



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

RECEIVED

OFFICE USE ONLY	
Date Received: NOV 26 2017	Permit No.: B2017-4810
Date Issued: 01/17/2018	By: [Signature]
BUILDING SERVICES DIVISION	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: ADALYN PLACE
Cross street/directions to job site: MURRAY	
Subdivision: ADALYN PLACE	Lot no.: 3
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Adalyn Place LLC	
Address: 4900 SW Griffith Dr #124	
City/State/ZIP: Beaverton OR, 97005	
Phone: 503-320-4555	Fax:
E-mail: Paul@apexgroupnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CEDER RIDGE Construction Inc.	
Contact name: Dean Schepfer	
Address: PO Box 563	
City/State/ZIP: Newberg OR 97132	
Phone: 503-730-5560	Fax:
E-mail: DEAN@CRA@MSN.COM	
CONTRACTOR	
Business name: CEDER RIDGE Construction Inc.	
Address: PO Box 563	
City/State/ZIP: Newberg OR, 97132	
Phone: 503-730-5560	Fax:
CCB lic.: 184246	

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	274,274.67
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	2094 square feet
Garage/carport area:	310 square feet
Covered porch area:	65 square feet
Deck area:	65 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	601.38
Amount received	
Date received:	

Dean@CRA@MSN.COM

Authorized signature: [Signature]
 Print name: DEAN A SCHEPFER Date: 11-6-17

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

6/28



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 6-28-18	Permit No.: B2018-2869
Date Issued: 8-28-18	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 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: 7850 SW Hall Blvd.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Ridgerview
Cross street/directions to job site: Bldg 2	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-roof + sister top cord of existing trusses	
<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: Economy Enterprise	
Contact name: Jim Nikolaus	
Address: PO box 468	
City/State/ZIP: Banks OR 97106	
Phone: 503-830-8082	Fax:
E-mail: jbnbrk30r@msn.com	
CONTRACTOR	
Business name: Economy Enterprise	
Address: PO box 468	
City/State/ZIP: Banks OR 97106	
Phone: 503-830-8082	Fax:
CCB lic.: 1168450	
Authorized signature: [Signature]	
Print name: Jim Nikolaus	Date: 6/28/18

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	230,000 115,000
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	\$2,391.47
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 and Economic Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 6-28-18	Permit No. B2018-3010
Date Issued: 8-28-18	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 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: 7850 SW Hall Blvd.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Ridgerview
Cross street/directions to job site: Bldg 1	
Fees pd under B2018-2869.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-roof + sister top cord of existing trusses	
<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: Economy Enterprise	
Contact name: Jim Nikolaus	
Address: PO box 468	
City/State/ZIP: Banks OR 97106	
Phone: 503-830-8082	Fax:
E-mail: jbnbnk50r@msn.com	
CONTRACTOR	
Business name: Economy Enterprise	
Address: PO box 468	
City/State/ZIP: Banks OR 97106	
Phone: 503-830-8082	Fax:
CCB lic.: 1168450	
Authorized signature: [Signature]	
Print name: Jim Nikolaus	Date: 6/28/18

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 115,000	
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	\$2,391.47
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:	Permit No.: B2018-4082
Date Issued: 9/4/2018	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: 9200 SW Nimbus Av.	
City/State/ZIP: Beaverton, OR, 97008	
Suite/bldg./apt. no.:	Project name: ONI Semiconductors
Cross street/directions to job site: Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo, Paint, Floor, Ect.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kiddy Mathew	
Address: 101 SW Main Suite 210	
City/State/ZIP: Portland, OR	
Phone: 503-721-2729	Fax:
E-mail: kthomas@kiddymathew.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert-Tony Construction	
Contact name: Todd Loppner	
Address: 4080 SW International Way	
City/State/ZIP: Milwaukie, OR, 97222	
Phone: 503-653-5704	Fax: 503-653-5729
E-mail:	
CONTRACTOR	
Business name:	
Address: Same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 98517	
Authorized signature: [Signature]	
Print name: Todd Loppner	Date: 9-4-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 25,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,133.50
Amount received	
Date received:	

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

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

Rounded 6/5/18
MJ

5/31/18

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



Reserve Bldg-1044

OFFICE USE ONLY	
Date Received: 4-30-18	Permit No.: B2018-1842
Date Issued: 8-31-18	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: SW Baker Loop 12008	
City/State/ZIP: Beaverton, OR	Project name: Lombard Avenue
Suite/bldg./apt. no.:	
Cross street/directions to job site: SW Lombard Avenue	
Subdivision: Lombard Ave - 11 Lt	Lot no.: #5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR Tentative Address 12008 SW Baker Loop. Same as: B2018-0191 Prescott Place	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lombard and Baker Properties	
Address: 11279 SW Ellison Rd	
City/State/ZIP: Tigard, OR	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lombard and Baker Properties	
Contact name: Chris Boerste	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Hillcrest Homes LLC	
Address: 6010 Hughes Rd	
City/State/ZIP: Medford, OR	
Phone: 503-922-9055	Fax:
CCB lic.: 205074	

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	\$271,515.07
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	square feet 2116
Garage/carport area:	square feet 400
Covered porch area:	square feet 81
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	\$596.79
Amount received	
Date received:	

Authorized signature:	Date: 4/29/2018
Print name: Chris Boerste	4/18/2018

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

AUG 16 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

COB Revision/Tracking Number
REV 18-6440
T

OFFICE USE ONLY	
Date Received: <u>8-16-18</u>	Permit No.: <u>B2018-3013</u>
Date Issued: <u>8/30/18</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>7737 SW Cirrus Drive</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.: <u>30-G</u>	Project name: <u>30-G</u>
Cross street/directions to job site: <u>SW Hall Blvd.</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1S122DD-00300</u>	
DESCRIPTION OF WORK	
<u>Resegregation of two previously combined tenant spaces back to their separated condition.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Harsch Investment Properties</u>	
Address: <u>8275 SW Cirrus Drive</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone: <u>503-450-0763</u>	Fax:
E-mail: <u>LisaR@Harsch.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Robert Simpson Architect, PC</u>	
Contact name: <u>Robert C. Simpson</u>	
Address: <u>31177 SW Simpson Road</u>	
City/State/ZIP: <u>Cornelius, OR 97113-6201</u>	
Phone: <u>503-709-9653</u>	Fax:
E-mail: <u>R.C.Simpson@iCloud.com</u>	
CONTRACTOR	
Business name: <u>Pacific Crest Structures</u>	
Address: <u>17750 SW Upper Boones Ferry Road, Suite 190</u>	
City/State/ZIP: <u>Durham, OR 97224</u>	
Phone: <u>503-968-8949</u>	Fax:
CCB lic.: <u>66915</u>	
Authorized signature: <u>[Signature]</u>	Date:
Print name: <u>Robert C. Simpson</u>	<u>16 August, 2018</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	\$35,800
Existing building area:	square feet 16,160
New building area:	square feet 0
Number of stories:	1
Type of construction:	3-B
Occupancy groups:	
Existing:	B/S-1
New:	B/S-1

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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

8/7

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: 8-7-18	Permit No.: B2015-3586
Date Issued: 8/30/18	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6194 SW MURRAY BLVD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.:	Project name: SAFEWAY T.I.
Cross street/directions to job site: SW ALLEN BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121BB16700	
DESCRIPTION OF WORK	
420 SF INTERIOR TENANT IMPROVEMENT W/ PARTIAL HT. NON LOAD BEARING PARTITIONS & NEW AUTO DOOR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ALBERTSONS/SAFEWAY (CHRIS MILES)	
Address: 16300 EVELYN STREET	
City/State/ZIP: CLACKAMAS, OR 97015	
Phone: 503.305.9700	Fax: N/A
E-mail: chris.miles@albertsons.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: KENDALL CONSTRUCTION, INC.	
Contact name: JAIME CRAUN	
Address: P.O. BOX 550	
City/State/ZIP: TRUDDALE, OR 97060	
Phone: (503) 665-5047	Fax: (503) 661-3577
E-mail: JAIMECRAUN@KENDALLCONSTRUCTION.COM	
CONTRACTOR	
Business name: SAME AS APPLICANT	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 29680 (10/24/19) Metro 6292 (2/1/19)	
Authorized signature: [Signature]	Date: 8/1/18
Print name: JAIME CRAUN	

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 \$36,000	
Existing building area:	4313 square feet
New building area:	4313 square feet NO CHANGE
Number of stories:	1
Type of construction:	TIB
Occupancy groups:	M/S/B
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*	
Please refer to fee schedule	
Fees due upon application	\$727.56
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

RECEIVED
CITY OF BEAVERTON

AUG 16 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

COB Revision/Tracking Number
REV 18-440
T _____

OFFICE USE ONLY	
Date Received: <u>8-16-18</u>	Permit No.: <u>B2018-3825</u>
Date Issued: <u>8/20/2018</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>7741 SW Cirrus Drive</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.: <u>30-H</u>	Project name: <u>30-H</u>
Cross street/directions to job site: <u>SW Hall Blvd.</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1S122DD-00300</u>	
DESCRIPTION OF WORK	
<u>Resegregation of two previously combined tenant spaces back to their separated condition.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Harsch Investment Properties</u>	
Address: <u>8275 SW Cirrus Drive</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone: <u>503-450-0763</u>	Fax:
E-mail: <u>LisaR@Harsch.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Robert Simpson Architect, PC</u>	
Contact name: <u>Robert C. Simpson</u>	
Address: <u>31177 SW Simpson Road</u>	
City/State/ZIP: <u>Cornelius, OR 97113-6201</u>	
Phone: <u>503-709-9653</u>	Fax:
E-mail: <u>R.C.Simpson@iCloud.com</u>	
CONTRACTOR	
Business name: <u>Pacific Crest Structures</u>	
Address: <u>17750 SW Upper Boones Ferry Road, Suite 190</u>	
City/State/ZIP: <u>Durham, OR 97224</u>	
Phone: <u>503-968-8949</u>	Fax:
CCB lic.: <u>66915</u>	
Authorized signature: <u>[Signature]</u>	Date:
Print name: <u>Robert C. Simpson</u>	<u>16 August, 2018</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	\$143,200
Existing building area:	square feet 16,160
New building area:	square feet 0
Number of stories:	1
Type of construction:	3-B
Occupancy groups:	
Existing:	B/S-1
New:	B/S-1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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

