen Tablecloth
Cross street/directions to job site: Between SW 107th Ave and Hwy 217.	
Subdivision:	Lot no.:
Tax map/parcel no.:	

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

DESCRIPTION OF WORK	
New tenant for an existing warehouse/distribution space. Alterations are limited to mechanical, plumbing and electrical work (associated with installation of laundry equipment) under separate permit.	
CHANGE OF USE - EQUIPMENT ANCHORAGE	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Linen Tablecloth.com	
Address: 10230 Hall Blvd	
City/State/ZIP: Tigard, OR 97223	
Phone: 503-707-5204	Fax:
E-mail: indyfilman@aol.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Iselin Architects, PC	
Contact name: Jessica Iselin	
Address: 1307 7th Street	
City/State/ZIP: Oregon City, OR 97045	
Phone: 503-656-1942	Fax:
E-mail: Jessica@iselinarch.com	

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 100,000
New building area:	square feet 0
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	
Existing:	S-1, Storage
New:	S-1, Storage

CONTRACTOR	
Business name: Paragon Northwest	
Address: PO Box 1308	
City/State/ZIP: Sherwood OR 97140	
Phone: 503 784 6048	Fax:
CCB lic.: 197999	

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: Jessica Iselin	6-20-18

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

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: 6/20/2018	Permit No.: B 2018-2720
Date Issued: 6/20/2018	By: [Signature]
	Payment Type: 12541

TYPE OF WORK	
<input checked="" 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: 15195 NW Greenbrier Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Jago Software
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition/relocation of speaker strobes + smokes for T.I.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: fire systems west	
Contact name: Mark Scharin	
Address: 600 SE Maritime Ave #300	
City/State/ZIP: Vancouver WA 98661	
Phone: 360 771 7835	Fax:
E-mail: Marks@firesystemswest.com	
CONTRACTOR	
Business name: fire systems west	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 49732	
Authorized signature: [Signature]	
Print name: Mark Scharin	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	
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 \$5560	
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: 6/20/2018	Permit No.: B2018-2710
Date Issued:	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: 10100 SW INGLEWOOD ST	
City/State/ZIP: BEAVERTON, OREGON 97225	
Suite/bldg./apt. no.:	Project name: RIDGEWOOD ELEMENTARY
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RELOCATE FIRE SPRINKLER MAIN FOR ELECTRICAL PANEL AND DEMO SPRINKLER. RELOCATE AIR COMPRESSOR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: JR MERIT INC	
Contact name: JASON SAMPSON	
Address: 4505 NE 68TH DR	
City/State/ZIP: VANCOUVER, WA 98661	
Phone: 360.643.7474	Fax:
E-mail: JASON.SAMPSON@JRMERIT.COM	
CONTRACTOR	
Business name: JR MERIT INC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 123738	

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	6,000.00
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	
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: JASON SAMPSON Date: 6-18-18

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



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: 6/20/2018	Permit No.: 152018-2709
Date Issued:	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: 15236 NW Greenbriar Pkwy (bldg A)	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 15236	Project name: Oregon Physics T.I.
Cross street/directions to job site: NW Blueridge Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add & relocate sprinkler to accommodate remodel.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Oregon Physics	
Address: 15236 NW Greenbriar pKWY	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 673-2805	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Ted Baker	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: ted.baker@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

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	\$2,300.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1.00
Type of construction:	5B
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	206.11
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: 06/19/18
Print name: Ted Baker	

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. 52018-2680
Date Issued: 6/15/2018	By: [Signature]
	Payment Type: 12540

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: 9220 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Bella Finishings
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition of horn strobes for T.I.	
<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: Fire Systems West	
Contact name: Mark Scharfow	
Address: 600 SE Maritime Ave #300	
City/State/ZIP: Vancouver WA 98661	
Phone: 360-771-7835	Fax:
E-mail: Marks@firesystemswest.com	
CONTRACTOR	
Business name: Fire Systems West	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 49732	
Authorized signature: [Signature]	
Print name: Mark Scharfow	Date: 6/15/2018

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 3800	
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

