



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00294

Approval Code: 08766G 9/13/2018 9:49 am

E-mailed To: Fosterplumbinginc@gmail.com

B 2018-4234

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16191 NW MISSION OAKS DR	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N132CB01600	
DESCRIPTION OF WORK	
Kitchen remodel	
APPLICANT	
Name: Scott Foster	
Phone: 5039512050	Fax: 5034825310
Email:	
CONTRACTOR	
Plumb lic. no.: PB853	CCB lic. no.: 190583
Business Name: FOSTER PLUMBING INC	
Contact:	
Address: 10100 SW EVERGREEN CT	
City/State/ZIP: WILSONVILLE, OR 97070	
Phone: 5039512050	Fax: 5034825310
Email: FOSTERPLUMBINGINC@GMAIL.COM	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Reclaimed wastewater	<input type="checkbox"/> Chemical drainage waste and vent systems	
<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Multi-purpose Fire sprinkler system	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Commercial booster pump			
<input type="checkbox"/> Addition of a new motor load			
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems			
<input type="checkbox"/> Wastewater pretreatment system			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Ice maker	1	\$20.31	\$20.31
Sink/basin/lavatory	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$56.02
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



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: 7/20/2018	Permit No.: 2018-3266
Date Issued: 9/13/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Sewer Cap
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10655 SW Beaverton Hillsdale	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 107th Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S114BC01900	
DESCRIPTION OF WORK	
Capping of sewer line for demolition of existing building	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Chick-fil-A, Inc.	
Address: 5200 Buffington Road	
City/State/ZIP: Atlanta, GA 30349	
Phone: 303.519.7206	Fax:
E-mail: steve.schwartz@cfacorp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Evolution Plumbing, LLC	
Contact name: Shaini Pasi	
Address: 7715 NE 33rd Drive Suite I	
City/State/ZIP: Portland, OR 97211	
Phone: 503.655.3388	Fax:
E-mail: shaina.pasi@evoplumbing.net	
CONTRACTOR	
Business name: Evolution Plumbing	
Address: 7715 NE 33rd Drive Suite I	
City/State/ZIP: Portland, OR 97211	
Phone: 503.655.3388	Fax:
E-mail: shaina.pasi@evoplumbing.net	Plumbing Lic.: PB834
CCB lic.: 189876	City or metro lic. no.: 10266

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

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

* See Fee Schedule

Authorized signature: *Shaina Pasi* Date: 7/20/18

Print name: Shaina Pasi



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: 9-12-18	Permit No.: B2015-3063
Date Issued: 9-12-18	By: JLK
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: 3025 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Winco #14
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install Seafood/Frozen Cases	
<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: McLane Plumbing and Construction, Inc.	
Contact name: Ryan McLane	
Address: 7675 Highbanks Rd. Unit 3	
City/State/ZIP: Central Point, OR 97502	
Phone: (541) 664-1880	Fax: (541) 664-4216
E-mail: ryan@mclaneplumbing.com	
CONTRACTOR	
Business name: McLane Plumbing and Construction, Inc.	
Address: 7675 Highbanks Rd. Unit 3	
City/State/ZIP: Central Point, OR 97502	
Phone: (541) 664-1880	Fax: (541) 664-4216
E-mail: ryan@mclaneplumbing.com	Plumbing. lic.: MCLANPC833DH
CCB lic.: 90332	City or metro lic. no.: 00012789

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (0 sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: 0)		*	
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	8	20.31	
Floor drain/floor sink/hub/ primer	6	20.31	
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker		20.31	
Interceptor/grease trap	1	20.31	
Medical gas (value: \$ 0)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	2	20.31	
Tub/shower/shower pan		20.31	
Urinal	2	20.31	
Water closet		20.31	
Water heater/expansion tank	1	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 checked="" type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		101.55
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			\$556.49

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

* See Fee Schedule

Fees due \$454.94

Authorized signature:

Print name: Ryan McLane

Date: 09/12/18



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00292

Approval Code: 043646 9/12/2018 1:11 pm

E-mailed To: tricia@clogbustersllc.com

B 2018-4215

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12390 SW 7TH ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115CB06300	
DESCRIPTION OF WORK	
Sewer repair by spot repair & trench on property	
APPLICANT	
Name: Tricia Wolfe	
Phone: 5036808947	Fax: 5034300742
Email:	
CONTRACTOR	
Plumb lic. no.: PB1383	CCB lic. no.: 200212
Business Name: CLOG BUSTERS LLC	
Contact:	
Address: 4406 SE ROSEWOOD ST	
City/State/ZIP: HILLSBORO, OR 97123	
Phone: 5037309775	Fax: 5035308494
Email: JUST4WOLFES@COMCAST.NET	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Sewer			
Sanitary sewer - first 100 feet	1	\$52.99	\$52.99
Minimum Fees			
Balance of permit fees			\$43.65
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00291

Approval Code: 172314 9/11/2018 9:21 am

E-mailed To: joseph.bell@bellplumbingpdx.com

B 2018-4205

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16430 SW NIGHT HAWK DR	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: 16430 Night Hawk Mattison	
Cross Street/directions to job site: SW Meadowlark Lane	
Tax map/parcel no.: 1S132CB02900	
DESCRIPTION OF WORK	
Relocate shower drain and shower valve. Rework lavatories.	
APPLICANT	
Name: Joe Bell	
Phone: 5039449061	Fax:
Email:	
CONTRACTOR	
Plumb lic. no.: PB1919	CCB lic. no.: 216225
Business Name: BELL PLUMBING LLC	
Contact:	
Address: 14858 SW OREGON TRAIL LN	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: 5039449061	Fax:
Email: JOSEPH.BELL@BELLPLUMBINGPDX.COM	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Sink/basin/lavatory	2	\$20.31	\$40.62
Tub/shower/shower pan	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$35.71
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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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: <u>9/11/2018</u>	Permit No.: <u>52018-4201</u>
Date Issued: <u>9/11/2018</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 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>8775 SW Cascade Ave.</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>installing 1 grease trap, 1 3-comp sink, 1 floor sink, 1 hand sink, 1 ice machine, 1 primer valve</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>Lotus Plumbing Company</u>	
Address: <u>8100 SW Elmwood St.</u>	
City/State/ZIP: <u>Portland, Or. 97223</u>	
Phone: <u>(503) 522-2728</u>	Fax: <u>(503) 892-2639</u>
E-mail: <u>lotusplumbingcompany@gr</u>	Plumbing lic.: <u>PB 815</u>
CCB lic.: <u>189416</u>	City or metro lic. no.: <u>10240</u>