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

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



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

OFFICE USE ONLY	
Date Received: 06/08/2018	Permit No.: B2018-2542
Date Issued: 8/30/2018	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: 8205 SW Creekside Place	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Arco Iris Charter School
Cross street/directions to job site: Corner of SW Creekside Place & Hall Boulevard	
Subdivision: Greenway NAC	Lot no.:
Tax map/parcel no.: 1S1 - 27AB, TL 1000	
DESCRIPTION OF WORK	
Primarily interior remodel for use as school. Largest work items are seismic retrofitting, new built up roof, extensive RTU replacement and HVAC work. Exterior includes only a pedestrian connection, small deck to bridge old loading dock, and bike rack installation.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Arco Iris Public Charter School	
Address: 6107 SW Murray Boulevard, #104	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 473-0416	Fax: (503) 596-2034
E-mail: office@arcoirisschool.org	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Arco Iris Public Charter School	
Contact name: Becky Schiefelbein	
Address: 6107 SW Murray Boulevard, #104	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 481-9727	Fax: (503) 596-2034
E-mail: becky.schiefelbein@arcoirisschool.org	
CONTRACTOR	
Business name: P&C CONSTRUCTION	
Address: 2133 NW YORK STREET	
City/State/ZIP: PORTLAND OR 97210	
Phone: 503-465-0165	Fax:
CCB lic.: 38619	
Authorized signature: <i>[Signature]</i>	
Print name: Becky Schiefelbein	Date: 06/07/18

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	\$2,013,000
Existing building area:	square feet 33445
New building area:	square feet 0
Number of stories:	2
Type of construction:	concrete tilt-up, wood roof
Occupancy groups:	
Existing:	B
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:	

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



B720 BR

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

B2018-0950

4/25

OFFICE USE ONLY

Date Received: 4-25-18	Permit No.: B2018-1787
Date Issued: 8-30-18	By: MK
Payment Type: Check	

Revised 4/27/18 MW

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: 15598 SW When Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 5
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 Suite 200	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismar@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismar@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

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	\$393,119.78
Number of bedrooms:	4 + Den + Bonus
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	2963 square feet
Garage/carport area:	399 square feet
Covered porch area:	85 square feet
Deck area:	100 square feet
Other structure area:	square feet

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

NOTICE

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

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

Authorized signature:	Date: 2018
Print name: Mark Grismer	

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

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

Form B70-1001 REV 2/14



Revised
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: 1-26-18	Permit No.: B2018-0375
Date Issued: 8-30-18	By: JTK
	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: 15957 SW Thrush Ln.	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Westmont (Russell)
Cross street/directions to job site:	

Subdivision:	Lot no.: 100
Tax map/parcel no.:	

DESCRIPTION OF WORK
NSFR New single-family residence

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 100	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Emerald Weeks	
Contact name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 100	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: esweeks@drhorton.com	

CONTRACTOR	
Business name: Same as Property owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

Authorized signature: <i>[Signature]</i>	Date: 1/25/18
Print name: Jeff Tolman	

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	\$413,051.46
Number of bedrooms:	5 + Bonus Room
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3425 square feet
Garage/carport area:	467 square feet
Covered porch area:	95 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	\$1,628.94
Amount received	
Date received:	

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



Building Permit Application

B400 AR

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

Rounded 5/22/18

OFFICE USE ONLY

Date Received: <i>5-18-18</i>	Permit No.: <i>B2018-2156</i>
Date Issued: <i>8-30-18</i>	By: <i>MK</i>
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>15602 SW Thrush Lane</i>	
City/State/ZIP: <i>Beaverton OR</i>	
Suite/bldg./apt. no.:	Project name: <i>Russell</i>
Cross street/directions to job site: <i>SW 155th Terrace off of SW Scholls Ferry Rd.</i>	
Subdivision: <i>Westmont</i>	Lot no.: <i>84</i>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>DR Horton Inc</i>	
Address: <i>4380 SW Macadam Ave Suite 200</i>	
City/State/ZIP: <i>Portland OR 97239</i>	
Phone: <i>(503) 222-4151</i>	Fax:
E-mail: <i>magrismar@drhorton.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>DR Horton Inc</i>	
Contact name: <i>Mark Grismer</i>	
Address: <i>4380 SW Macadam Ave#100</i>	
City/State/ZIP: <i>Portland OR 97239</i>	
Phone: <i>(503) 222-4151</i>	Fax:
E-mail: <i>magrismar@drhorton.com</i>	
CONTRACTOR	
Business name: <i>DR Horton Inc</i>	
Address: <i>4380 SW Macadam Ave#100</i>	
City/State/ZIP: <i>Portland OR 97239</i>	
Phone: <i>(503) 222-4151</i>	Fax:
CCB lic.: <i>130859</i>	
Authorized signature:	Date: <i>2018</i>
Print name: <i>Mark Grismer</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>\$442,485.11</i>
Number of bedrooms:	<i>4</i>
Number of bathrooms:	<i>4</i>
Total number of floors:	<i>3</i>
New dwelling area:	<i>3522</i> square feet
Garage/carport area:	<i>417</i> square feet
Covered porch area:	<i>52</i> square feet
Deck area:	<i>185</i> square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<i>\$1,717.86</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

3580CR

6/1

only two *only* submitted

Building Permit Application

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



RECEIVED OFFICE USE ONLY	
Date Received:	Permit No: 32018-2464
Date Issued: JUN 05 2018	By: <i>HK</i>
8-30-18	Payment Type: check

Roughed 6/16/18

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: 15968 SW Thrush Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 155th Terrace & SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 108
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	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: planchek@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR HORTON Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: Same as Above	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave	
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.	
Valuation	445,867.40
Number of bedrooms:	5
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	418 square feet
Covered porch area:	85 square feet
Deck area:	0 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Amanda Loveridge</i>	Date: 6/11/18
Print name: Amanda Loveridge	

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

B2018-0955

4/28

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



B500
AR

OFFICE USE ONLY

Date Received: 4-25-18	Permit No.: B2017-1789
Date Issued: 8-30-18	By: HLL
	Payment Type: Check

Power 4/27/18 mdf

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: 15600 SW When Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature:	Date: 2018
Print name: Mark Grismer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$395,207.56
Number of bedrooms:	5 + Bonus
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	3165 square feet
Garage/carport area:	381 square feet
Covered porch area:	97 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application



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: 6-25-18	Permit No.: B2015-2784
Date Issued: 8-29-18	By: MK
	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: 16315 SW Barrows Rd	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 209	Project name: Salon Build Out
Cross street/directions to job site: SW Scholls Ferry Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding 6 non-structural walls. Creating four rooms. Ceilings TBD. Some lighting and outlet additions. Deferred submittal: plumbing, electrical, and fire suppression.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Erin Wanderscheid	
Address: 16315 SW Barrows Rd #209	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail: erinwanderscheid@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Twyst Salon	
Contact name: Erin Wanderscheid	
Address: 16315 SW Barrows Rd #209	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail: erinwanderscheid@gmail.com	
CONTRACTOR	
Business name: 7 Pines Custom Homes & Remodeling Inc	
Address: 8504 SW Brightfield Cir	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 317-0369	Fax:
CCB lic.: 219605	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$15,000
Existing building area:	square feet 1,163
New building area:	square feet
Number of stories:	2
Type of construction:	VB
Occupancy groups:	
Existing:	"B" Office
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	\$381.85
Amount received	
Date received:	

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

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

Authorized signature:	Date: 6-28-2018
Print name: Chad Wanderscheid	Date: 06/19/20

6/1

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: JUN 1 2018	Permit No: 2018-2382
Date Issued: 6/20/18	By: [Signature]
Payment Type:	

BUILDING SERVICES DIVISION

Revised 6/17/18 mtg

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: 7215 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Winters Addition
Cross street/directions to job site: Crestmoor	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding a lower floor room, an upper floor and attic	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Faith Winters	
Address: 7215 SW Hall Blvd	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 267-3149	Fax:
E-mail: faith@faithwinters.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: Same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

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	134,914 - \$197,000
Number of bedrooms:	4
Number of bathrooms:	1
Total number of floors:	Adding 1 & Attic
New dwelling area:	1139 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	1,014.12
Amount received	
Date received:	

Authorized signature: [Signature]	Date: June 1, 2018
Print name: Faith Winters	

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

6/28



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/TDD
BeavertonOregon.gov

RECEIVED OFFICE USE ONLY
Date Received: JUN 28 2018
Permit No: B2018-2862
Date Issued:
CITY OF BEAVERTON BUILDING DIVISION
Payment Type:

Rounded 6/29

TYPE OF WORK
CATEGORY OF CONSTRUCTION
JOB SITE INFORMATION AND LOCATION
DESCRIPTION OF WORK
PROPERTY OWNER
APPLICANT
CONTRACTOR

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
REQUIRED DATA: COMMERCIAL-USE CHECKLIST
NOTICE
BUILDING PERMIT FEES*

