Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/28/2018	Permit No.: B2018-4477
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☒ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 8205 SW Creekside Place	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: ARCO IRIS
Cross street/directions to job site: HAU	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Remove ductwork only in preparation of New System

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☐ APPLICANT	☐ CONTACT PERSON
Business name: ARSAE Sheetmetal	
Contact name: William Craig	
Address: 8545 SE McLoughlin Blvd	
City/State/ZIP: Milwaukie OR 97222	
Phone: 503-231-7717	Fax:
E-mail: bill@arsae.com	

CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 60635	

Authorized signature:

Print name: William Craig	Date: 9/28/18

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

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	89.60
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Mechanical Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-4472
Date Issued: 9/28/2018	
	Payment Type:

TYPE OF WORK

☐ New construction ☒ Addition/alteration/replacement
☐ Demolition ☐ Other, Specify:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling ☐ Commercial/industrial ☐ Accessory building
☐ Multi-family ☐ Master builder ☐ Other, Specify:

JOB SITE INFORMATION AND LOCATION

Job site address: 15305 SW Gleneden Dr
City/State/ZIP: Beaverton, OR 97007
Suite/bldg./apt. no.: Project name: Booth - #30546
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.: 1S12DC 04300

DESCRIPTION OF WORK

install dehumidifier in crawlspace

☒ PROPERTY OWNER ☐ TENANT

Name: Cory & Ione Booth
Address: 15305 SW Gleneden Dr
City/State/ZIP: Beaverton, OR 97007
Phone: (503) 780-0685 Fax:
E-mail:

APPLICANT

Business name: TerraFirma Foundation Systems
Contact name: Heather Rogers
Address: 7910 SW Hunziker St.
City/State/ZIP: Tigard, OR 97223
Phone: (541) 492-2435 Fax:
E-mail: hrogers@terrafirmafs.com

CONTRACTOR

Business name: TerraFirma Foundation Systems
Address: 7910 SW Hunziker St.
City/State/ZIP: Tigard, OR 97223
Phone: (541) 492-2435 Fax:
E-mail: hrogers@terrafirmafs.com
CCB lic.: 173547 City or metro lic.:

Authorized signature:

Print name: H. Rogers Date: 9.26.18

COMMERCIAL FEE SCHEDULE – USE CHECKLIST

Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit. *Use Table on Page 2 for value.

*Value: $0.00

RESIDENTIAL EQUIPMENT / SYSTEMS FEES

For special information use checklist.

Description	Qty.	Ea.	Total
Heating/cooling **For Furnace, select>> Select One			
Furnace, incl. ductwork, vent, and liner **			
Air conditioner [1]		46.75	
Heat pump [1]		61.06	
Duct work, alterations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. vent** Select One			
Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent.		46.75	
Other:		23.32	
Other fuel appliances			
Water heater		23.32	
Gas fireplace/insert/stove		33.39	
Gas log/log lighter		23.32	
Pool or spa heater, kiln*		23.32	
Wood/pellet stove/insert		33.39	
Wood fireplace		33.39	
Chimney/liner/flue/vent w/o appliance		33.39	
Oil tanks/gas/diesel generators		23.32	
Other:		23.32	
Environmental exhaust and ventilation			
Range hood/other kitchen equipment		33.39	
Clothes dryer exhaust		33.39	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		23.32	
Attic/crawlspace fans	1	23.32	
Whole house ventilation or Radon mitigation		23.32	
Other:		23.32	

Fuel piping

$14.15 for first four; $4.03 for each additional

Furnace		#/outlets	Total # of fuel piping outlets:
Wall/suspended/unit heater		#/outlets	
Water heater		#/outlets	
Fireplace/log lighter/gas log		#/outlets	0
Range		#/outlets	Total cost for fuel piping outlets:
Barbecue		#/outlets	
Clothes dryer		#/outlets	
Other:		#/outlets	

CALCULATE MECHANICAL PERMIT FEES

Subtotal	
Minimum permit fee	97.63
☐ Check for Plan Review (25% of permit fee)	
State surcharge (12% of permit fee)	11.72
TOTAL PERMIT FEE	$109.35

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

1 - Site plan required for an outdoor unit.