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1-2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (<u>0</u> sq ft.)		-	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: <u>0</u>)		-	
Storm sewer (no. linear ft.: <u>0</u>)		-	
Water service (no. linear ft.: <u>0</u>)		-	
Fixture or Item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve		20.31	
Clothes washer		20.31	
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer	<u>1</u>	20.31	<u>20.31</u>
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker	<u>1</u>	20.31	<u>20.31</u>
Interceptor/grease trap	<u>1</u>	20.31	<u>20.31</u>
Medical gas (value: \$ <u>0</u>)		-	
Roof drain (commercial)		20.31	
Sink/basin/evatory	<u>2</u>	20.31	<u>40.62</u>
Tub/shower/shower pan		20.31	
Urinal		20.31	
Water closet		20.31	
Water heater/expansion tank		20.31	
Water meter pvt		144.95	
t&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			<u>101.55</u>
Minimum permit fee			
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			<u>12.19</u>
TOTAL PERMIT FEE			<u>113.74</u>

Authorized signature: Khôi Nguyễn

Print name: Khôi Nguyễn Date: 9-10-18

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



Plumbing Permit Application

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

Date Received: 9/11/2018	Permit No. B2018-4198
Date Issued: 9/11/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7215 S.W. HALL BLVD.	
City/State/ZIP: BEAV. OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: DENNY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name: FAITH WINTERS	
Address: 7215 S.W. HALL BLVD.	
City/State/ZIP: BEAV. OR 97008	
Phone: 503-267-3149	Fax:
E-mail: 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:
E-mail:	Plumbing. lic.:
CCB lic.:	City or metro lic. no.:

Authorized signature: [Signature]
 Print name: FAITH WINTERS Date: 9-11-18

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	3	506.67	
Each additional bath/kitchen	5	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)			
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			\$108.24

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



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Commercial Plumbing Authorization To Begin Work

05350-BPB-18-00288

Approval Code: 010953 9/10/2018 10:49 am

E-mailed To: cascadeplum@yahoo.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16100 NW CORNELL RD	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.: 110	
Project Name: One Willow Creek	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N132BC05200	
DESCRIPTION OF WORK	
plumbing in one washer box	
APPLICANT	
Name: Shane Farley	
Phone: 5039270299	Fax: 5032839514
Email:	
CONTRACTOR	
Plumb lic. no.: PB1528	CCB lic. no.: 204392
Business Name: QUALITY WEST PLUMBING LLC	
Contact:	
Address: 2304 NW SHADDEN DR	
City/State/ZIP: MCMINNVILLE, OR 97128	
Phone: 5032897095	Fax: 5032839514
Email: CASCADPLUM@YAHOO.COM	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Chemical drainage waste and vent systems	<input type="checkbox"/> Multi-purpose Fire sprinkler system
<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Clothes washer	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$76.33
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00289

Approval Code: 02652D 9/10/2018 12:24 pm

E-mailed To: service@powerplumbingco.com

B2018-4181

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10050 SW MARJORIE LN	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 18R936	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S123CC02300	
DESCRIPTION OF WORK	
BATH REMODEL	
APPLICANT	
Name: Carl Siewell	
Phone: 5032441900	Fax: 5032448825
Email:	
CONTRACTOR	
Plumb lic. no.: 34-150PB	CCB lic. no.: 52378
Business Name: POWER PLUMBING CO	
Contact:	
Address: PO BOX 19418	
City/State/ZIP: PORTLAND, OR 972810418	
Phone: 0002441900	Fax: 5032448825
Email: laurad@powerplumbingco.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility <input type="checkbox"/> Vacuum drainage waste and vent system <input type="checkbox"/> Commercial booster pump <input type="checkbox"/> Addition of a new motor load installation of multi-purpose fire sprinkler systems <input type="checkbox"/> Wastewater pretreatment system			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Sink/basin/lavatory	1	\$20.31	\$20.31
Tub/shower/shower pan	2	\$20.31	\$40.62
Minimum Fees			
Balance of permit fees			\$35.71
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00290

Approval Code: 610171 9/10/2018 2:17 pm

E-mailed To: plumbing@prodrainpdx.com

B2018-4190

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 11980 SW FINCH ST	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S132CD02500	
DESCRIPTION OF WORK	
repipe interior waters and replace service line	
APPLICANT	
Name: Greg Fort	
Phone: 5035330430	Fax:
Email:	
CONTRACTOR	
Plumb lic. no.: 26-776PB	CCB lic. no.: 108504
Business Name: PRO DRAIN & ROOTER SERVICE INC	
Contact:	
Address: 10200 SW ALLEN BLVD #H	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5035330430	Fax:
Email: plumbing@prodrainpdx.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Internal Mainline Piping			
1 & 2 family dwelling re-pipe	1	\$144.95	\$144.95
Site Utilities			
Water Service - first 100 feet	1	\$52.99	\$52.99
Plumbing Permit Fees			
Subtotal			\$197.94
State surcharge (12% of permit total)			\$23.75
TOTAL PERMIT FEE			\$221.69

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Commercial Plumbing Authorization To Begin Work

05350-BPB-18-00287

Approval Code: 09732J 9/7/2018 7:06 pm

E-mailed To: shelly@excellenceplumbing.com

B 2018-4183

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8410 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: 100	
Project Name: Falafel Express	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AD00200	
DESCRIPTION OF WORK	
Install 3-compartment sink and 2 hand sinks	
APPLICANT	
Name: Shelly Eugenio	
Phone: 503-643-3459	Fax: 503-643-2815
Email:	
CONTRACTOR	
Plumb lic. no.: PB344	CCB lic. no.: 175768
Business Name: EXCELLENCE PLUMBING LLC	
Contact:	
Address: 7520 SW 140TH AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Phone: 5036433459	Fax: 5036432815
Email: shelly@excellenceplumbing.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Sink/basin/lavatory	3	\$20.31	\$60.93
Minimum Fees			
Balance of permit fees			\$35.71
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



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

OFFICE USE ONLY	
Date Received:	Permit No. 52018-4189
Date Issued: 9/10/2018	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: 4750 SW Washington Ave	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace San Sewer From Bldg to Property Line	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: The Excavators LLC	
Address: 21975 SW Puffin Rd	
City/State/ZIP: Beaverton OR 97078	
Phone: 503-869-0910	Fax: 503-649-5354
E-mail: helpmysewer@yahoo.com	
CCB lic.: 152333	Plumbing lic.: PB403
City or metro lic. no.: 9941	

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1-2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (_____ 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.: 100)		*	
Storm sewer (no. linear ft.: _____)		*	
Water service (no. linear ft.: _____)		*	
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: \$ _____)		*	
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
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			108.24

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

* See Fee Schedule

Authorized signature: [Signature]	Print name: Eric LaRue	Date: 9-10-18
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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: 09/10/2018	Permit No. B2018-4160
Date Issued: 09/10/2018	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: 9555 SW BARNES RD	
City/State/ZIP: PORTLAND, OR 97225	
Suite/bldg./apt. no.: 255	Project name: 18-950
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TENANT IMPROVEMENT, AIM PHASE 2, PETERKORT 1	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: POWER PLUMBING CO.	
Contact name: CHARLIE HALL	
Address: P.O. BOX 19418	
City/State/ZIP: PORTLAND, OR 97280-9418	
Phone: (503) 244-1900	Fax: (503) 244-8825
E-mail: SERVICE@POWERPLUMBINGCO.COM	
CONTRACTOR	
Business name: POWER PLUMBING CO	
Address: 6611 SW MULTNOMAH BLVD	
City/State/ZIP: PORTLAND, OR 97223	
Phone: (503) 244-1900	Fax: (503) 244-8825
E-mail: SEE ABOVE	Plumbing, lic.: 34-150PB
CCB lic.: 52378	City or metro lic. no.: 1462