Authorized signature:
Print name: Adnan Kamati
Date: 06/28/18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
* Fee methodology set by Tri-County Building Industry Service Board
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:	Permit No. 152018-4006
Date Issued: 8/13/2018	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: 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: 6895 SW Princess Ave, Beaverton, Oregon, 97008, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: Vose	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 8.12	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Elizabeth Stanbro	
Address: 6895 SW Princess Ave, Beaverton, Oregon, 97008, United States	
City/State/ZIP:	
Phone: 5412317952	Fax:
E-mail: erikstanbro@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

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	\$15,781.22
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

--	--

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

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

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: Jeff Lee	08/13/2018

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:	Permit No. B2018-4008
Date Issued: 8/27/2018	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: 15455 NW GREEN BRICK PKWY #230	
City/State/ZIP: BEAVERTON OR 97006	
Suite/bldg./apt. no.:	Project name: PDX DRYWALL
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INTERIOR WALL PARTITIONS FOR (3) NEW PRIVATE OFFICES	
<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: NW Precision Design	
Contact name: DARIN BOUSKA	
Address: 22605 SW PINEHURST CT	
City/State/ZIP: SHERWOOD OR 97140	
Phone: 503-680-6444	Fax:
E-mail: DARIN@NW-PRECISION.COM	
CONTRACTOR	
Business name: BNK CONSTRUCTION INC	
Address: 45 82ND DRIVE SUITE 53B	
City/State/ZIP: GLADSTONE OR 97027	
Phone: 503-557-0866	Fax:
CGB lic.: 107555	
Authorized signature: [Signature]	
Print name: DARIN BOUSKA	Date: 8/26/18

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	
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 52,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	II B
Occupancy groups:	
Existing:	B
New:	B - NO CHANGE
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,212.27
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



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: 4-30-18	Permit No.: B2018-1842
Date Issued: 8-31-18	By: TUK
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: SW Baker Loop	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Lombard Ave	
Subdivision: Lombard Ave	Lot no.: #5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lombard ; Baker Properties LLC	
Address: 11279 SW Ellison Rd	
City/State/ZIP: Tigard, OR	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Lombard ; Baker Properties	
Contact name: Chris Boerste	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Rome Plumbing	
Address: 17295 SW EDY ROAD	
City/State/ZIP: Sherwood, OR 97140	
Phone: 503-407-9616	Fax: 503-625-1452
E-mail: RomePlumbing@hotmail.com	
CCB lic.: 96346	City or metro lic. no.: 3122
Authorized signature: Rich Rome	
Print name: Rich Rome	Date: 4-18-18

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	X	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)		*	
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)		11.61
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			\$567.47

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



Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4-30-18	Permit No.: B2018-1842
Date Issued: 8-31-18	By: KUL
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: SW Baker Loop
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Lombard Avenue
Cross street/directions to job site: SW Lombard Ave	
Subdivision: Lombard Ave	Lot no.: #5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lombard and Baker Properties	
Address: 11279 SW Ellison Rd	
City/State/ZIP: Tigard, OR	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lombard & Baker Properties	
Contact name: Chris Boerste	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Ross Electric Inc.	
Address: 2870 SE 75th Ave. Suite 203	
City/State/ZIP: Hillsboro, Oregon 97123	
Phone: (503) 642-2800	Fax: (503) 642-5815
E-mail: rosselectric@comcast.net	CCB lic. no.: 157891
Electrical lic. no.: 34-436C	City or metro lic.: 7867
Supervising electrician signature, required:	
Print name: Stephen L Ross	Date: 4/19/2018
Authorized signature: <i>[Signature]</i>	
Print name: Steve Ross	Date: 4/19/2018

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system		
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
	<input type="checkbox"/> Recreational vehicle parks		
FEE SCHEDULE			
Description	Qty.	Fee	Total
Residential single- or multi-family dwelling unit			
Includes attached garage			
1,000 sq. ft. or less	1	194.64	4
Ea. add'l 500 sq. ft. or portion	3	34.77	
Limited energy, residential (with above sq. ft.)	1	46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
Services or feeders, installation, alteration, and/or relocation			
200 amps or less		115.83	2
201 amps to 400 amps		137.89	2
401 amps to 600 amps		229.34	2
601 amps to 1,000 amps		299.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
Temporary services or feeders installation, alteration, and/or relocation			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 600 amps		184.11	2
601 amps to 1,000 amps		225.29	2
Branch circuits - new, alteration, or extension, per panel			
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14	2
Each add'l branch circuit		4.26	
Miscellaneous (service or feeder not included)			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle		91.72	2
Sign or outline lighting		91.72	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	2
Each additional inspection over allowable in any of the above			
Per inspection		81.14	
Investigation fee			
Other:			
Electrical permit fees			
SUBTOTAL			0.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			0.00
TOTAL PERMIT FEE			386.81

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
 * Number of inspections allowed per permit
 Form B70-1002 REV 10/17



Mechanical Permit Application

City of Beaverton Community Development
 Building Division
 12725 SW Millikan Way
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403 Fax: (503) 526-2550
 www.BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: <u>4-30-18</u>	Permit No.: <u>B2018-1842</u>
Date Issued: <u>8-31-18</u>	By: <u>JUL</u>
	Payment Type: <u>Check</u>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other, Specify:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other, Specify:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>SW Baker Loop</u>	
City/State/ZIP: <u>Beaverton, OR</u>	
Suite/bldg./apt. no.:	Project name: <u>Rosetta Meadows</u>
Cross street/directions to job site: <u>SW Lombard Ave</u>	
Subdivision: <u>Rosetta Meadows</u>	Lot no.: <u>5</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>New SFR</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Lombard & Baker Properties</u>	
Address: <u>11279 SW Ellison Rd</u>	
City/State/ZIP: <u>Tigard, OR</u>	
Phone: <u>503-922-9055</u>	Fax:
E-mail: <u>hillcrest-homes@vsn.com</u>	
APPLICANT	
Business name: <u>Lombard and Baker Properties</u>	
Contact name: <u>Chris Boerske</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>Hillcrest Homes LLC Graner Heating</u>	
Address: <u>6201st NW Old Wilson Pkwy Rd</u>	
City/State/ZIP: <u>Catala Creek, OR</u>	
Phone:	Fax:
E-mail:	
CCB lic.: <u>161571</u>	City or metro lic.:

COMMERCIAL FEE SCHEDULE - USE CHECKLIST			
Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit. *Use Table on Page 2 for value.			
*Value: \$0.00			
RESIDENTIAL EQUIPMENT / SYSTEMS FEES			
For special information use checklist.			
Description	Qty.	Ea.	Total
Heating/cooling **For Furnace, select>> Select One			
Furnace, incl. ductwork, vent, and liner **	1		
Air conditioner †		46.75	
Heat pump †		61.06	
Duct work, alterations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. vent** Select One			
Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent.		46.75	
Other:		23.32	
Other fuel appliances			
Water heater	1	23.32	
Gas fireplace/insert/stove	1	33.39	
Gas log/log lighter		23.32	
Pool or spa heater, kiln*		23.32	
Wood/pellet stove/insert		33.39	
Wood fireplace		33.39	
Chimney/liner/flue/vent w/o appliance		33.39	
Oil tanks/gas/diesel generators		23.32	
Other:		23.32	
Environmental exhaust and ventilation			
Range hood/other kitchen equipment	1	33.39	
Clothes dryer exhaust		33.39	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)	3	23.32	
Attic/crawlspace fans		23.32	
Whole house ventilation or Radon mitigation	1	23.32	
Other:		23.32	
Fuel piping			
\$14.15 for first four; \$4.03 for each additional			
Furnace	1	#/outlets	Total # of fuel piping outlets:
Wall/suspended/unit heater	1	#/outlets	
Water heater	1	#/outlets	Total cost for fuel piping outlets:
Fireplace/log lighter/gas log		#/outlets	
Range		#/outlets	0
Barbecue		#/outlets	
Clothes dryer		#/outlets	
Other:		#/outlets	
CALCULATE MECHANICAL PERMIT FEES			
Subtotal			
Minimum permit fee			97.63
<input type="checkbox"/> Check for Plan Review (25% of permit fee)			
State surcharge (12% of permit fee)			11.72
TOTAL PERMIT FEE			\$273.59

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

1 - Site plan required for an outdoor unit
 2 - Requires approval from Building Codes Division.