2

3/22

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: 3/22/2018	Permit No.: B2018-1232
Date Issued: 6-18-18	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 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: 8300 SW Creekside PL.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 100	Project name: Mail Order Pharmacy
Cross street/directions to job site: SW Hall Blvd / SW Creekside Pl	
Subdivision:	Lot no.: 9, 10
Tax map/parcel no.: 1S127AB00900	
DESCRIPTION OF WORK	
The second phase of the project consists of the construction of a new medication dispensing area with open workstations. The remodel area is a business space in an empty shell that will remain available for the landlord.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Oregon Health & Science University, contact: CiCi Ross	
Address: 3181 SW Sam Jackson Park Rd	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 956-4007	Fax:
E-mail: rosci@ohsu.edu	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Clark Kjos Architects	
Contact name: Jessica Radecki	
Address: 333 NW Fifth Avenue	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 206-3826	Fax:
E-mail: jessicaradecki@ckarch.com	
CONTRACTOR	
Business name: Mortenson Construction, contact: Mike Dickey	
Address: 710 NW 14th Avenue, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (971) 202-4169	Fax:
CCB lic.: 46955	
Authorized signature: [Signature]	Date:
Print name: Jessica Radecki	03/21/18

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	\$920,072
Existing building area:	square feet 6,617
New building area:	square feet 6,617
Number of stories:	1
Type of construction:	V
Occupancy groups:	B & S
Existing:	B
New:	B & S
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	\$6,224.74
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
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-2-18	Permit No.: B2018-1887
Date Issued: 6/15/2018	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: 13840 NW Cornell Rd.	
City/State/ZIP: Portland, OR 97229	
Suite/bldg./apt. no.:	Project name: BSD Thrust Stages
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace the existing wood stage thrust systems at Sunset High School.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: 503-356-4571	Fax: N/A
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INLINE Commercial Construction, Inc.	
Contact name: Jeff Rule, Project Manager	
Address: 18880 SW Shaw St.	
City/State/ZIP: Aloha, OR 97006	
Phone: (503) 642-5119	Fax: (503) 649-3301
E-mail: Jeffr@inline-cc.com	
CONTRACTOR	
Business name: INLINE Commercial Construction, Inc.	
Address: 18880 SW Shaw St.	
City/State/ZIP: Aloha, OR 97006	
Phone: (503) 642-5119	Fax: (503) 649-3301
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	\$100,000
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	
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Jeff Rule, Project Manager	05/01/18

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: 5-2-18	Permit No.: B2018-1886
Date Issued: 4/15/2018	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 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: 13000 SW 2nd St.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: BSD Thrust Stages
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace the existing wood stage thrust systems at Beaverton High School.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: 503-356-4571	Fax: N/A
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INLINE Commercial Construction, Inc.	
Contact name: Jeff Rule, Project Manager	
Address: 18880 SW Shaw St.	
City/State/ZIP: Aloha, OR 97006	
Phone: (503) 642-5119	Fax: (503) 649-3301
E-mail: Jeffr@inline-cc.com	
CONTRACTOR	
Business name: INLINE Commercial Construction, Inc.	
Address: 18880 SW Shaw St.	
City/State/ZIP: Aloha, OR 97006	
Phone: (503) 642-5119	Fax: (503) 649-3301
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	\$100,000
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	
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Jeff Rule, Project Manager	05/01/18

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: 6/14/2018	Permit No: B 2018-2618
Date Issued: 6/14/2018	By: (Signature)
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:
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: 6500 SW 110th Court	
City/State/ZIP: Beaverton, OR 64008	
Suite/bldg./apt. no.: Bldgs. "C" and "D"	Project name: Install TPO Roof Overlay
Cross street/directions to job site: SW 111th Ave and freeway OR-217	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Sweep and preparation of the existing roof Remove skylights and patch the roof deck Install FR-10 mechanically attached Install TPO 60 mil membrane mechanically attached	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Public Storage, Inc.	
Address: 701 Western Ave	
City/State/ZIP: Glendale, CA 91201	
Phone: (720) 489-0127 x3361	Fax: (303) 671-2537
E-mail: twickenheisser@publicstorage.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Heriberto Bahena	
Address: 1621 S 257th Street	
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 Street	
City/State/ZIP: Des Moines, WA 98198	
Phone: (206) 851-2194	Fax: (206) 212-6874
CCB lic.: 210052	

Authorized signature:	Date: 6/14/18
Print name: Heriberto Bahena	

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	\$ 40,110.00
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	866.05
Amount received	
Date received:	