FEE SCHEDULE			
For special information, use check/ist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (<u>0</u> sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: <u>0</u>)		*	
Storm sewer (no. linear ft.: <u>0</u>)		*	
Water service (no. linear ft.: <u>0</u>)		*	
Fixture or item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve		20.31	
Clothes washer		20.31	
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap	3	20.31	60.93
Floor drain/floor sink/hub/ primer		20.31	
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker		20.31	
Interceptor/grease trap		20.31	
Medical gas (value: \$ <u>0</u>)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	3	20.31	60.93
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			90.64
<input type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			102.24 136.48

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

* See Fee Schedule

136.48

Authorized signature: <i>Kristie Bramwell</i>	Date: 09/04/18
Print name: KRISTIE BRAMWELL	



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

OFFICE USE ONLY	
Date Received: 9/10/2018	Permit No. 132018-4177
Date Issued:	<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: 5130 SW DOVER LN.	
City/State/ZIP: PORTLAND, OR 97225	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: DOVER ST.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMODELING 2 BATHROOMS	
<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: PRESTO PLUMBING, LLC	
Contact name: JASON SMALLWOOD	
Address: P.O. BOX 4217	
City/State/ZIP: WILSONVILLE, OR 97070	
Phone: 503-201-2452	Fax: 503-638-9160
E-mail: PRESTOPLUMBING@FRONTIER.COM	
CONTRACTOR	
Business name: SANK AS ABAR	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	Plumbing. lic.: PB130
CCB lic.: 170426	City or metro lic. no.: 9321

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (_____ 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.: _____)		*	
Storm sewer (no. linear ft.: _____)		*	
Water service (no. linear ft.: _____)		*	
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: \$ _____)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	2	20.31	
Tub/shower/shower pan	2	20.31	
Urinal		20.31	
Water closet	2	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
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			136.48

Authorized signature: *[Signature]*
 Print name: JASON SMALLWOOD Date: 9-10-18

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

* See Fee Schedule



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00286

Approval Code: 05445G 9/7/2018 10:55 am

E-mailed To: office@apollodrain.com

B2018-4166

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6575 SW DALE AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121AD01700	
DESCRIPTION OF WORK	
SAWCUT AND REMOVE 12x4 SQ OF ASPHALT IN THE STREET, SAW CUT AND REMOVE HALF OF CONCRETE APPROACH/REPLACE CONCRETE APPROACH. REPAIR 20FT BELLY IN SEWER LINE, 10FT DEEP W/ NEW 4INCH 3034 OVC AND MAKE ALL REQUIRED CONNECTIONS.	
APPLICANT	
Name: MARQUITA MARTIN	
Phone: 5032398801	Fax: 5039699568
Email:	
CONTRACTOR	
Plumb lic. no.: 26-533PB	CCB lic. no.: 49418
Business Name: APOLLO DRAIN & ROOTER SERVICE INC	
Contact:	
Address: 853 NE HARLOW RD	
City/State/ZIP: TROUTDALE, OR 97060	
Phone: 5032398801	Fax: 5039699568
Email: darlene@apollodrain.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Chemical drainage waste and vent systems	<input type="checkbox"/> Multi-purpose Fire sprinkler system
<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Sewer			
Sanitary sewer - first 100 feet	1	\$52.99	\$52.99
Minimum Fees			
Balance of permit fees			\$43.65
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



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: <u>9/7/2018</u>	Permit No.: <u>B2018-4151</u>
Date Issued:	<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 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>5775 SE 152nd Ave</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>SW Village Lane</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Sewer Repair Via Trench</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Elizabeth & Scott Saxton</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Alpha Environmental Services Inc</u>	
Contact name: <u>Jocelyn Johnson</u>	
Address: <u>11080 SW Allen Blvd Ste 100</u>	
City/State/ZIP: <u>Beaverton OR 97005</u>	
Phone: <u>(503) 928-7117</u>	Fax:
E-mail: <u>jjohnson@alphaenvironmental.net</u>	
CONTRACTOR	
Business name: <u>Alpha Environmental Services Inc</u>	
Address: <u>11080 SW Allen Blvd Ste 100</u>	
City/State/ZIP: <u>Beaverton OR 97005</u>	
Phone: <u>(503) 319-3546</u>	Fax:
E-mail: <u>jgraham@alphaenvironment</u>	Plumbing. lic.: <u>PB1612</u>
CCB lic.: <u>152125</u>	City or metro lic. no.:

Authorized signature: [Signature]
 Print name: Jocelyn Johnson Date: 09/06/18

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (Includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (<u>0</u> sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: <u>20</u>)		*	52.99
Storm sewer (no. linear ft.: <u>0</u>)		*	
Water service (no. linear ft.: <u>0</u>)		*	
Fixture or item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve		20.31	
Clothes washer		20.31	
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer		20.31	
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker		20.31	
Interceptor/grease trap		20.31	
Medical gas (value: \$ <u>0</u>)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory		20.31	
Tub/shower/shower pan		20.31	
Urinal		20.31	
Water closet		20.31	
Water heater/expansion tank		20.31	
Water meter pvt		20.31	
1&2 family dwelling re-pipe		144.95	
Multi-family/commercial re-pipe (first 20 fixtures)		144.95	
Multi-family/commercial re-pipe ea. fixture over 20		9.67	
Other:		20.31	
Subtotal			
Minimum permit fee			96.64
<input type="checkbox"/> Check for Plan Review Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			\$108.24

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

* See Fee Schedule



City Of Beaverton
 12725 SW Millkan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00284

Approval Code: 718771 9/5/2018 1:20 pm

E-mailed To: judah@theplumbersinc.net

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16101 SW BLUE GOOSE LN	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: AKB - Parker	
Cross Street/directions to job site:	
Tax map/parcel no.: 2S105BC07200	
DESCRIPTION OF WORK	
Ice maker line and kitchen sink.	
APPLICANT	
Name: Judah Hammes	
Phone: 503-519-6644	Fax: 503-684-1202
Email:	
CONTRACTOR	
Plumb lic. no.: PB447	CCB lic. no.: 177214
Business Name: THE PLUMBERS INC	
Contact:	
Address: 90 NW 150TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: 5035196644	Fax: 5036841202
Email: judah@theplumbersinc.net	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Ice maker	1	\$20.31	\$20.31
Sink/basin/lavatory	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$56.02
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00283