Authorized signature: [Signature]
 Print name: Chris Boerske Date: 4-29-2018

Building Permit Application



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

OFFICE USE ONLY	
Date Received:	Permit No: B2018-4012
Date Issued:	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: 6600 SW 105th Ave. Suite 140	
City/State/ZIP: Portland, OR	
Suite/bldg./apt. no.: 140	Project name: 217 Corp. Place
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Jumpers	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: 217 Corp. Place	
Address: 6600 SW 105th Ave. Suite 140	
City/State/ZIP: Portland, OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

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	\$1,000
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	121.28
Amount received	
Date received:	

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

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

Authorized signature:	<i>[Signature]</i>
Print name:	Ben Breit
Date:	08/27/18

Building Permit Application 8/7



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4756
 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: 8-7-18	Permit No.: B2018-3587
Date Issued: 8/27/2018	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11455 SW DUCHESS WAY	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.:	Project name: Gobena Adem
Cross street/directions to job site:	
Subdivision:	Lot no.: W282866
Tax map/parcel no.: 1S122AB02300	
DESCRIPTION OF WORK	
remodel existing house to add one new bed room and bathroom remodel	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Gobena Adem	
Address: 11455 SW Duchless Way	
City/State/ZIP: BEAVERTON OR	
Phone: (971) 713-4584	Fax:
E-mail: gobena2@hotmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SIMPL HOME DESIGNS	
Contact name: MIKE MONTGOMERY	
Address: 4931 SW 76TH AVE., PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: (503) 515-6495	Fax: (503) 719-4825
E-mail: mikem@ezpermits.biz	
CONTRACTOR	
Business name: TBD Homeowner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB No.:	
Authorized signature: <i>[Signature]</i>	Date:
MIKE MONTGOMERY	08/06/18

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	4500.00
Number of bedrooms:	6
Number of bathrooms:	3
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	\$102.51
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/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 7-19-18	Permit No.: B2016-3253
Date Issued: 8/28/2018	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: 8910 SW Nimbus	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Fakfel Xpress
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Cooker & freezer - walk in Box 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: JOE MURPHY	
Address:	
City/State/ZIP:	
Phone: 971-400-9159	Fax:
E-mail:	
CONTRACTOR	
Business name: Port-AIR mechanical inc	
Address: 20880 Rock Creek Blvd.	
City/State/ZIP: Portland OR	
Phone: 503-875-8235	Fax:
CCB lic.: 211061	
Authorized signature: Dale Barron	
Print name: Dale Barron	Date: 7-19-18

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 \$4000-	
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	\$88.84
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: 01/29/2018	Permit No.: B2018-4025
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 type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5815 SW Spruce Ave	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Mark
Cross street/directions to job site:	
Subdivision: Pine Tree Estates	Lot no.: 3
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Cut in a new window opening and install new Vinyl window	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Linda Mark	
Address: 5815 SW Spruce Ave	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 724-4427	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Profound Exteriors Plus LLC	
Contact name: David Watson	
Address: 10200 SW Allen Blvd. Suite F	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 574-4010	Fax:
E-mail:	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 196869	
Authorized signature: [Signature]	Date:
Print name: David Watson	Date: 08/28/20

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	\$2200.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	234.92
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: 8-30-18	Permit No.: B2018-4059
Date Issued: 8-30-18	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13445 SW SNOWSHOE LANE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
WIDEN EXIST 30" DOORWAY TO 4'3" WITH NEW @ INTERIOR WALL WITH NEW 4X12 HEADER	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DON EVANS	
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: CORNERSTONE BUILDERS, INC	
Address: 7721 SW CIRCUS DRIVE	
City/State/ZIP: BEAVERTON, OR 97008	
Phone: 503-671-9538	Fax: 503-671-9640
CCB lic.: 170654	

Authorized signature: *[Signature]*

Print name: ALLEN TANKENSLEY Date: 8/30/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
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	\$145.00
Amount received	\$145.40
Date received:	8-30-18

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

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Building Permit Application

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



OFFICE USE ONLY	
Date Received: 8-15-18	Permit No.: B2018-3778
Date Issued: 8/30/2018	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: 2929 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: First Tech C.U.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm Notification Devices	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: First Tech Credit Union	
Address: 2929 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

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	\$6,777
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	\$89.19
Amount received	\$311.17
Date received:	

Authorized signature: [Signature]	Date:
Print name: Ben Breit	08/14/18

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

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: <i>8/28/2018</i>	Permit No: <i>52018-4031</i>
Date Issued: <i>8/28/2018</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input 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: 12520 SW Canyon Rd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: KIA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install new monument sign footing	
<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: Ramsay Signs	
Contact name: Garrett Gibson	
Address: 9160 SE 74th Ave.	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
E-mail: GarrettG@RamsaySigns.com	
CONTRACTOR	
Business name: Ramsay Signs	
Address: 9160 SE 74th Ave.	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
CCB lic.: 63422	

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
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	299.83
Amount received	
Date received:	

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

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

Authorized signature:

Print name: *Garrett Gibson*

Date: *8/28/18*

8/16

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: AUG 16 2018	Permit No.: B701 8-3812
Date Issued: 8-31-18	By: ML
BUILDING SERVICES DIVISION	
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: 13955 Millikan Way	
City/State/ZIP: Beaverton, OR 97205	
Suite/bldg./apt. no.:	Project name: Nike Cafe' M73
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Hook up/ Install Ansul Kitchen fire suppression system into type 1 exhaust hood	
<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: Sanderson Fire Protection	
Contact name: Geoff Spahr	
Address: 1101 SE 3rd Ave	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 889-3110	Fax:
E-mail: geoff@sandersonfire.com	
CONTRACTOR	
Business name: same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 208652	

Authorized signature:	Date:
Print name: Geoff Spahr	08/10/18

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	\$900.00
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	115.42
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 3-30-18	Permit No.: B2018-1381
Date Issued: 8/31/2018	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5355 SW Western Ave.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Whitford 829074
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S114CB00701	
DESCRIPTION OF WORK	
Replace 3 antennas, replace 2 RRUs and add 1 additional, replace 1 hybrid cable, add 3 TMAs, remove 11 coax and 1 collar mount, and replace equipment in existing cabinets.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mainlander Investments c/o John Neimeyer	
Address: 15 82nd Dr., Ste 210	
City/State/ZIP: Gladstone, OR 97027	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle	
Contact name: Zach Phillips	
Address: 5111 N. Bowdoin St.	
City/State/ZIP: Portland, OR 97203	
Phone: (503) 708-9200	Fax:
E-mail: zach.phillips.contractor@crowncastle.com	
CONTRACTOR	
Business name: td North Sky Comm.	
Address: 11818 SE Mill Plain Blvd. Ste 40	
City/State/ZIP: Vancouver Wa. 98684	
Phone:	Fax:
CCB lic.: 208747	

Authorized signature:	Date:
<i>[Signature]</i> Zach Phillips	03/29/18

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

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. B2018-3971
Date Issued: 8/24/18	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: 10515 SW ALLEN BLVD	
City/State/ZIP: BEAN OR 97005	
Suite/bldg./apt. no.: BDDG 2	Project name: LITHIA APC
Cross street/directions to job site: WESTERN AVE	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TENANT IMPROVEMENT: 4 NEW OFFICES IN OPEN OFFICE AREA	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: ERIC IVERSEN, LITHIA MOTORS INC	
Address: 150 N BARTLETT	
City/State/ZIP: MEDFORD OR 97501	
Phone: 541.301.2748	Fax:
E-mail: ERIC.IVERSEN@LITHIA.COM	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: STUDIO 410	
Contact name: JACK LYON	
Address: 11575 SW PACIFIC HWY, STE III	
City/State/ZIP: TIGARD, OR 97223	
Phone: 503.805.1818	Fax:
E-mail: STUDIO410@COMCAST.NET	
CONTRACTOR	
Business name: INVESTMENT BUILDERS	
Address: 6823 SW CANYON RD	
City/State/ZIP: PORTLAND OR 97225	
Phone: 503-758-9188	Fax:
CCB Lic.: 214125	
Authorized signature: <i>[Signature]</i>	
Print name: JACK LYON	Date: 8/24/18

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 5,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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:	8/24/2018	Permit No:	15208-3972
Date Issued:		By:	
		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: <i>Repair</i>
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>5670 SW Elm Ave</i>	
City/State/ZIP: <i>Beaverton, OR 97007</i>	
Suite/bldg./apt. no.:	Project name: <i>All Damage Assessment</i>
Cross street/directions to job site:	
Subdivision: <i>Royal Woodlands</i>	Lot no.:
Tax map/parcel no.: <i>151140003200</i>	
DESCRIPTION OF WORK	
<i>Lightening struck tree & tree branch hit roof, fracturing (3) roof rafters. Small puncture hole to roof sheathing.</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Susie All</i>	
Address: <i>5670 SW Elm Ave</i>	
City/State/ZIP: <i>Beaverton, OR 97007</i>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>Jensen Hughes</i>	
Contact name: <i>Cecelia Larson</i>	
Address: <i>4636 N Williams Ave</i>	
City/State/ZIP: <i>Portland, OR 97217</i>	
Phone: <i>503-956-2642</i>	Fax:
E-mail: <i>clarson@jensenhughes.com</i>	
CONTRACTOR	
Business name: <i>Derek Conley / Willamette Restoration</i>	
Address: <i>14190 Fir Street #207</i>	
City/State/ZIP: <i>Oregon City, OR 97045</i>	
Phone: <i>503-656-2807</i>	Fax:
CCB lic.: <i>158500 158992</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>\$6,000.00</i>
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	<i>313.07</i>
Amount received	
Date received:	

Authorized signature:	
Print name: <i>C Larson</i>	Date: <i>8/24/18</i>

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/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 7-19-18	Permit No.: B2018-3247
Date Issued: 8/24/2018	By: [Signature]
Payment Type:	

Rounded 7/23/18 md

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: 6395 SW Chestnut Lane	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Klein Deck
Cross street/directions to job site: Scholls Ferry + Elm	
Subdivision: Pine Hills	Lot no.: 20
Tax map/parcel no.: 15123 AB02205	
DESCRIPTION OF WORK Deck rebuild	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Judy Klein	
Address: 6395 SW Chestnut Ln	
City/State/ZIP: Beaverton, OR 97005	
Phone: 425-891-1192	Fax:
E-mail: jdklein@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Creative Fences & Decks	
Address:	
City/State/ZIP:	
Phone: 503-969-8850	Fax: www.creativefencesanddecks.com
CCB lic.: 147483	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$20,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$290.98
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: Judy Klein Date: 7-19-18

3199BR

6/11

only two plans
Permitted

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: 6/5/2010	Permit No: B2018-2467
Date Issued: 6/23/2018	Payment Type:

Revised 6/7/18

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: 15956 SW Thrush Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 155th Terrace & SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 109
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	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR HORTON Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: Same as Above	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	
Authorized signature: <i>Amanda Loveridge</i>	Date: 6/11/18
Print name: Amanda Loveridge	