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* 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: 4-27-18	Permit No.: B2018-1801
Date Issued: 6-13-18	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: 3900 SW Murray Blvd.	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: GIS
Cross street/directions to job site: Along SW Murray Blvd just north of SW Tualatin Valley Hwy and SW Murray Blvd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109CC04200	
DESCRIPTION OF WORK	
Work includes the replacement of exterior cladding and windows at all faces of the existing building. A small number of openings will be added to the structure. Exterior lighting is to be replaced. A small deck will be added to the eastern side of the building, otherwise no site work is proposed.	
<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: Studio 3 Architecture	
Contact name: Jim Toporek	
Address: 222 Commercial St. NE	
City/State/ZIP: Salem, OR 97301	
Phone: (503) 390-6500	Fax:
E-mail: jim@studio3architecture.com	
CONTRACTOR	
Business name: Team Construction	
Address: 4201 NE 66th Ave. Suite 105	
City/State/ZIP: Vancouver, WA 98661	
Phone: (503) 957-0966	Fax:
CCB lic.: 173213	
Authorized signature: [Signature]	
Print name: Blake Peters	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	\$1,135,082
Existing building area:	square feet 43,695
New building area:	square feet N/A
Number of stories:	3
Type of construction:	VA
Occupancy groups:	E
Existing:	E
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	\$8,256.50
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
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 6-12-18	Permit No.: B2018-2586
Date Issued: 6-12-18	By: HK
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: 11525 Southwest Bel Aire Lane Beaverton , Oregon	
9700	
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 8.4kw	
PROPERTY OWNER	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kevin Rabuk	
Address: 11525 Southwest Bel Aire Lane Beaverton , Oregon	
97008	
City/State/ZIP:	
Phone: 215-932-9767	Fax:
E-mail: krabuck@une.edu	
APPLICANT	
<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	06/08/2018

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	\$15,859.50
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	\$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



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: 6-12-18	Permit No.: B2018-2578
Date Issued: 6-12-18	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: 15195 NW Greenbriar Pkwy	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Sage Software
Cross street/directions to job site: 26 Hwy	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New walls, minor Reno Paint Flooring	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sage Software	
Address: 15195 NW Greenbriar Pkwy	
City/State/ZIP: Beaverton, OR 97006	
Phone: 503 439-5525	Fax:
E-mail: Bobbie.Redington@Sage.com	
<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	
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.	
38,000.00	
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	\$1,844.53
Amount received	\$1,844.53
Date received:	6-12-18

Authorized signature: [Signature]

Print name: TODD LOPIPARO Date: 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
 2493 Fax: (503) 526-2550
 (503) 526-2222 V/TDD
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8...

OFFICE USE ONLY

Date Received:	Permit No: B2018-1536
Date Issued: 4/11/2018	By: DM
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: 6250 SW Jenkins Road	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Welding Ventilation
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TriMet's existing building has a small welding area where they assemble parts to service their light rail cars. This project provides a welding exhaust snorkel to the welding area for enhanced ventilation. Power is needed to support the snorkel and the exhaust fan.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kristin Rawson	
Address: 1800 SW 1st Ave, Suite 300	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 962-2139	Fax:
E-mail: RawsonK@TriMet.org	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Rowell Brokaw Architects	
Contact name: Tricia Berg	
Address: 1 East Broadway, Suite 300	
City/State/ZIP: Eugene, OR	
Phone: (541) 485-1003	Fax:
E-mail: tricia@rowellbrokaw.com	
CONTRACTOR	
Business name: unknown Todd Hess	
Address: 9414 SW Barbours Blvd. ste 150	
City/State/ZIP: Portland, OR 97219	
Phone: 503-220-5953	Fax:
CCB lic.: 66821	

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	\$33,000
Existing building area:	square feet 65,308
New building area:	square feet 0
Number of stories:	2
Type of construction:	II N
Occupancy groups:	B-2
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	685.74
Amount received	
Date received:	

Authorized signature: Tricia M. Berg	Date:
Print name: Tricia Berg	03/16/18

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

Form B70-1001 REV 2/14

3/28

RECEIVED



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: MAR 28 2018
Permit No.: B2018-1333
Date Issued: 6/11/2018
By: [Signature]
Payment Type:
BUILDING SERVICES DIVISION