Approval Code: 32401J 9/4/2018 9:11 pm

E-mailed To: jess@advancedplumbing.net

B 2018-2146

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6950 SW 161ST PL	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S120BC01000	
DESCRIPTION OF WORK	
water service	
APPLICANT	
Name: chuck Mcallister	
Phone: 5032414945	Fax: 3605714188
Email:	
CONTRACTOR	
Plumb lic. no.: PB470	CCB lic. no.: 178586
Business Name: ADVANCED PLUMBING LLC	
Contact:	
Address: PO BOX 65022	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: 5032414945	Fax: 3605714188
Email: jess@advancedplumbing.net	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Site Utilities			
Water Service - first 100 feet	1	\$52.99	\$52.99
Minimum Fees			
Balance of permit fees			\$43.65
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local Jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00282

Approval Code: 045919 9/4/2018 6:02 pm

E-mailed To: JDENNIS@ARS.COM

B2018.4115

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10265 SW 155TH AVE	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: KEMP	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S132AB08000	
DESCRIPTION OF WORK	
APPROX 75 FT EXTERIOR WATER SERVICE REPLACEMENT ON PROPERTY RON KEMP	
APPLICANT	
Name: JOYCE DENNIS	
Phone: 5038503100	Fax: 9012719706
Email:	
CONTRACTOR	
Plumb lic. no.: 34-168PB	CCB lic. no.: 127325
Business Name: AMERICAN RESIDENTIAL SERVICES LLC	
Contact:	
Address: 965 RIDGE LAKE BLVD SUITE 201	
City/State/ZIP: MEMPHIS, TN 38120	
Phone: 9012719700	Fax: 9012719706
Email: mfrederick@ars.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility <input type="checkbox"/> Vacuum drainage waste and vent system <input type="checkbox"/> Commercial booster pump <input type="checkbox"/> Addition of a new motor load <input type="checkbox"/> Installation of multi-purpose fire sprinkler systems <input type="checkbox"/> Wastewater pretreatment system			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Site Utilities			
Water Service - first 100 feet	1	\$52.99	\$52.99
Minimum Fees			
Balance of permit fees			\$43.65
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00285

Approval Code: 01667B 9/5/2018 3:00 pm

E-mailed To: happysplumbing@gmail.com

B2018.4124

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6625 SW PEACH LN	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121BD03607	
DESCRIPTION OF WORK	
Install new water piping inside home	
APPLICANT	
Name: Jack Corman	
Phone: 5037886947	Fax: 5037886949
Email:	
CONTRACTOR	
Plumb lic. no.: 3-488PB	CCB lic. no.: 154339
Business Name: HAPPYS PLUMBING INC	
Contact:	
Address: 418 SE 89TH AVE	
City/State/ZIP: PORTLAND, OR 97216	
Phone: 5037886947	Fax: 5037886949
Email: leslep12345@hotmail.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Chemical drainage waste and vent systems	<input type="checkbox"/> Multi-purpose Fire sprinkler system
<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Internal Mainline Piping			
1 & 2 family dwelling re-pipe	1	\$144.95	\$144.95
Plumbing Permit Fees			
Subtotal			\$144.95
State surcharge (12% of permit total)			\$17.39
TOTAL PERMIT FEE			\$162.34

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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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

OFFICE USE ONLY	
Date Received:	Permit No. 152018-4108
Date Issued: 9/5/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5920 SW Spruce Ave.	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: EIM / Chestnut Lane	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ashton Homes	
Address: P.O. Box 1496	
City/State/ZIP: Lake Oswego OR 97035	
Phone: 503-781-5139	Fax:
E-mail: brian.ashtonhomes@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: John Darby Landscape Inc.	
Contact name: John	
Address: P.O. Box 231117	
City/State/ZIP: Portland OR 97281	
Phone: 503-579-5298	Fax: 503-524-6613
E-mail: johndarbyland1@aol.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	Plumbing. lic.:
CCB lic.: 7110	City or metro lic. no.: 5793

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (_____ 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.: _____)		*	
Storm sewer (no. linear ft.: _____)		*	
Water service (no. linear ft.: _____)		*	
Fixture or item			
Absorption valve (water hammer)		20.31	
Backflow preventer	1	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: \$ _____)		*	
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
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			108.24

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

* See Fee Schedule

Authorized signature: [Signature]	Date: 9-5-18
Print name: John Darby	

LCB



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:	9/10/2018	Permit No. 152018-4094
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: 16465 SW Marcile Lane	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Stephens
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of a ground water sump pump.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Corey Stephens	
Address: 16465 SW Marcile Lane	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 302-3657	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Johns Waterproofing Co	
Contact name: Kayla	
Address: PO BOX 1350	
City/State/ZIP: Silverton OR 97381	
Phone: (503) 873-5650	Fax: (503) 873-3234
E-mail: Kayla@johnswaterproofing.com	
CONTRACTOR	
Business name: Kennedy Plumbing	
Address: 13985 SW Farmington Rd	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 643-5535	Fax: (503) 873-3234
E-mail: Kayla@Johnswaterproofing.	Plumbing. lic.: 34-42PB
CCB lic.: 10967	City or metro lic. no.: 3528

Authorized: Joel Dirickson
 signature: Joel Dirickson (Aug 31, 2018)

Print name:	Date:
-------------	-------

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Es.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (0 sq ft.)			
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: 0)			
Storm sewer (no. linear ft.: 15)			62.99
Water service (no. linear ft.: 0)			
Fixture or Item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.88	
Backwater valve		20.31	
Clothes washer		20.31	
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/pump	1	20.31	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 prv		20.31	
1/2 family swelling re-pipe		144.95	
Multi-family/commercial re-pipe (first 20 fixtures)		144.95	
Multi-family/commercial re-pipe ea. fixture over 20		9.67	
Other:		20.31	
Subtotal			
Minimum permit fee			96.64
<input type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			\$108.24

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

* See Fee Schedule



Plumbing Permit Application

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

Date Received: 8/31/2018	Permit No.: B2018-0762
Date Issued: 9/5/2018	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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 buidler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2350 SW Cedar Hills Boulevard	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: William Walker
Cross street/directions to job site:	Elem.
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Plumbing	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Hydro Temp Mechanical Inc	
Address: 28465 SW Boberg Road	
City/State/ZIP: Wilsonville/OR/97070	
Phone: 503-582-8525	Fax: (503) 582-1914
E-mail: WarrenM@HydroTempMech.com	Plumbing, llc.: 26-357pb
CCB llc.: 603907	City or metro llc. no.: 2890
Authorized signature: [Signature]	
Print name: Warren Mead	Date: 07/06/18