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	415,925.72
Number of bedrooms:	4
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3150 square feet
Garage/carport area:	1031 square feet
Covered porch area:	37 square feet
Deck area:	0 square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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: 8-24-18	Permit No.: B2018-3965
Date Issued: 8-24-18	By: MK
	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: 6939 SW 158TH AVE	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Gillikan
Cross street/directions to job site: Hart St.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remodel Master Bathroom	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Louisa Gillikan	
Address: SAME	
City/State/ZIP: SAME	
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: Ledge wood Const.	
Address: P.O. Box 298	
City/State/ZIP: Sherwood OR 97140	
Phone: (503) 522-2500	Fax: —
CCB lic.: 197818	
Authorized signature: [Signature]	
Print name: Jared EAH	Date: 8-24-18

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	20,000. —
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$677.70
Amount received	\$677.70
Date received:	8-24-18

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

8/17

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 8-18-18	Permit No.: B2018-3848
Date Issued: 8/23/2018	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 type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: 1/2 garage conversion
JOB SITE INFORMATION AND LOCATION	
Job site address: 16830 SW Red Rock Way	
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	
New bathroom	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nicole Levy	
Address: 16830 SW Red Rock way	
City/State/ZIP: Beaverton OR 97007	
Phone: 971-277-8886	Fax:
E-mail: nicolelevy4@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Nicole Levy	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: T2H Home Builders Inc	
Address: 21611 S Clear view ct	
City/State/ZIP: Oregon City 97045	
Phone: 503-309-1819	Fax:
CCB lic.: 204877	

Authorized signature: Nicole

Print name: Nicole Levy Date: 8/17/18

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	15,000
Number of bedrooms:	
Number of bathrooms:	1
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	\$175.59
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
 7400 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2550
 Fax: (503) 526-2550
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WORK

OFFICE USE ONLY	
Date Received: 8-7-18	Permit No.: B2018-3604
Date Issued: 8-22-18	By: <i>JK</i>
Payment Type: <i>Visa</i>	

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: 7400 SW Scholls Ferry Rd	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Spirit of Grace
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
5.510 kW AC Roof mounted Solar PV system	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mary Hotchkiss	
Address: 7400 SW Scholls Ferry Rd	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 720-6578	Fax:
E-mail: mannyhotchkiss@yahoo.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Elemental Energy	
Contact name: John Grieser	
Address: 6819 SE Foster Rd	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 967-5786	Fax:
E-mail: permits@elementalenergy.net	
CONTRACTOR	
Business name: Elemental Energy	
Address: 6819 SE Foster Rd	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 967-5786	Fax:
CCB lic.: 195141	

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	\$13,600
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$362.61
Amount received	
Date received:	

Authorized signature:	
Print name: John Grieser	Date: 08/07/18

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

7/17

OFFICE USE ONLY

Date Received: 7-17-18	Permit No.: 32015-3194
Date Issued: 8-22-18	By: JMK
	Payment Type: VISA
1&2 family: Simple	Complex:

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: 4325 SW 142ND AVE.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: NIKE Storage
Cross street/directions to job site:	
RYAN BRODERICK	
503 969 1958	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
UPDATE EXISTING WAREHOUSE TO PROVIDE FOR STORAGE OF SINGLE, DOUBLE AND MULTI ROW RACKS WITHOUT SOLID SHELVES OF CLASS IV COMMODITY AND CARTONED UNEXPANDED GROUP A PLASTICS AT A MAXIMUM STORAGE HEIGHT OF 20' WITH A MAXIMUM BUILDING HEIGHT OF 25' UTILIZING NFPA 13, CMSA EXTENDED COVERAGE ALTERNATIVE DESIGN, TABLE 21.3.1.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: NIKE FURNITURE WAREHOUSE	
Address: 4414 SW 142ND AVE.	
City/State/ZIP: Beaverton, OR 97007	
Phone: ()	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Red Hawk Fire Protection	
Contact name: Brent Cullinane	
Address: 3801 Fruit Valley Rd Suite D	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 984-3712	Fax: ()
E-mail: brentc@redhawkfp.com	
CONTRACTOR	
Business name: Red Hawk Fire Protection	
Address: 3801 Fruit Valley Rd Suite D	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 984-3712	Fax: ()
CCB lic.: 219157	

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 138,741	
Existing building area:	62570 square feet
New building area:	square feet
Number of stories:	1
Type of construction:	VP
Occupancy groups:	B2
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: 7/17/18
Print name: Brent Cullinane	

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
 440-4613T (11/02/COM/WEB)

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: AUG 6 2018	Permit No: 32018-3566
Date Issued: 8-22-18	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: 11255 SW Chickadee Terrace	
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 underpinning of existing foundation using helical piles	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Baback Govan	
Address: 11255 SW Chickadee Terrace	
City/State/ZIP: Beaverton OR 97007	
Phone: (818) 522-2106	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" 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: 8-6-18

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	\$16,000
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*	
Please refer to fee schedule	
Fees due upon application	634.76
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

Clear Form



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: 05/25/2018	Permit No.: B2018-2279
Date Issued: 8/22/2018	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: 3370 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Wellhaven Pet Health
Cross street/directions to job site: On Cedar Hills Blvd, between Fairfield St and Hall Blvd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109DA03501	
DESCRIPTION OF WORK	
Interior tenant improvements to approximately 2,852 sf of space. Interior Partitions, new ceiling/lighting, finishes, equipment and mechanical, plumbing, Electrical and Fire life safety systems as required	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Brad Loucks	
Address: 1220 Main St. Suite 400	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 267-7372	Fax:
E-mail: Brad.Loucks@wellhavenpethealth.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bainbridge	
Contact name: Heidi Payne	
Address: 1000 SW Broadway #1700	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 224-6681	Fax:
E-mail: hp@bainbridgedesign.com	
CONTRACTOR	
Business name: Team Construction	
Address: 4201 NE 66th Ave #105	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 699-1477	Fax:
CCB lic.: 173213	

Authorized signature:	Date:
Print name: Heidi Payne	05/24/18

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	\$250,000
Existing building area:	square feet 2,852
New building area:	square feet 2,852
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	B
Existing:	28
New:	28
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,544.19
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: AUG 1 2018	Permit No: B2018-3501
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 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: 15780 SW Davis Rd.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Mattson
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary undepinning of foundation repair. (14 post pieces)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Arvid Mattson	
Address: 15780 SW Davis Rd.	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503.643.5694	Fax:
E-mail: Vstretch@frontier.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SFA DESIGN GROUP, LLC	
Contact name: Jennifer Ferneding	
Address: 9020 SW Washington Sq. Rd Suite 505	
City/State/ZIP: Portland, OR 97223	
Phone: 503.641.8311	Fax:
E-mail: ENGINEERING@SFADG.COM	
CONTRACTOR	
Business name: Terra Firma FS	
Address: 7910 SW Hunziker St.	
City/State/ZIP: Portland, OR 97223	
Phone: 541.492.5827	Fax:
CCB lic.: OR:173547	
Authorized signature: [Signature]	
Print name: Jennifer Ferneding	Date: 7/31/18

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	\$ 21,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>6-13-18</u>	Permit No.: <u>B2018-2603</u>
Date Issued: <u>8/21/2018</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: 9555 SW BARNES RD	
City/State/ZIP: PORTLAND, OR 97225	
Suite/bldg./apt. no.: 201	Project name: Eye Health North West
Cross street/directions to job site: PETERKORT CENTRE CAMPUS	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
MINOR INTERIOR REMODEL, EXISTING TENANT EXPANSION.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TINA BEAVERS (Property Manager)	
Address: 9755 SW BARNES RD, SUITE 620	
City/State/ZIP: PORTLAND, OR, 97225	
Phone: (503) 546-5632	Fax:
E-mail: tbreavers@peterkort.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ANKROM MOISAN ARCHITECTS	
Contact name: MARIJA SASSINE	
Address: 38 NW DAVIS ST, STE. 300	
City/State/ZIP: PORTLAND, OR, 97209	
Phone: (503) 892-8379	Fax: (503) 245-7710
E-mail: marijas@ankrommoisan.com	
CONTRACTOR	
Business name: DENALI CONSTRUCTION, INC	
Address: PO BOX 69	
City/State/ZIP: CANBY, OREGON, 97013	
Phone: (503) 849-4435	Fax:
CCB lic.: 208947	

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	125,000
Existing building area:	square feet 3,013
New building area:	square feet 2,065
Number of stories:	3
Type of construction:	Type II-A, Sprinklered
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be license ^d with the Oregon Construction Contractors Board under ORS 701 a. d may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$1,589.69</u>
Amount received	
Date received:	

Authorized signature:	
Print name: <u>Marija Sassine</u>	Date: <u>06/12/18</u>
MARIJA SASSINE	

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

6/8



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 8 2018	Permit No. B2018-2531
Date Issued: 8-21-18	By: JHK
BUILDING SERVICES DIVISION	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: 4505 SW WATSON	
City/State/ZIP: BEAVERTON, OR 9700	
Suite/bldg./apt. no.:	Project name: EX NOVO
Cross street/directions to job site: CORNER OF SW FARMINGTON & WATSON	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116A D00600	
DESCRIPTION OF WORK	
INTERIOR TI. IMPROVEMENTS INCLUDE NEW BAR & KITCHEN. NO EXTERIOR WORK PROPOSED. NO CHANGE OF OCC.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: EX NOVO (JOEL GREGORY)	
Address: 2326 N FLINT AVE	
City/State/ZIP: PORTLAND, OR 97227	
Phone: 503-505-1411	Fax:
E-mail: JOEL@EXNOVOBREW.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SCOTT EDWARDS ARCHITECTURE	
Contact name: ERIC WENZEL	
Address: 2525 E BURNSIDE	
City/State/ZIP: PORTLAND, OR 97214	
Phone: 503-896-5345	Fax:
E-mail: EWENZEL@SEALUP.COM	
CONTRACTOR	
Business name: Joseph Hughes Construction	
Address: 11125 SW Barbur Blvd	
City/State/ZIP: Portland, OR 97219	
Phone: 503-624-7100	Fax: 503-684-5295
CCB lic.: 158061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 150,000	
Existing building area:	1500 square feet
New building area:	0 square feet
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	
Existing:	B, R2
New:	NO CHANGE
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,780.59
Amount received	
Date received:	