TYPE OF WORK
CATEGORY OF CONSTRUCTION
JOB SITE INFORMATION AND LOCATION
DESCRIPTION OF WORK
PROPERTY OWNER
Name: VTM BAEK FAMILY PARTNERSHIP
Address: 3855 SW 153rd DR
City/State/ZIP: BEAVERTON ORE. 97003
Phone: 503 969 7088
E-mail: greierson@vtmgroup.com
Business name: VTM GROUP
Contact name: GABE REIERSON
Address: 3855 SW 153rd DR
City/State/ZIP: BEAVERTON ORE 97003
Phone: 503 969 7088
E-mail: greierson@vtmgroup.com
CONTRACTOR
Business name: REIERSON CONSTRUCTION LLC
Address: 8000 SW GARDEN LANE
City/State/ZIP: PORTLAND ORE 97223
Phone: 503 969 7088
CCB lic.: 1160051

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 100,000
Existing building area: 28,250 square feet
New building area: 28,250 square feet
Number of stories: 2
Type of construction: VN
Occupancy groups: B
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 1,398.79
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]
Print name: GABE REIERSON
Date: 3/28/18



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/V/TDD
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: JUN 11 2018	Permit No: 32018-2561
Date Issued:	By: [Signature]
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: 1600 NW 167 th PL	
City/State/ZIP: Beaverton, OR 97211	
Suite/bldg./apt. no.:	Project name: 167 East Business
Cross street/directions to job site: Cornel road and 167 th PL	
Subdivision: Quadrant East	Lot no.: 5
Tax map/parcel no.: LN131AA00400	
DESCRIPTION OF WORK	
reroof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: 167 East Business Center LLC	
Address: 120 NE 136 th Ave Suite 200	
City/State/ZIP: Beaverton Vancouver WA 98684	
Phone: 407-346-0857	Fax: _____
E-mail: janek@stlaurentproperties.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: Ruvrison General Contracting LLC	
Address: 1336 53 HAWKEY ST	
City/State/ZIP: Paisie OR 97202	
Phone: 503-309-4098	Fax:
CCB lic.: 195972	
Authorized signature: [Signature]	
Print name: Bruce V. Leung	Date: 6/11/18

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	70,000 -
Existing building area:	27,016 square feet
New building area:	square feet
Number of stories:	1
Type of construction:	Wood Frame
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*	
Please refer to fee schedule	
Fees due upon application	1,193.69
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) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 2-26-16	Permit No.: B2015-0818
Date Issued: 6-11-18	By: JK
	Payment Type: Cash

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: 12450 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 12450	Project name: Tonsorium Studio
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remolding walls, plumbing for shampoo bowl. for barber shop	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Joffer Lachica	
Address: 12450 1839 SW Anthony Dr	
City/State/ZIP: Beaverton, OR 97006	
Phone: 971-732-2963	Fax:
E-mail: JLachica503@gmail.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: KHM investments	
Contact name: Hisham Muhareb	
Address:	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503 320-5151	Fax:
E-mail: KHM investments@aol.com	
CONTRACTOR	
Business name: Equitable Construction Solutions LLC	
Address: 365 SW Oak St unit A	
City/State/ZIP: Hillsboro OR 97123	
Phone: 971 340 3450	Fax:
CCB lic.: 206820	

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 \$9,500	
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	\$285.65
Amount received	\$285.65
Date received:	2-26-16

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: *Joffer Lachica*

Print name: **Joffer Lachica** Date: **2/26/2018**

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
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 6-18-18	Permit No.: B2018-2670
Date Issued: 6-18-18	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:
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: 1850 SW 170th Ave	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: TVWD
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing 55 gallon oil drums with double wall 110 gallon lube tanks. Some already are plumbed to reels. Additional products to be plumbed to new reels in same lube bay banks.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tualatin Valley Water District	
Address: 1850 SW 170th Ave	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 848-3000	Fax:
E-mail: scott.page@tvwd.org	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Shop Equipment Co., Inc.	
Contact name: Paul Jones	
Address: 21504 SW Bents Ct NE	
City/State/ZIP: Aurora, OR 97002	
Phone: (503) 620-2794	Fax:
E-mail: paul@shopequipmentcoinc.com	
CONTRACTOR	
Business name: Shop Equipment Co., Inc.	
Address: 21504 Bents Ct NE	
City/State/ZIP: Aurora, OR 97002	
Phone: (503) 620-2794	Fax: (503) 620-1763
CCB lic.: 127922	
Authorized signature: [Signature]	Date:
Print name: Paul Jones	Date: 06/14/20