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (Includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (0 sq ft.)			
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: 0)			
Storm sewer (no. linear ft.: 0)			
Water service (no. linear ft.: 0)			
Fixture or Item			
Absorption valve (water hammer)	50	20.31	1,015.50
Backflow preventer	4	43.68	174.72
Backwater valve		20.31	
Clothes washer	1	20.31	20.31
Dishwasher	1	20.31	20.31
Drinking fountain	3	20.31	60.93
Ejectors/sump	1	20.31	20.31
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer	55	20.31	1,117.05
Garbage disposal	1	20.31	20.31
Hose bib	25	20.31	507.75
Ice maker	1	20.31	20.31
Interceptor/grease trap	2	20.31	40.62
Medical gas (value: \$ 0)			
Roof drain (commercial)	24	20.31	487.44
Sink/basin/tavatory	93	20.31	1,888.83
Tub/shower/shower pan		20.31	
Urinal	8	20.31	162.48
Water closet	45	20.31	913.95
Water heater/expansion tank	4	20.31	81.24
Water meter pvt	1	20.31	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: Emer. Eye Wash	3	20.31	60.93
Subtotal			6,633.30
Minimum permit fee			
<input checked="" type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		1,658.33
	State surcharge (12% of permit fee)		796.00
TOTAL PERMIT FEE			\$9,087.62

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

* See Fee Schedule



Plumbing Permit Application

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2550

Fax: (503) 526-2222

Website: BeavertonOregon.gov

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

Date Received: 8-20-18	Permit No.: B2018-3879
Date Issued: 9-20-18	By: <i>TK</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: 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:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
commercial plumbing in TI for new Wellhaven Pet Health Clinic	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Wellhaven Pet Health	
Address: 700 Washington Street, Suite 401	
City/State/ZIP: Vancouver, WA 98666	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Stewart Plumbing Inc.	
Contact name: Dane Hersey	
Address: PO Box 7	
City/State/ZIP: Brush Prairie, WA 98606	
Phone: (360) 892-5215	Fax: (360) 892-5311
E-mail: dane@stewartci.com	
CONTRACTOR	
Business name: Stewart Plumbing Inc.	
Address: PO Box 7	
City/State/ZIP: Brush Prairie, WA 98606	
Phone: (360) 892-5215	Fax: (360) 892-5311
E-mail: dane@stewartci.com	
Plumbing. lic.: 37564PB	City or metro lic. no.: 9114
CCB lic.: 164962	

Authorized signature: *Dane Hersey*

Print name: Dane Hersey	Date: 8/20/18
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FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (0 sq ft.)			
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: 0)			
Storm sewer (no. linear ft.: 0)			
Water service (no. linear ft.: 0)			
Fixture or Item			
Absorption valve (water hammer)		20.31	
Backflow preventer	1	43.68	
Backwater valve		20.31	
Clothes washer	1	20.31	20.31
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer	3	20.31	60.93
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker	1	20.31	20.31
Interceptor/grease trap		20.31	
Medical gas (value: \$ 0)			
Roof drain (commercial)		20.31	
Sink/basin/lavatory	9	20.31	182.79
Tub/shower/shower pan		20.31	
Urinal		20.31	
Water closet	2	20.31	40.62
Water heater/expansion tank	1	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			\$388.95
Minimum permit fee			96.64
<input checked="" type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		\$97.24
State surcharge (12% of permit fee)			\$46.67
TOTAL PERMIT FEE			\$532.86

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

* See Fee Schedule



SITE
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: <u>11/21/2017</u>	Permit No.: <u>B2017-5095</u>
Date Issued: <u>9-20-18</u>	By: <u>JK</u>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>10657 SW Beaverton Hillsdale Hwy</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>NE corner of SW Beaverton Hillsdale Hwy and SW 107th Ave</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1S114BC01900</u>	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Steve Schwartz</u>	
Address: <u>15635 Alton Pkwy, Suite 350</u>	
City/State/ZIP: <u>Irvine, CA 92618</u>	
Phone: <u>(303) 519-7206</u>	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>DOWL</u>	
Contact name: <u>Mike Towle</u>	
Address: <u>720 SW Washington Street, Suite 720</u>	
City/State/ZIP: <u>Portland, OR 97205</u>	
Phone: <u>(971) 280-8641</u>	Fax:
E-mail: <u>mtowle@dowl.com</u>	
CONTRACTOR	
Business name: <u>TBD 3 KING ENVIRONMENTAL</u>	
Address: <u>PO Box 280</u>	
City/State/ZIP: <u>BATTLE GROUND WA</u>	
Phone:	Fax:
E-mail:	Plumbing. lic.: <u>PP1730</u>
CCB lic.: <u>126423</u>	City or metro lic. no.:

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (<u>0</u> sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole	13	20.31	264.03
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector	2	20.31	40.62
Sanitary sewer (no. linear ft.: <u>447</u>)		*	227.71
Storm sewer (no. linear ft.: <u>1,028</u>)		*	291.49
Water service (no. linear ft.: <u>745</u>)		*	351.75
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	1	20.31	20.31
Medical gas (value: \$ <u>0</u>)		*	
Roof drain (commercial)	2	20.31	40.62
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	1	20.31	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			1,256.84
Minimum permit fee			
<input checked="" type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		314.21
	State surcharge (12% of permit fee)		150.82
TOTAL PERMIT FEE			\$1,721.87

Authorized signature: [Signature]

Print name: Dennis Annett Date: 9-20-18

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

* See Fee Schedule

due 1,486.59



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Commercial Plumbing Authorization To Begin Work

05350-BPB-18-00306

Approval Code: 519115 9/19/2018 1:51 pm

E-mailed To: smiller@pmc-g.com

B2018-4331

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 5051 SW WESTERN AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Keystone-Pacific Beaverton Roof	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S114CB00200	
DESCRIPTION OF WORK	
Rain Drains	
APPLICANT	
Name: Matt Johnson	
Phone: 5037932170	Fax:
Email:	
CONTRACTOR	
Plumb lic. no.: 3-425PB	CCB lic. no.: 151807
Business Name: PORTLAND MECHANICAL CONSTRUCTION INC	
Contact:	
Address: 2000 SE HANNA HARVESTER DR	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: 5036567400	Fax: 5036566374
Email: smiller@pmc-g.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Chemical drainage waste and vent systems	<input type="checkbox"/> Multi-purpose Fire sprinkler system
<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Fixture cap	1	\$20.31	\$20.31
Site Utilities			
Rain drain	15	\$20.31	\$304.65
Plumbing Permit Fees			
Subtotal			\$324.96
State surcharge (12% of permit total)			\$39.00
TOTAL PERMIT FEE			\$363.96

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00305

Approval Code: 05979G 9/19/2018 1:05 pm

E-mailed To: carley@ramjackor.com

B2018-4330

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 11255 SW CHICKADEE TER	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: 11255 Chickadee Terr	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S132CA06200	
DESCRIPTION OF WORK	
Needing to repair drainage pipe	
APPLICANT	
Name: Carley Weise	
Phone: 5416004779	Fax:
Email:	
CONTRACTOR	
Plumb lic. no.: PB1269	CCB lic. no.: 146906
Business Name: KEM LLC	
Contact:	
Address: PO BOX 11701	
City/State/ZIP: EUGENE, OR 97440	
Phone: 541-688-7177	Fax: 541-688-4991
Email: INFO@RAMJACKOR.COM	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Chemical drainage waste and vent systems	<input type="checkbox"/> Multi-purpose Fire sprinkler system
<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Site Utilities			
Rain drain	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$76.33
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local Jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Commercial Plumbing Authorization To Begin Work