Authorized signature:

Print name: ERIC WENZEL Date: 06.08.18

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: <u>8-21-18</u>	Permit No.: <u>162018-3889</u>
Date Issued: <u>8-21-18</u>	By: <u>TK</u>
	Payment Type: <u>Visa</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>18200 SW Horse Tale Dr</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Suite/bldg./apt. no.:	Project name: <u>Fox Hollow</u>
Cross street/directions to job site: <u>Located at the West end of Horse Tale Dr. 1,000 ft West of 175th Ave @ Alvord</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Demo of Log Cabin and two metal out buildings, Abandonment of water well and Septic Tank</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Tri-County Investments, LLC</u>	
Address: <u>17933 NW Evergreen Pl. Ste. 300</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Phone: <u>(503) 516-7628</u>	Fax:
E-mail: <u>Darrels@metlandgroup.com</u>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Tri-County Investments, LLC</u>	
Contact name: <u>Darrel Smith</u>	
Address: <u>See Above</u>	
City/State/ZIP:	
Phone: <u>(503) 516-7628</u>	Fax:
E-mail: <u>Darrels@metlandgroup.com</u>	
CONTRACTOR	
Business name: <u>Emmert International</u>	
Address: <u>11811 SE Highway 212</u>	
City/State/ZIP: <u>Clackamas, Oregon 97015</u>	
Phone: <u>503-655-7191</u>	Fax: <u>503-655-3933</u>
CCB lic.: <u>805</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>35,000</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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$1695.00</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: *Darrel Smith*

Print name: <u>DARREL SMITH</u>	Date: <u>8/20/18</u>
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Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. B2018-3878
Date Issued: 8/20/18	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: 16100 NW CORNELL RD	
City/State/ZIP: BEAVERTON OR 97006	
Site/ldg./apt. no.: 120	Project name: STERNS LENDING
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INTERIOR WALL PARTITIONS FOR NEW OFFICE	
<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: NW PRECISION DESIGN	
Contact name: DARIN BOUSKA	
Address: 22605 SW PINEMOUNT CT	
City/State/ZIP: SHERWOOD OR 97140	
Phone: 503-680-6444	Fax:
E-mail: DARIN@NW-PRECISION.COM	
CONTRACTOR	
Business name: BNK CONSTRUCTION	
Address: 45 82ND DR, SUITE 53 B	
City/State/ZIP: CLADSTONE OR 97029	
Phone: 503-557-0866	Fax:
CCB lic.: 107555	

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 6,700	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	II B
Occupancy groups:	
Existing:	B
New:	B NO CHANGE
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	449.91
Amount received	
Date received:	

Authorized signature: *[Signature]*

Print name: **DARIN BOUSKA** Date: **8/20/18**

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 970-1001 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: 5-24-18	Permit No.: B2018-2269
Date Issued: 6/21/2018	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: 11920 SW 114th St 14th	
City/State/ZIP: BEAVERTON	
Suite/bldg /apt. no.:	Project name: 114th 14th
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 19115 DC 07500	
DESCRIPTION OF WORK	
REPLACE/REPAIR FRAMING MEMBERS DAMAGED BY WATER	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BAIN CITY CAPITAL TRBS LLC	
Address: 13511 SE Division St	
City/State/ZIP: Portland OR	
Phone:	Fax: 97238
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: MJN + ASSOCIATES	
Contact name: MICHAEL NEDELSKY	
Address: 5878 SE 29th TERRACE	
City/State/ZIP: GRESHAM OR 97080	
Phone: 503.936.5586	Fax:
E-mail: mike@mjnbuilder.com	
CONTRACTOR	
Business name: MJN BUILDER LLC	
Address: 7500 SE 162nd AVE	
City/State/ZIP: PORTLAND OR 97236	
Phone: 503.680.3410	Fax:
CCB lic.: 203168	
Authorized signature: [Signature]	
Print name: DANNY NEDELSKY	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	
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	N/A square feet
Garage/carport area:	300 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	1100 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	25,000
Existing building area:	square feet
New building area:	square feet
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	967.93
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

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Building Permit Application



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

OFFICE USE ONLY	
Date Received: <i>6/26/2018</i>	Permit No: <i>B2018-2816</i>
Date Issued: <i>8/20/2018</i>	By: <i>[Signature]</i>
Payment Type:	

Revised 7/12/18

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 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: 11670 SW 11th St	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.:	Project name: Fitzpatrick Addition
Cross street/directions to job site: On SW 11th St, between Lombard and Alger	
Subdivision: Lombard Gardens	Lot no.: 7
Tax map/parcel no.: 1S115CD03700	
DESCRIPTION OF WORK	
Conversion of garage to living space, relocation of furnace, washer/dryer, demolition of part of existing structure in order to construct addition including full bathroom and bedroom, convert laundry room into pantry area	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tara Fitzpatrick	
Address: 11670 SW 11th St	
City/State/ZIP: Beaverton, OR, 97005	
Phone: (503) 953-3669	Fax:
E-mail: fitzpatr15@up.edu	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Self	
Contact name: Tara Fitzpatrick	
Address: 11670 SW 11th St	
City/State/ZIP: Beaverton, OR, 97005	
Phone: (503) 953-3669	Fax:
E-mail: fitzpatr15@up.edu	
CONTRACTOR	
Business name: Self	
Address: 11670 SW 11th St	
City/State/ZIP: Beaverton, OR, 97005	
Phone: (503) 953-3669	Fax:
CCB lic.:	

Authorized signature: *Tara R Fitzpatrick*
 Print name: Tara R Fitzpatrick 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	40000
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	square feet 600
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	476.80
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
 3rd Floor / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2550
 Fax: (503) 526-2222 V/TDD
 BeavertonOregon.gov

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

OFFICE USE ONLY

Date Received: 8-23-18	Permit No.: B2018-3938
Date Issued: 8-23-18	By: <i>[Signature]</i>
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: 2725 SW Cedar Hills Blvd #100	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 100	Project name: Club Pilates
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm Notification Devices	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Club Pilates	
Address: 2725 SW Cedar Hills Blvd #100	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	
Authorized signature: <i>[Signature]</i>	
Print name: Ben Breit	Date: 08/23/18

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	
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	\$1,305
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	\$144.71
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

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Building Permit Application

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



OFFICE USE ONLY	
Date Received: 7-24-18	Permit No.: B2018-3324
Date Issued: 8/23/2018	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: 14845 SW Murray Scholls STE 104	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.: 104	Project name: Oasis Lebanese
Cross street/directions to job site: Murray & Scholls Fy Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install new fire suppression system in new type I hood. Remodel piping on existing fire suppression system in existing type I hood.	
<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: Guardian Fire Protection	
Contact name: Mark Ferguson	
Address: PO Box 1555	
City/State/ZIP: Albany OR 97321	
Phone: (541) 926-4920	Fax: (541) 926-4942
E-mail: mark@guardianfireor.com	
CONTRACTOR	
Business name: Guardian Fire Protection	
Address: PO Box 1555	
City/State/ZIP: Albany OR 97321	
Phone: (541) 926-4920	Fax: (541) 926-4942
CCB lic.: 100355	

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	4000.00
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	\$101.60
Amount received	
Date received:	

Authorized signature: <i>Mark Ferguson</i>	Date:
Print name: Mark Ferguson	07/24/18

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

OFFICE USE ONLY	
Date Received: III 23 2018	Permit No: B2018-3282
Date Issued: 8-22-18	By: <i>[Signature]</i>
CITY OF BEAVERTON	
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: 9701 SW Barnes Road (Peterkort Centre III)	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Suite 150	Project name: Women's Health Authority
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in suite 150 per plans.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

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	\$4,400
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	258.164
Amount received	
Date received:	

Authorized signature: <i>Shane Tercek</i>	
Print name: Shane Tercek	Date: 07/18/18
NICET Level III, Fire Alarms	

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

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

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: AUG 16 2018	Permit No: 5208-383
Date Issued: 8-22-18	By: <i>[Signature]</i>
BUILDING SERVICES DIVISION	
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: 14465 SW Tualatin Valley Highway	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Carl's JR
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Ansul R-102 system installation for type 1 exhaust hoods	
<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: Sanderson Fire Protection	
Contact name: Geoff Spahr	
Address: 1101 SE 3rd Ave	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 889-3110	Fax:
E-mail: geoff@sandersonfire.com	
CONTRACTOR	
Business name: same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 208652	

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	1200
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	13300
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Geoff Spahr	08/15/18

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

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: 7-18-18	Permit No.: B2018-3210
Date Issued: 8-22-18	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 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: 9000 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Portland, Or 97224	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Updating Fire Alarm Notification in remodel area	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jesuit High School	
Address: 9000 SW Durham Rd	
City/State/ZIP: Portland, Or 97224	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Performance System Integration LLC	
Contact name: Bill Driver	
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 System Integration LLC	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, Or 97224	
Phone: 503-641-2222	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	\$2,482
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
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	\$59.08
Amount received	\$206.11
Date received:	7-18-18