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	\$19,894.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	Shop Space
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	\$943.61
Amount received	\$943.61
Date received:	6-18-18

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

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>6/14/2018</i>	Permit No. <i>B2018-2624</i>
Date Issued: <i>6/14/2018</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 checked="" type="checkbox"/> Other: fire sprinkler
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 Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 155	Project name: Springwater 155 TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 4 and relocate 3 sprinkler head drops off of existing wet system to cover new floor plan	
PROPERTY OWNER / TENANT	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
APPLICANT / CONTACT PERSON	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: becka@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	

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	\$1,600.00
Existing building area:	square feet TI 2,238
New building area:	square feet
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	
Existing:	B-office
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	<i>156.42</i>
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Steve Frost	06/12/18

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

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:	Permit No: 152018-26295
Date Issued: 06/14/2018	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 checked="" type="checkbox"/> Other: fire sprinkler
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 Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 160	Project name: PNWP Spec Office 160 TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocate 3 sprinkler head drops off of existing wet system to cover new floor plan.	
<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: becka@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Steve Frost	06/12/18

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	\$800.00
Existing building area:	square feet TI1,182
New building area:	square feet
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	
Existing:	B-office
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	109.57
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: 6-14-18	Permit No.: B2018-2636
Date Issued: 6-14-18	By: JK
	Payment Type: VISA

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 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: 12905 SW DAVIES RD	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: Keys
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove & Replace Diving Board Board in conjunction with pool deck.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jennifer Keys	
Address: 12905 SW DAVIES RD	
City/State/ZIP: Beaverton OR 97008	
Phone: 503.849.4102	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Vulcan Design & Construction	
Contact name: ERIC DOERING	
Address: 2856 NE 65th Ave suite C	
City/State/ZIP: Vancouver WA 98661	
Phone: 971-227-9034	Fax:
E-mail: eric.d@vulcandc.com	
CONTRACTOR	
Business name: Same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 212649	

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	\$100
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	\$106.65
Amount received	\$106.65
Date received:	6-14-18

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: 6/14/18
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
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 6-6-18	Permit No.: B2018-2459
Date Issued: 6/12/2018	By: [Signature]
	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 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: 14790 SW Scholls Ferry Rd	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace Main FA panel, auxillary FA panel, and 2 booster panels. Install surge protectors between all 12 buildings.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Performance Systems Integration LLC	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, Or 97224	
Phone: 503-641-2222	Fax:
E-mail: bill@psintegrated.com	
CONTRACTOR	
Business name: Performance Systems Integration LLC	
Address: Same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 205924	

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	\$24,856
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	\$783.96
Date received:	6-6-18

Authorized signature: [Signature]
Print name: Bill Driver
Date: 6/5/18

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

Form B70-1001 REV 2/14



Building Permit Application

12725 SW Millikan Way / PO Box 4756
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222/TDD
 BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 6-12-18	Permit No.: B2018-2579
Date Issued: 6-12-18	By: [Signature]
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input 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: 10057 S.W. NIMBUS AV	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: S.W. SHOLS FERRY RD. IN PACIFIC PLAZA CENTE NEXT TO H&R	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK (DEMO CEILING)	
REMOVE DROP CEILING & GRIT RAISE SPRINKLER HEADS & CAP UNLEC ROOF INSTAL NEW SPYRO SYSTEM CONNECT 4 CAL PICTURES	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: COLUMBIA COMMERCIAL PROPERTIES	
Address: 1672 WILLAMETTE FALLS DR.	
City/State/ZIP: WEST LINN OR 97068	
Phone: 503 503 5228581	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CPC & SONS INC	
Contact name: CURIST PALAMARIS	
Address: 12200 S.W. FAIRFIELD ST.	
City/State/ZIP: BEAV. ORE. 97005	
Phone: 503 644 6900	Fax: SANC
E-mail: CELL 503 320 1226	
CONTRACTOR	
Business name: CPC & SONS INC	
Address: 12200 S.W. FAIRFIELD ST	
City/State/ZIP: BEAV. ORE. 97005	
Phone: 503 644 6900	Fax: CELL 503 320 1226
CCB lic.: 56514	

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	\$15,675.00 → 5000
Existing building area:	square feet
New building area:	140558 square feet
Number of stories:	1 - SPRINKLERS 100%
Type of construction:	V.B.
Occupancy groups:	M.B.
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	\$373.96
Date received:	6-12-18