05350-BPB-18-00304

Approval Code: 08170D 9/19/2018 10:26 am

E-mailed To: service@powerplumbingco.com

B2018-4327

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10750 SW DENNEY RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 18-843	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DA00300	
DESCRIPTION OF WORK	
BUILDING 2 - 5' WATER SERVICE, 5' SANITARY SEWER	
APPLICANT	
Name: Michael Davis	
Phone: 5032441900	Fax: 5032448825
Email:	
CONTRACTOR	
Plumb lic. no.: 34-150PB	CCB lic. no.: 52378
Business Name: POWER PLUMBING CO	
Contact:	
Address: PO BOX 19418	
City/State/ZIP: PORTLAND, OR 972810418	
Phone: 0002441900	Fax: 5032448825
Email: laurad@powerplumbingco.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Chemical drainage waste and vent systems	<input type="checkbox"/> Multi-purpose Fire sprinkler system
<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Sewer			
Sanitary sewer - first 100 feet	1	\$52.99	\$52.99
Site Utilities			
Water Service - first 100 feet	1	\$52.99	\$52.99
Plumbing Permit Fees			
Subtotal			\$105.98
State surcharge (12% of permit total)			\$12.72
TOTAL PERMIT FEE			\$118.70

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Commercial Plumbing Authorization To Begin Work

B2018-4326

05350-BPB-18-00303

Approval Code: 03250D 9/19/2018 10:21 am

E-mailed To: service@powerplumbingco.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10750 SW DENNEY RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 18-843	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DA00300	
DESCRIPTION OF WORK	
BUILDING 1B - 5" SANITARY SEWER	
APPLICANT	
Name: Michael Davis	
Phone: 5032441900	Fax: 5032448825
Email:	
CONTRACTOR	
Plumb lic. no.: 34-150PB	CCB lic. no.: 52378
Business Name: POWER PLUMBING CO	
Contact:	
Address: PO BOX 19418	
City/State/ZIP: PORTLAND, OR 972810418	
Phone: 0002441900	Fax: 5032448825
Email: laurad@powerplumbingco.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Reclaimed wastewater	<input type="checkbox"/> Chemical drainage waste and vent systems
<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Multi-purpose Fire sprinkler system	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer
<input type="checkbox"/> Addition of a new motor load	<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems		
<input type="checkbox"/> Wastewater pretreatment system			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Sewer			
Sanitary sewer - first 100 feet	1	\$52.99	\$52.99
Minimum Fees			
Balance of permit fees			\$43.65
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Commercial Plumbing Authorization To Begin Work

05350-BPB-18-00302

Approval Code: 06022D 9/19/2018 10:12 am

E-mailed To: service@powerplumbingco.com

B2018-4325

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10750 SW DENNEY RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 18-843	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DA00300	
DESCRIPTION OF WORK	
BUILDING 5 - 5' WATER SERVICE, 1 BACKFLOW	
APPLICANT	
Name: Michael Davis	
Phone: 5032441900	Fax: 5032448825
Email:	
CONTRACTOR	
Plumb lic. no.: 34-150PB	CCB lic. no.: 52378
Business Name: POWER PLUMBING CO	
Contact:	
Address: PO BOX 19418	
City/State/ZIP: PORTLAND, OR 972810418	
Phone: 0002441900	Fax: 5032448825
Email: laurad@powerplumbingco.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility <input type="checkbox"/> Vacuum drainage waste and vent system <input type="checkbox"/> Commercial booster pump <input type="checkbox"/> Addition of a new motor load <input type="checkbox"/> Installation of multi-purpose fire sprinkler systems <input type="checkbox"/> Wastewater pretreatment system			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Backflow preventer	1	\$43.68	\$43.68
Site Utilities			
Water Service - first 100 feet	1	\$52.99	\$52.99
Plumbing Permit Fees			
Subtotal			\$96.67
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.27

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

32018-4324

Commercial Plumbing Authorization To Begin Work

05350-BPB-18-00301

Approval Code: 06255D 9/19/2018 10:05 am

E-mailed To: service@powerplumbingco.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10750 SW DENNEY RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 18-843	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DA00300	
DESCRIPTION OF WORK	
BUILDING 3 - 5' WATER SERVICE AND 1 BACKFLOW	
APPLICANT	
Name: Michael Davis	
Phone: 5032441900	Fax: 5032448825
Email:	
CONTRACTOR	
Plumb lic. no.: 34-150PB	CCB lic. no.: 52378
Business Name: POWER PLUMBING CO	
Contact:	
Address: PO BOX 19418	
City/State/ZIP: PORTLAND, OR 972810418	
Phone: 0002441900	Fax: 5032448825
Email: laurad@powerplumbingco.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Reclaimed wastewater	<input type="checkbox"/> Chemical drainage waste and vent systems
<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load	<input type="checkbox"/> Multi-purpose Fire sprinkler system	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Backflow preventer	1	\$43.68	\$43.68
Site Utilities			
Water Service - first 100 feet	1	\$52.99	\$52.99
Plumbing Permit Fees			
Subtotal			\$96.67
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.27

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



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

OFFICE USE ONLY	
Date Received: 9-18-18	Permit No.: B2018-4302
Date Issued: 9-18-18	By: JKL
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: 5270 SW Birch Ave.	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Smart
Cross street/directions to job site: Woodlands Dr.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition Mstr Bed + Bath	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Scott + Donna Smoot	
Address: 5270 SW Birch Ave.	
City/State/ZIP: Beaverton OR 97005	
Phone: 971-645-6201	Fax:
E-mail: Scott.Smoot@umpqua.bank.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SKS Const. Co.	
Contact name: Steward	
Address: P O Box 2951	
City/State/ZIP: Oregon City 97045	
Phone: 971-645-6201	Fax: N/A
E-mail: steward170@gmail.com	
CONTRACTOR	
Business name: Lucas Contracting	
Address: P O Box 332	
City/State/ZIP: Oregon City 97045	
Phone: 503-993-2744	Fax: N/A
E-mail: LucasContractingLLC@gmail.com	Plumbing lic.: 1567
CCB lic.: 204650	City or metro lic. no.: 11971

Authorized signature: Justin Lucas
 Print name: Justin Lucas Date: 9/18/18

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		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (_____ sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain	1	20.31	
Manufactured home utilities		20.31	
Rain drain connector	2	20.31	
Sanitary sewer (no. linear ft.: _____)		*	
Storm sewer (no. linear ft.: _____)		*	
Water service (no. linear ft.: _____)		*	
Fixture or item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve	1	20.31	
Clothes washer	1	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: \$ _____)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	2	20.31	
Tub/shower/shower pan	2	20.31	
Urinal		20.31	
Water closet	1	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
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			1522.47