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

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

Authorized signature: [Signature]	Date: 7-18-18
Print name: Bill Driver	

Building Permit Application

Fire Alarm

Community Development Department
 Building Division
 2715 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG 8

OFFICE USE ONLY

Date Received: 8-7-18	Permit No.: B2018-3632
Date Issued: 8-22-18	By: JH
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 Avenue	
City/State/ZIP: Beaverton, Or. 97006	
Suite/bldg./apt. no.:	Project name: 5 Oak M.S Ph. 1
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N1310000500	
DESCRIPTION OF WORK	
Remodel portion of school classrooms. upgrade fire alarm system in nine classrooms.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Rd.	
City/State/ZIP: Beaverton, Or. 97003	
Phone: (503) 356-4500	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: jeff@ac&e electric.com	
CONTRACTOR	
Business name: AC&E Electric	
Address: 3535 Del Webb Ave. Suite 100	
City/State/ZIP: Salem, Or. 97301	
Phone: (503) 363-2301	Fax:
CCB lic.: 591	

Authorized signature: Jeff Haga

Print name: Jeff Haga	Date: 08/07/18
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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
Existing building area:	square feet 85,000
New building area:	square feet
Number of stories:	2
Type of construction:	II-B
Occupancy groups:	Group E
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: <i>8/15/18</i>	Permit No. <i>152018-3815</i>
Date Issued: <i>8/15/18</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: 9755 SW Barnes Road (Peterkort Centre II)	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Suite 480	Project name: Honsador
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in suite per plans.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

Authorized signature:

Shane Tercek

Print name:	Date:
Shane Tercek NICET Level III, Fire Alarms	08/15/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$800
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>109.57</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 and Economic Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: <u>7/20/2018</u>	Permit No: <u>B2018-3280</u>
Date Issued: <u>8-21-18</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: 9701 SW Barnes Road (Peterkort Centre III)	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Suite 200	Project name: Women's Health Authority
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in suite 200 per plans.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

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	\$2,800
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>20611</u>
Amount received	
Date received:	

Authorized signature: <u>[Signature]</u>
Print name: Shane Tercek
Address: NICET Level III, Fire Alarms
Date: 07/18/18

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

OFFICE USE ONLY

Date Received:	Permit No: 32018-3278
Date Issued: 8-21-18	By: JH
	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 Road (Peterkort Centre I)	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Suite 100	Project name: Women's Health Authority
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in suite 100 per plans.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

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	\$2,400
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	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: <i>Shane Tercek</i>	
Print name: Shane Tercek	Date: 07/17/18
NICET Level III, Fire Alarms	

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>8/20/2018</u>	Permit No.: <u>P2018-3873</u>
Date Issued: <u>8-21-18</u>	By: <u>[Signature]</u>
	Payment Type: <u>PO</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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	
On site Fire Sprinkler work to accommodate building additions.	
PROPERTY OWNER / TENANT	
<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	
APPLICANT / CONTACT PERSON	
<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: Munitor Construction	
Address: 10350 North Vancouver Way	
City/State/ZIP: Portland , OR 97217	
Phone: (503) 309-7174	Fax:
CCB lic.: 148811	

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	\$87,066.53
Existing building area:	square feet
New building area:	square feet
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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <u>Jessica Pavelka</u>	Date: <u>02/05/18</u>
Print name: <u>Jessica Pavelka - BSD PM</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

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

RECEIVED

OFFICE USE ONLY	
Date Received: <u>AUG 13 2018</u>	Permit No.: <u>B2018-3545</u>
Date Issued: <u>8/20/2018</u>	BA
Payment Type:	

BUILDING SERVICES DIVISION

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>8500 SW Creekside Pl</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.:	Project name: <u>Fiserv.</u>
Cross street/directions to job site: <u>SW Stratus Street</u>	
Subdivision: <u>Marathon Industrial Park</u>	Lot no.: <u>17, 18, 19</u>
Tax map/parcel no.: <u>1s127Ac00600</u>	
DESCRIPTION OF WORK	
REFACE EXISTING FREE-STANDING AND INSTALL NEW WALL SIGN	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>PD Office Owner 11 LP</u>	
Address: <u>c/o Starwood Capital Group</u>	
City/State/ZIP: <u>591 W Putnam Ave, Greenwich CT 06830</u>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>SECURITY SIGNS, INC</u>	
Contact name: <u>CYNDI STOCKS</u>	
Address: <u>2424 SE HOLGATE BLVD</u>	
City/State/ZIP: <u>PORTLAND, OR 97202</u>	
Phone: <u>(503) 546-7102</u>	Fax: <u>(503) 230-1861</u>
E-mail: <u>permits@securitysigns.com</u>	
CONTRACTOR	
Business name: <u>SECURITY SIGNS, INC</u>	
Address: <u>2424 SE HOLGATE BLVD</u>	
City/State/ZIP: <u>PORTLAND, OR 97202</u>	
Phone: <u>(503) 546-7102</u>	Fax: <u>(503) 230-1861</u>
CCB lic.: <u>122809</u>	

Authorized signature: <u>Cyndi Stocks</u>	Date:
Print name: <u>CYNDI STOCKS</u>	<u>8/2/2018</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>\$4,210.00</u>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. B 2018-3877
Date Issued: 8/20/2018	By: BL
	Payment Type: 15546

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: 16100 NW CORNELL RD	
City/State/ZIP: BEAVERTON OR 97006	
Suite/bldg./apt. no.: 140	Project name: HENSTADT POV
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SUITE ENTRY DOOR / 5100-LITE	
<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: NW PRECISION DESIGN	
Contact name: DARIN BOUSKA	
Address: 22605 SW PINEHURST CT	
City/State/ZIP: SHERWOOD OR 97140	
Phone: 503-680-6449	Fax:
E-mail: DARIN@NW-PRECISION.COM	
CONTRACTOR	
Business name: BNK CONSTRUCTION	
Address: 45 82ND DRIVE SUITE 53B	
City/State/ZIP: GLADSTONE OR 97027	
Phone: 503-557-0866	Fax:
CCB lic.: 10755	

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	1,200
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	II B
Occupancy groups:	
Existing:	B
New:	B NO CHANGE

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	192-30
Amount received	
Date received:	

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

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

Authorized signature: [Signature]	Date: 8/20/18
Print name: DARIN BOUSKA	

Building Permit Application

Clear Form



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: 6-14-18	Permit No.: B2018-2631
Date Issued: 8-20-18	By: [Signature]
Payment Type: Check	

Revised 6/15/18 mtf

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: 6540 S.W. HICKMAN LN	
City/State/ZIP: Portland OR. 97223	
Suite/bldg./apt. no.:	Project name: LARSON
Cross street/directions to job site: OLSON RD. to miles et.	
Subdivision: WEST HIDE-AWAY	Lot no.: 7
Tax map/parcel no.: R0215118	
DESCRIPTION OF WORK	
Addition: NEW MASTER BR. + BTH. AND Family Rm.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: OPHELIA / LARSON	
Address: 6540 S.W. HICKMAN LN.	
City/State/ZIP: Port. OR. 97223	
Phone: 503-789-5337	Fax:
E-mail: WEST.LARSON @ GMAIL.COM	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: WES LARSON	
Address: P.O. Box 230876	
City/State/ZIP: Tigard, OR. 97281	
Phone: 503-789-5337	Fax:
E-mail: WEST.LARSON @ GMAIL.COM	
CONTRACTOR	
Business name: Home Sweet Home	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

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: 79,328 ⁰⁰	
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	690 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	\$735.52
Amount received	\$735.52
Date received:	6-14-18

Authorized signature: [Signature]	Date: 6-14-18
Print name: WES LARSON	

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: 8/17/2018 Permit No: B2018-3855

Date Issued: 8/17/2018 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: 6637 SW MILES CT	
City/State/ZIP: BEAVERTON	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
WINDOW REPLACEMENT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: JESSE + LINDA GARDINER	
Address: 6637 SW MILES CT	
City/State/ZIP: BEAVERTON	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUITE ADDITIONS	
Contact name: TIM JORGENS	
Address: 7383 SW AVENUE SPRUCE ST	
City/State/ZIP: TIGARD	
Phone: 503 621 2122	Fax:
E-mail: TIM@SUITE-ADDITIONS.COM	
CONTRACTOR	
Business name:	
Address: SAME	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 201364	

Authorized signature: [Signature]

Print name:

TIM JORGENS

Date:

8-17-18

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: 5000.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application: 287.02