Authorized signature: Christ Palamaris

Print name: CHRIST PALAMARIS Date: 6-11-2018

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: 5-21-18	Permit No.: B2018-2155
Date Issued: 6-11-18	By: JK
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: 9701 9755 SW Barnes Rd	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Barnes/SW Baltic	
Subdivision:	Lot no.:
Tax map/parcel no.: 1998-072 PARTITION PLAT Lot:2, 1	
DESCRIPTION OF WORK	
Repair cracked parking top slab. Addition of new steel bearing pads.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Peterkort Property Mgmt	
Address: 9755 SW Barnes Rd, Ste #690	
City/State/ZIP: Beaverton, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Faster Permits	
Contact name: Ryan Pickrel	
Address: 2000 SW 1st Ave, Ste 420	
City/State/ZIP: Portland, OR 97201	
Phone: 503-580-3845	Fax:
E-mail: ryan@fasterpermits.com	
CONTRACTOR	
Business name: R&H Construction	
Address: 1530 SW Taylor St.	
City/State/ZIP: Portland, OR 97205	
Phone:	Fax:
CCB lic.: 38304	

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	\$75,000
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	\$706.54
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:	
Print name: Ryan Pickrel	Date: 5/21/18

Received 3/30/18 M.H.

Correct Valuation

2547 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: 3/29/2018	Permit No: 2018-1344
Date Issued: 6-7-18	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: 15615 SW Redbird St.	
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.: 125
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. \$352,108.77	
Valuation	307,286.56 OK
Number of bedrooms:	5 + Bonus
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2547 square feet
Garage/carport area:	342 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	1,303.95
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

Authorized signature:	Date: 2018
Print name: Mark Grismer	

Building Permit Application

5/24/18

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: 5/24/2018	Permit No.: B2018-2243
Date Issued: 6-8-18	By: MK
	Payment Type: Visa

Round 5/30/18

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: 13965 SW Barlow Ct	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Murray Blvd to Barlow Rd to Barlow Ct.	
Subdivision: Holle Ridge	Lot no.: Lot 17, Block 1
Tax map/parcel no.: 1S121BE 03257	
DESCRIPTION OF WORK	
Deck Replacement	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Alex + Amy Mestas	
Address: 13965 SW Barlow Ct	
City/State/ZIP: Beaverton OR 97008	
Phone: 951-491-3040	Fax:
E-mail: amymestas@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Amy Mestas	
Address:	
City/State/ZIP:	
Phone: 951-491-3040	Fax:
E-mail:	
CONTRACTOR	
Business name: Same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: <i>Amy Mestas</i>	
Print name: Amy Mestas	Date: 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	\$ 8000
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:	250 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	150.45
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

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



ROLLED PLANS

4/12

OFFICE USE ONLY	
Date Received: <i>4/12/2018</i>	Permit No: <i>18-1592</i>
Date Issued: <i>6-7-18</i>	By: <i>PK</i>
Payment Type: <i>P.O.</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Tenant Improvements
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: High School
JOB SITE INFORMATION AND LOCATION	
Job site address: 13000 SW 2nd Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Beaverton High School
Cross street/directions to job site: SW Erickson Ave., project in the auditorium	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AD10900	
DESCRIPTION OF WORK	
Existing auditorium to receive student safety upgrades: two new side lighting platforms, a new motorized lighting batten, and two existing ladders to be replaced with caged-type. New seat aisle lighting to be installed and existing electrical power to be relocated to new platforms.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4571	Fax: (503) 356-4484
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Opsis Architecture	
Contact name: Mark Stoller	
Address: 920 NW 17th Ave.	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 525-9511 <i>EXT 209</i>	Fax: (503) 525-0440
E-mail: marks@opsisarch.com	
CONTRACTOR	
Business name: Inline Commercial Construction	
Address: 18880 SW Shaw st.	
City/State/ZIP: Beaverton OR 97078	
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	\$215,000
Existing building area:	square feet 6974
New building area:	square feet 6974
Number of stories:	1
Type of construction:	V
Occupancy groups:	E
Existing:	E
New:	E
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: <i>mark</i>	Date:
Print name: Trygve Berge	
<i>MARK STOLLER</i>	04/12/18

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

ROLLED PLANS

4/12



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: 2018-1591
Date Issued: 12 2018 6-7-18	By: JH
	Payment Type: P.O.