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

* See Fee Schedule



Plumbing Permit Application

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

Date Received: 08/02/2018	Permit No.: 2018-3508
Date Issued: 9-18-18	By: <i>[Signature]</i>
Payment Type: Visa	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17223 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Kite Lane	
Subdivision: South Cooper Mtn	Lot no.: 112
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Wolcott Plumbing	
Address: 1075 W. Historic Columbia River Hwy	
City/State/ZIP: Trousdale, Or. 97060	
Phone: (503) 667-1781	Fax: (503) 667-9981
E-mail:	Plumbing. lic.: 26-824pb
CCB lic.: 112220	City or metro lic. no.:

Authorized signature: *[Signature]*

Print name: Mark Baleme	Date: 07/20/18
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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	1	506.67	506.67
Each additional bath/kitchen		46.81	
Fire sprinkler (<u>0</u> sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: <u>0</u>)		*	
Storm sewer (no. linear ft.: <u>0</u>)		*	
Water service (no. linear ft.: <u>0</u>)		*	
Fixture or Item			
Absorption valve (water hammer)		20.31	
Backflow preventer	1	43.68	43.68
Backwater valve		20.31	
Clothes washer	<input checked="" type="checkbox"/>	20.31	20.31
Dishwasher	<input checked="" type="checkbox"/>	20.31	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	<input checked="" type="checkbox"/>	20.31	20.31
Hose bib	<input checked="" type="checkbox"/>	20.31	40.62
Ice maker	<input checked="" type="checkbox"/>	20.31	20.31
Interceptor/grease trap		20.31	
Medical gas (value: \$ <u>0</u>)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	<input checked="" type="checkbox"/>	20.31	81.24
Tub/shower/shower pan	<input checked="" type="checkbox"/>	20.31	60.93
Urinal		20.31	
Water closet	<input checked="" type="checkbox"/>	20.31	60.93
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 checked="" type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		11.60
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			166.39

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

* See Fee Schedule



Plumbing Permit Application

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

Date Received: 08/02/2018	Permit No.: B2018-3509
Date Issued: 9-17-18	By: JUL
Payment Type: visa	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17276 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Corner of SW Kite Ln and SW Barrows Rd	
Subdivision: South Cooper Mtn	Lot no.: 111
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Wolcott Plumbing	
Address: 1075 W. Historic Columbia River Hwy	
City/State/ZIP: Troutdale, Or. 97060	
Phone: (503) 667-1781	Fax: (503) 667-9981
E-mail:	Plumbing lic.: 26-824pb
CCB lic.: 112220	City or metro lic. no.:

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	1	506.67	506.67
Each additional bath/kitchen		46.81	
Fire sprinkler (0 3,296 sq ft.)		*	219.29
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	1	43.68	43.68
Backwater valve		20.31	
Clothes washer	X	20.31	20.31
Dishwasher	X	20.31	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	X	20.31	20.31
Hose bib	X	20.31	40.62
Ice maker	X	20.31	20.31
Interceptor/grease trap		20.31	
Medical gas (value: \$ 0)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	X	20.31	101.55
Tub/shower/shower pan	X	20.31	60.93
Urinal		20.31	
Water closet	X	20.31	60.93
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			1,114.91
Minimum permit fee			96.64
<input checked="" type="checkbox"/> Check for Plan Review Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			1231.55

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

* See Fee Schedule

Authorized signature:

Print name: **Mark Baleme** Date: **07/20/18**



City Of Beaverton
 12725 SW Milikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00299

Approval Code: 086566 9/17/2018 9:19 am

E-mailed To: SygnetSolutions@gmail.com

32018-4278

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 5550 SW OLESON RD	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: X180330	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S113DA08600	
DESCRIPTION OF WORK	
Install a new Service Lateral from the end of the cast iron as it exits the southeast corner of the house under the upper deck area out to the newly installed Branch Lateral at about the property line.	
APPLICANT	
Name: Kerry Weninger	
Phone: 5036323400	Fax: 5036323400
Email:	
CONTRACTOR	
Plumb lic. no.: PB1826	CCB lic. no.: 213482
Business Name: SYGNET SOLUTIONS LLC	
Contact:	
Address: PO BOX 2508	
City/State/ZIP: GRESHAM, OR 97030	
Phone: 5035163588	Fax:
Email: guybeatty@gmail.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Sewer			
Sanitary sewer - first 100 feet	1	\$52.99	\$52.99
Minimum Fees			
Balance of permit fees			\$43.65
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



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

OFFICE USE ONLY	
Date Received: 9-17-18	Permit No.: B2018-4272
Date Issued: 9-17-18	By: [Signature]
	Payment Type: MIC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4810 SW Western Ave	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Brave And Fortune Recording Studio
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Cap 1 Drain (old sink.)	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Richard Patterson	
Address: 16070 SW Audubon St.	
City/State/ZIP: Unit 101 Beaverton OR 97005	
Phone: 503 734 7385	Fax:
E-mail: Richard@BraveandFortune.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: Seabold Const	
Address: 9965 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-626-8060	Fax:
E-mail:	Plumbing lic.:
CCB lic.: 48023	City or metro lic. no.:
Authorized signature: [Signature]	
Print name: Nathan Ladouce	Date: 9-17-18.

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (_____ 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.:_____)		*	
Storm sewer (no. linear ft.:_____)		*	
Water service (no. linear ft.:_____)		*	
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	1	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: \$ _____)		*	
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: CAP 1 DRAIN (OLD SINK)		20.31	
Subtotal			
Minimum permit fee			96.64
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			408.24

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

* See Fee Schedule



Plumbing Permit Application

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

OFFICE USE ONLY	
Date Received: 9-17-18	Permit No.: B2018-42000
Date Issued: 9-17-18	By: JHC
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: 7435 SW Trillium Ct.	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD Shower, Lav, + W.C.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mel + Karen Oster	
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: Kellan Bybee Plumbing	
Address: 178 NE 30th Ave.	
City/State/ZIP: Hillsboro, OR 97124	
Phone: 503-693-7348	Fax:
E-mail: Kellanb1@gmail.com	Plumbing lic.: 34-310 PB
CCB lic.: 121167	City or metro lic. no.: 8244
Authorized signature: Kelly Bybee	Date: 9/17/18
Print name: Kelly Bybee	

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (_____ 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.: _____)		*	
Storm sewer (no. linear ft.: _____)		*	
Water service (no. linear ft.: _____)		*	
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: \$ _____)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	1	20.31	
Tub/shower/shower pan	1	20.31	
Urinal		20.31	
Water closet	1	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
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			\$105.24