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: 8-17-18	Permit No.: B2018-3849
Date Issued: 8-17-18	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: 7725 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 31	Project name: Parkside Bldg. 31
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing BUR down to wood deck. Mechanically attach 1" 150 fire-rated. Mechanically attach .060 TPO single ply membrane. Class A fire rated roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investments	
Address: 1121 SW Salmon St, #400	
City/State/ZIP: Portland, OR 97205	
Phone: 503-242-2900	Fax:
E-mail: lisan@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing Company	
Contact name: Brian Kearney	
Address: 10123 SE Brittany Ct	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
E-mail: brian@abcroofingco.com	
CONTRACTOR	
Business name: ABC Roofing	
Address: 10123 SE Brittany Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
CCB lic.: 427	
Authorized signature:	
Print name: Brian Kearney	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 \$138,391.00	
Existing building area:	21,500 square feet
New building area:	21,500 square feet
Number of stories:	2
Type of construction:	Reroof
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	\$1,908.01
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: 8-17-18	Permit No.: B2018-3850
Date Issued: 8-17-18	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7877 SW Circus Dr	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 25	Project name: Parkside Bldg. 25
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing BUR down to wood deck. Mechanically attach 1" fire rated ISO. Mechanically attach .060 TPO single ply membrane. Class A fire rated roof.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investments	
Address: 1121 SW Salmon St.	
City/State/ZIP: Portland, OR 97205	
Phone: 503-242-2900	Fax:
E-mail: brian@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABL Roofing Company	
Contact name: Brian Kearney	
Address: 10123 SE Brittony Ct.	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
E-mail: brian@abloroofingco.com	
CONTRACTOR	
Business name: ABL Roofing	
Address: 10123 SE Brittony Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
CCB lic.: 427	
Authorized signature: [Signature]	
Print name: Brian Kearney	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 \$87,663.20	
Existing building area:	15,200 square feet
New building area:	15,200 square feet
Number of stories:	2
Type of construction:	Re-roof
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	\$1,340.62
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: 8-17-18	Permit No.: B2018-3851
Date Issued: 8-17-18	By: JHK
	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: 7869 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 29	Project name: Parkside Bldg. 29
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing BUR down to wood deck. Mechanically attach 1060 TPO single ply membrane on top of 1 1/2" fire rated ISO.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Hensch Investments	
Address: 1121 SW Salmon St, #400	
City/State/ZIP: Portland, OR 97205	
Phone: 503-242-2400	Fax:
E-mail: lisac@hensch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing Company	
Contact name: Brian Kearney	
Address: 10123 SE Brittany Ct.	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
E-mail: brian@abcroofingco.com	
CONTRACTOR	
Business name: ABC Roofing	
Address: 10123 SE Brittany Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
CCB lic.: 1127	
Authorized signature:	
Print name: Brian Kearney	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 \$103,429.20	
Existing building area:	16,000 square feet
New building area:	16,000 square feet
Number of stories: 2	
Type of construction: Reroof	
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	\$1,605.77
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

7/27



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: 7-25-18	Permit No: 32018-3351
Date Issued: 8-17-18	By: MK
	Payment Type: Check

Routed 7/27/18 mlk

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 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: 535 SW 173rd Av	
City/State/ZIP: Beaverton OR 97006	
Suite/oldg./apt. no.:	Project name: Porch Additions
Cross street/directions to job site: Between Baseline and Walker	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
We are Building a front porch and a rear covered patio area.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Eliseo Sanchez	
Address: 535 SW 173rd Av	
City/State/ZIP: Beaverton OR 97006	
Phone: 503-969-5110	Fax:
E-mail: eliseo1969@aol.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Home owner	
Contact name: Eliseo Sanchez	
Address: 535 SW 173rd Av	
City/State/ZIP: Beaverton OR 97006	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Home owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.:	

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	\$ 12,500
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 570
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	\$20901
Amount received	
Date received:	

Authorized signature: Eliseo Sanchez
 Print name: Eliseo Sanchez Date: 7-25-18

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>8/11/2018</u>	Permit No.: <u>B2018-3670</u>
Date Issued: <u>8/17/2018</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 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>11675 SW Clifford St</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.:	Project name: <u>Martin 3002</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Encapsulate crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Isabelle Wilkerson + Zachary Martin</u>	
Address: <u>11675 SW Clifford St</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone: <u>503 839 0844</u>	Fax: <u>-</u>
E-mail: <u>-</u>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" 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>7177.26</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	
Amount received	
Date received:	

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

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

Authorized signature:	Date: <u>8/9/18</u>
Print name: <u>Emily Singleton</u>	



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/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 8-1-18	Permit No.: B2018-3479
Date Issued: 8-16-18	By: JUK
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: FIRE DAMAGE REPAIR
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12120 SW WALDEN LANE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: Bldg #11 (121B)	Project name: REDWOOD CREEK APT.
Cross street/directions to job site: NORTH OF SW GREENWAY ON SW WALDEN LANE	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FIRE DAMAGE REPAIR TO UNIT 121B, STRUCTURAL @ LIVING RM BEAM & SOME TRUSS REMOVAL & REPLACE. SEE ATTACHED FIRE ASSESSMENT REPORT 7/17/18	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Commons at Redwood Creek LLC	
Address: 1200 SW 66th Ave # 300	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 222-0007 x103	Fax:
E-mail: cclarey@tandemprop.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: KEYWAY CORP	
Contact name: BRIAN L FRANK	
Address: 7275 SW HERMOSO WAY	
City/State/ZIP: TIGARD OR 97223	
Phone: 503-684-5100	Fax: 503-684-5500
E-mail: BRIANF@KEYWAYCORP.COM	
CONTRACTOR	
Business name: KEYWAY CORP.	
Address: 7275 SW HERMOSO WAY	
City/State/ZIP: TIGARD OR 97223	
Phone: 503-684-5100	Fax: 503-684-5500
CCB lic.: #127522	
Authorized signature:	
Print name: BRIAN L. FRANK	Date: 7/23/2018

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	\$5,000 (STRUCTURAL REPAIR)
Existing building area:	square feet
New building area:	square feet
Number of stories:	2 STORY w/ LOFT
Type of construction:	TYPE V-B
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	\$189.45
Amount received	\$373.96
Date received:	8-1-18
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	

Submitted Electronically see 1/BUDG DIV W-8

Building Permit Application

7/11

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



OFFICE USE ONLY	
Date Received: 7-11-18	Permit No.: B2018-3091
Date Issued: 8/16/2018	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: 10199 SW Park Way	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: WCCCA Cedar Hills
Cross street/directions to job site: SW Park Way just west of Hwy 217	
Subdivision:	Lot no.: 3301
Tax map/parcel no.: 1S102CC	
DESCRIPTION OF WORK	
Replace existing generator and propane tank with new generator and propane tank in same location. Both pads for generator and propane tank to be replaced.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Oregon Department of Transportation (Contact: Tamara Patrick)	
Address: 355 Capitol Street NE	
City/State/ZIP: Salem, OR 97301	
Phone: (503) 731-8444	Fax:
E-mail: tamara.s.patrick@odot.state.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Washington County Consolidated Communications Agency	
Contact name: Don Forsberg (Agent for WCCCA)	
Address: 19711 NW Evergreen Place	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 267-1947	Fax:
E-mail: donforsberg45@gmail.com	
CONTRACTOR	
Business name: TBD	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: [Signature]	Date:
Print name: Don Forsberg	Date: 07/10/18

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	\$10,000
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	\$563.85
Date received:	7-11-18

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

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

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Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>8/15/2018</u>	Permit No. <u>52018-3752</u>
Date Issued: <u>8-10-18</u>	By: <u>JM</u>
Payment Type: <u>VISA</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>14965 SW DAVIS RD.</u>	
City/State/ZIP: <u>BEAVERTON, OR 97007</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>SW 150th & DAVIS RD.</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
<p style="font-size: 1.2em; margin: 0;">ADDING <input checked="" type="checkbox"/> BEDROOM IN GARAGE AND FAMILY ROOM</p>	

PROPERTY OWNER	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>SUN I McNAMARA</u>	
Address: <u>14965 SW DAVIS RD.</u>	
City/State/ZIP: <u>BEAVERTON, OR 97007</u>	
Phone: <u>503.432.0289</u>	Fax:
E-mail: <u>tingandmighty@n@hotmail.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

CONTRACTOR	
Business name: <u>JEFFREY PARRISH REMODELING</u>	
Contact name: <u>JEFF PARRISH</u>	
Address: <u>6639 SE 71st AVE</u>	
City/State/ZIP: <u>PORTLAND, OR 97206</u>	
Phone: <u>503.679.7558</u>	Fax:
E-mail: <u>jeffreyparrish@gmail.com</u>	

Business name: <u>PARRISH REMODELING</u>	
Address: <u>6639 SE 71st AVE</u>	
City/State/ZIP: <u>PORTLAND, OR 97206</u>	
Phone: <u>503.679.7558</u>	Fax:
CCB lic.: <u>187711</u>	

Authorized signature:	
Print name: <u>Jeffrey Parrish</u>	Date: <u>8/10/18</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>10,000</u>
Number of bedrooms:	<u>1</u>
Number of bathrooms:	<u>0</u>
Total number of floors:	<u>1</u>
New dwelling area:	square feet <u>270</u>
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:

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BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>738.07</u>
Amount received	
Date received:	

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>8-9-18</u>	Permit No.: <u>B2018-36604</u>
Date Issued: <u>8/15/2018</u>	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>14150 sw Hart Rd</u>	
City/State/ZIP: <u>Beaverton OR 97008</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Encapsulation of the crawlspace</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Adam Leggett</u>	
Address: <u>14150 SW Hart Rd</u>	
City/State/ZIP: <u>Beaverton OR 97008</u>	
Phone: <u>(503) 799-4455</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Johns Waterproofing Co</u>	
Contact name: <u>Kayla Barber</u>	
Address: <u>PO Box 1350</u>	
City/State/ZIP: <u>Silverton OR 97381</u>	
Phone: <u>(503) 873-5650</u>	Fax: <u>(503) 873-3234</u>
E-mail: <u>Kayla@johnswaterproofing.com</u>	
CONTRACTOR	
Business name: <u>John's Waterproofing Co.</u>	
Address: <u>PO BOX 1350</u>	
City/State/ZIP: <u>Silverton OR 97381</u>	
Phone: <u>(503) 873-5650</u>	Fax: <u>(503) 873-3234</u>
CCB lic.: <u>15830</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>\$ 15,900</u>	<u>\$13350</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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$ 168.28</u>
Amount received	<u>\$ 521.43</u>
Date received: <u>8-9-18</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

Authorized signature:	Date: <u>8-9-2018</u>
Print name: <u>Alex Bean</u>	