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Tenant Improvements
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: High School
JOB SITE INFORMATION AND LOCATION	
Job site address: 13840 NW Cornell Road	
City/State/ZIP: Portland, OR 97229	
Suite/bldg./apt. no.:	Project name: Sunset High School
Cross street/directions to job site: NW Trail Ave., project is in auditorium	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N133BC01300	
DESCRIPTION OF WORK	
Existing auditorium to receive student safety upgrades: two new side lighting platforms, two new motorized lighting batten, and two existing ladders to be replaced with caged-type. New seat aisle lighting to be installed and existing electrical power to be relocated to new platforms.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4571	Fax: (503) 356-4484
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Opsis Architecture	
Contact name: Mark Stoller	
Address: 920 NW 17th Ave.	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 525-9511	Fax: (503) 525-0440
E-mail: marks@opsisarch.com	
CONTRACTOR	
Business name: Inline Commercial Construction	
Address: 1880 SW Shaw St	
City/State/ZIP: Beaverton, OR 97078	
Phone: 503-642-517	Fax:
CCB lic.: 51880	

BUILDING SERVICES 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	\$175,000
Existing building area:	square feet 6754
New building area:	square feet 6754
Number of stories:	1
Type of construction:	V
Occupancy groups:	E
Existing:	E
New:	E
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	4,101.55
Amount received	
Date received:	

Authorized signature:	Date:
Print name: MARK STOLLER	04/12/18

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 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <i>2/7/2018</i>	Permit No: <i>B2018-0533</i>
Date Issued: <i>4/25/18</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 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: 8601 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: BofA Raleigh Hills
Cross street/directions to job site: Located across the street from Jesuit High School. Between SW 91st Ave and Laurewood Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S114AD00400	
DESCRIPTION OF WORK	
Construction of cast in place concrete retaining wall for a stormwater a facility.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lindquist Development Company	
Address: PO Box 42135	
City/State/ZIP: Portland, OR 97242	
Phone: (503) 720-2908	Fax:
E-mail: StuLindquist@aol.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cardno	
Contact name: Jeff Vanderdasson	
Address: 6720 SW Barbur Blvd	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 419-2500	Fax:
E-mail: jeff.vanderdasson@cardno.com	
CONTRACTOR	
Business name: <i>Andersen Construction</i>	
Address: <i>6712 N. Lutter Circle</i>	
City/State/ZIP: <i>Portland OR 97217</i>	
Phone: <i>503.283.6712</i>	Fax:
CCB lic.: <i>218297</i>	
Authorized signature: <i>[Signature]</i>	
Print name: <i>Chad Boyd</i>	Date: <i>5.25.18</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	
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	60,000
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	<i>\$619.60</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

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: 4/26/2018	Permit No. B2018-1793
Date Issued: 4/5/2018	By: [Signature]
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: Foundation Repair
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: 16557 SW Timberland Dr	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
voluntary installation of push piles on an existing foundation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pat O'Connor	
Address: 16557 SW Timberland Dr	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 591-9617	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ram Jack West	
Contact name: Curt Klein	
Address: PO Box 11701	
City/State/ZIP: Eugene, OR 97440	
Phone: (503) 278-5570	Fax:
E-mail: curt@ramjackor.com	
CONTRACTOR	
Business name: Ram Jack West	
Address: PO Box 11701	
City/State/ZIP: Eugene OR 97440	
Phone: (541) 688-7177	Fax:
CCB lic.: 146906	
Authorized signature: [Signature]	
Print name: Curt Klein	Date: 4-26-18

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	\$60,000
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	460.42
Amount received	
Date received:	

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* 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