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

* See Fee Schedule



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00298

Approval Code: 05458G 9/14/2018 3:28 pm

E-mailed To: earthbornlandcare@gmail.com

B2018-4243

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16071 SW WAXWING WAY	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S132BD01800	
DESCRIPTION OF WORK	
Install irrigation system	
APPLICANT	
Name: Daniel Dorosh	
Phone: 5037572164	Fax:
Email:	
CONTRACTOR	
Plumb lic. no.: 9435	CCB lic. no.:
Business Name: EARTHORN LANDCARE LLC	
Contact: EARTHORN LANDCARE LLC	
Address: PO BOX 722	
City/State/ZIP: CLACKAMAS, OR 97015	
Phone: 5037572164	Fax:
Email: EARTHORNLANDCARE@YAHOO.COM	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility <input type="checkbox"/> Vacuum drainage waste and vent system <input type="checkbox"/> Commercial booster pump <input type="checkbox"/> Addition of a new motor load <input type="checkbox"/> Installation of multi-purpose fire sprinkler systems <input type="checkbox"/> Wastewater pretreatment system			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Backwater valve	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$76.33
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Commercial Plumbing Authorization To Begin Work

05350-BPB-18-00297

Approval Code: 304685 9/14/2018 3:04 pm

E-mailed To: judah@theplumbersinc.net

B 2018-4265

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16325 SW BARROWS RD	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.: 100	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 2S105BC07700	
DESCRIPTION OF WORK	
relocate vent per inspector's request	
APPLICANT	
Name: Judah Hamnes	
Phone: 503-519-6644	Fax: 503-684-1202
Email:	
CONTRACTOR	
Plumb lic. no.: PB447	CCB lic. no.: 177214
Business Name: THE PLUMBERS INC	
Contact:	
Address: 90 NW 150TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: 5035196644	Fax: 5036841202
Email: judah@theplumbersinc.net	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility <input type="checkbox"/> Vacuum drainage waste and vent system <input type="checkbox"/> Commercial booster pump <input type="checkbox"/> Addition of a new motor load <input type="checkbox"/> Installation of multi-purpose fire sprinkler systems <input type="checkbox"/> Wastewater pretreatment system			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Sink/basin/lavatory	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$76.33
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00296

Approval Code: 32311J 9/13/2018 9:01 pm

E-mailed To: jess@advancedplumbing.net

B2018-4257

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4864 SW WEMBLEY PL	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116BC01421	
DESCRIPTION OF WORK	
Replace water service from meter to crawl space.	
APPLICANT	
Name: chuck McAllister	
Phone: 5032414945	Fax: 3605714188
Email:	
CONTRACTOR	
Plumb lic. no.: PB470	CCB lic. no.: 178586
Business Name: ADVANCED PLUMBING LLC	
Contact:	
Address: PO BOX 65022	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: 5032414945	Fax: 3605714188
Email: jess@advancedplumbing.net	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Reclaimed wastewater <input type="checkbox"/> Chemical drainage waste and vent systems <input type="checkbox"/> Multi-purpose Fire sprinkler system <input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Addition of a new motor load
<input type="checkbox"/> Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Site Utilities			
Water Service - first 100 feet	1	\$52.99	\$52.99
Minimum Fees			
Balance of permit fees			\$43.65
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



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

OFFICE USE ONLY	
Date Received: 9/10/2018	Permit No: 2018-4251
Date Issued: 9/10/2018	EW
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: 2360 SW 83rd ave.	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace 40 feet of existing sewer line	
<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: NW Home services LLC,	
Contact name: John Hernandez	
Address: 13871 S Confield Rd.	
City/State/ZIP: Oregon city OR.	
Phone: 471-409-8077	Fax: 503-722-9779
E-mail: NWHomeService@comcast.net	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	Plumbing lic.: PB 216
CCB lic.: 172358	City or metro lic. no.:

Authorized signature: *Koby Paula*
 Print name: Koby Paula Date: 9-14-18

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (_____ 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.: 40)		*	
Storm sewer (no. linear ft.: _____)		*	
Water service (no. linear ft.: _____)		*	
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: \$ _____)		*	
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
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

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

* See Fee Schedule



Plumbing Permit Application

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

Date Received:	Permit No. B2018-4246
Date Issued: 9/14/2018	<i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 10756 SW Heron Circle	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Welliver storm drain
Cross street/directions to job site: 152nd/Teal Blvd	
Subdivision: Murrayhill	Lot no.: 97
Tax map/parcel no.: 1S132AC09400	
DESCRIPTION OF WORK	
Install FRENCH DRAIN + BACKWATER VALVE (TIE INTO EXISTING STORM DRAIN)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Adam Welliver	
Address: 10756 SW Heron Circle	
City/State/ZIP: Beaverton, OR 97007	
Phone: (801) 509-9341	Fax:
E-mail: awelliver@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Same as Owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Property Owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	Plumbing lic.:
CCB lic.:	City or metro lic. no.:
<i>[Signature]</i> Authorized signature:	Date:
Print name: Adam R Welliver	

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1-2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (<u>0</u> sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: <u>0</u>)		*	
Storm sewer (no. linear ft.: <u>0 40</u>)		*	
Water service (no. linear ft.: <u>0</u>)		*	
Fixture or item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve	1	20.31	20.31
Clothes washer		20.31	
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer		20.31	
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker		20.31	
Interceptor/grease trap		20.31	
Medical gas (value: \$ <u>0</u>)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory		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 checked="" type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			\$108.24

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

* See Fee Schedule



City Of Beaverton
 12725 SW Millikan Way
 Beaverton, OR 97076
 Phone: 503-526-2542
 Email: cunderwood@beavertonoregon.gov

B2018-4231

Residential Plumbing Authorization To Begin Work

05350-BPB-18-00293

Approval Code: 013163 9/13/2018 8:36 am

E-mailed To: allan@accurateplumbingusa.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6160 SW ERICKSON AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: kitchen update	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121AB17600	
DESCRIPTION OF WORK	
New sink, disposer, and dishwasher	
APPLICANT	
Name: Allan Ellerman	
Phone: 360-944-8952	Fax: 360-896-4870
Email:	
CONTRACTOR	
Plumb lic. no.: PB903	CCB lic. no.: 190781
Business Name: ACCURATE PLUMBING & HVAC LLC	
Contact:	
Address: 3021 NE 72ND DR #924	
City/State/ZIP: VANCOUVER, WA 98661	
Phone: 3608948952	Fax: 3608964870
Email: allan@accurateplumbingusa.com	
Metro lic. no.:	City lic. no.:

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Med gas/vacuum system or health care facility	<input type="checkbox"/> Reclaimed wastewater	<input type="checkbox"/> Chemical drainage waste and vent systems	<input type="checkbox"/> Multi-purpose Fire sprinkler system
<input type="checkbox"/> Vacuum drainage waste and vent system	<input type="checkbox"/> Commercial booster pump	<input type="checkbox"/> Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer	
<input type="checkbox"/> Addition of a new motor load Installation of multi-purpose fire sprinkler systems	<input type="checkbox"/> Wastewater pretreatment system		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Fixture or Item			
Dishwasher	1	\$20.31	\$20.31
Garbage disposal	1	\$20.31	\$20.31
Sink/basin/lavatory	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$35.71
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.