RECEIVED
 CITY OF BEAVERTON



OFFICE USE ONLY	
Date Received: <u>MAY 24 2018</u>	Permit No.: <u>B2018-2257</u>
Date Issued: <u>6-6-18</u>	By: <u>JK</u>
BUILDING SERVICES DIVISION	Payment Type: <u>M/C</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 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>3216 NW Pacific Grove Dr</u>	
City/State/ZIP: <u>Beaverton OR 97006</u>	
Suite/bldg./apt. no.:	Project name: <u>Miller-28463</u>
Cross street/directions to job site:	
Subdivision:	Lot no.: <u>1N131DD05200</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Encapsulation of crawlspace</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Donna and Donald Miller</u>	
Address: <u>3216 NW Pacific Grove Dr</u>	
City/State/ZIP: <u>Beaverton OR 97006</u>	
Phone: <u>503-645-8737</u>	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>TerraFirma Foundation Systems</u>	
Contact name: <u>Emily Singleton</u>	
Address: <u>7910 SW Hunziker Street</u>	
City/State/ZIP: <u>Tigard, Or 97223</u>	
Phone: <u>(541) 492-5827</u>	Fax:
E-mail: <u>Esingleton@terrafirmafs.com</u>	
CONTRACTOR	
Business name: <u>TerraFirma Foundation Systems</u>	
Address: <u>7910 SW Hunziker Street</u>	
City/State/ZIP: <u>Tigard, Or 97223</u>	
Phone: <u>(541) 492-5827</u>	Fax:
CCB lic.: <u>173547</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>19,000.00</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>279.27</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

Authorized signature:	Date:
Print name: <u>Emily Singleton</u>	<u>5-24-18</u>

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>1-31-18</u>	Permit No.: <u>B2018-0418</u>
Date Issued: <u>6/5/200</u>	By: <u>[Signature]</u>
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: <u>8601 SW Beaverton Hillsdale Highway</u>	
City/State/ZIP: <u>Beaverton, OR 97225</u>	
Suite/bldg./apt. no.:	Project name: <u>Bank of America</u>
Cross street/directions to job site: <u>SW Poplar Lane</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>Tax lots 300 & 400 on Washington map 1S1-14AD</u>	
DESCRIPTION OF WORK	
Erect a one story freestanding bank structure with drive-up ATM on the side. Works includes building envelop, doors, windows, structural, mechanical, electrical & plumbing, storefront, sign & frameless glass system for offices, rop, millworks, finishes & associate banking equipment.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Bank of America/JLL</u>	
Address: <u>275 South Valencia Avenue</u>	
City/State/ZIP: <u>Brea, CA 92823</u>	
Phone: <u>(714) 349-7021</u>	Fax:
E-mail: <u>thomas.sullivan@am.jll.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Gensler</u>	
Contact name: <u>Jeffrey Schmierer</u>	
Address: <u>2101 Webster St., Suite 2000</u>	
City/State/ZIP: <u>Oakland, CA 94612</u>	
Phone: <u>(510) 625-7400</u>	Fax:
E-mail: <u>joff_schmierer@gensler.com</u>	
CONTRACTOR	
Business name: <u>Andersen Construction</u>	
Address: <u>6712 N Lutter Circle</u>	
City/State/ZIP: <u>Portland OR 97217</u>	
Phone: <u>503.263.0712</u>	Fax:
CCB lic.: <u>218297</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	\$750,000.00
Existing building area:	square feet <u>NA</u>
New building area:	square feet <u>6,515</u>
Number of stories:	<u>One</u>
Type of construction:	<u>V-B</u>
Occupancy groups:	<u>B</u>
Existing:	<u>NA</u>
New:	<u>B</u>

NOTICE

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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: <u>[Signature]</u>	Date: <u>01/22/18</u>
Print name: <u>Jeffrey Schmierer</u>	

4/2

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: 4/2/2018	Permit No: B2018-1429
Date Issued: 6-6-18	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: 9575 SW Cascade Ave	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Guitar Center
Cross street/directions to job site: 217 E SW Scholls Ferry Road.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of Acoustical Prefab rooms inside existing Guitar center store.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harmer company	
Address: 11416 SW Lynnridge Ave	
City/State/ZIP: Portland OR 97225	
Phone: 503.644.7443	Fax: 310.606.2077
E-mail: smactarnahan@mac.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Permits Direct	
Contact name: Starr De la Cruz	
Address: 2537-D Pacific Coast Hwy #113	
City/State/ZIP: Torrance CA 90505	
Phone: 310.606.2078x110	Fax: 310.606.2077
E-mail: Starr@permitsdirect.com	
CONTRACTOR	
Business name: Max Brown	
Address: 41951 Remington AVE SUITE 230	
City/State/ZIP: Temecula CA 92590	
Phone: 626293-6986	Fax: 951 302 8201
CCB lic.: 208007	
Authorized signature:	
Print name: Starr De la Cruz	Date: 3/28/18

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 42,500	
Existing building area:	16,936 square feet
New building area:	1,075 square feet
Number of stories: 1	
Type of construction: III-B	
Occupancy groups: M + S-1	
Existing: No change	
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