2 - Requires approval from Building Codes Division.

Form B70-1003 REV 4/18

7/20

3425 AL

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 7-20-18	Permit No.: B2018-3189
Date Issued: 9/21/2018	By:
	Payment Type:

Rounded 7/23/18 MX

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16001 SW wren lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 53
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
☑ PROPERTY OWNER	☐ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

Authorized signature: Amanda Loveridge

Print name: Amanda Loveridge	Date: 6/20/18
Amanda Loveridge	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	430,071.55	
Number. of bedrooms:	4	
Number of bathrooms:	3	
Total number of floors:	2	
New dwelling area:	3425	square feet
Garage/carport area:	467	square feet
Covered porch area:	95	square feet
Deck area:		square feet
Other structure area:		square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,681.06
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9/7/2018	Permit No: B2018-41139
Date Issued: 9/28/2018	By:
	Payment Type:

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: 2A	Project name: VIRGINIA GARCIA MEMORIAL HEALTH CENTER
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109AD01200	

DESCRIPTION OF WORK

MOUNT ILLUMINATED SIGN ON TOP OF CANOPY ATTACHED TO THE BUILDING

☐ PROPERTY OWNER	☑ TENANT
Name: VIRGINIA GARCIA MEMORIAL HEALTH CENTER	
Address: 2725 SW CEDAR HILLS BLVD SUITE 2A	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	

☑ APPLICANT	☑ CONTACT PERSON
Business name: SECURITY SIGNS, INC	
Contact name: CYNDI STOCKS	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND, OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	

CONTRACTOR	
Business name: SECURITY SIGNS, INC	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND, OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
CCB lic.: 122809	

Authorized signature: Cyndi Stocks

Print name:	Date:
CYNDI STOCKS	09/05/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $6,440.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	360-72
Amount received	
Date received:	

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-4447
Date Issued: 9/27/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 15220 NW Greenbrier Parkway	
City/State/ZIP: Beaverton Oregon 97006	
Suite/bldg./apt. no.: 340	Project name: Genesis Financial
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Demolition of non structural partitions
Construction of non structural partitions
Installation of Modernfold Partition
Install doors and relights

☐ PROPERTY OWNER	☑ TENANT
Name: Genesis Financial Solutions	
Address: 395 Ghent Road	
City/State/ZIP: Akron Ohio 44333	
Phone: (216) 760-1519	Fax:
E-mail: david.wade@genesis-fs.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Commercial Contractors Inc	
Contact name: Bryan Monroe	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax: (503) 227-6644
E-mail: bryan.monroe@ccigc.com	

CONTRACTOR	
Business name: Commercial Contractors Inc	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax: (503) 227-4440
CCB lic.: 123729	

Authorized signature: B/Monroe

Print name:	Date:
Bryan Monroe	09/27/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation		$80,966
Existing building area:	square feet	169319
New building area:	square feet	5668
Number of stories:		
Type of construction:		III-B (Built under UBC)
Occupancy groups:		
Existing:		B
New:		B

NOTICE

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BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

8/13

RECEIVED
CITY OF BEAVERTON
AUG 13 2018

Building Permit Application

Washington County Phone: 503-846-3470, Fax: 503-846-3993, **Inspection Request: 503-846-3699**
155 N. 1st AV, Suite 350, MS 12, Hillsboro, OR 97124 www.co.washington.or.us

Land Use Approval: _____ **Project #** _____ **Permit #** B2018-3750

Rounded 8/14/18

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
JOB SITE INFORMATION AND LOCATION	
Job site address: 3970 SW 144th AVE	
City/State/ZIP: BEAVERTON OR, 97005	
Suite/bldg./apt. no.:	Project name: PASSADORE PROPERTIES
Cross street/directions to job site: SW TUALATIN VALLEY HWY	
Plan No. 12240	Reissue: No ☐ Yes ☐ Reissue Proj:
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition - Bath	
☐ **PROPERTY OWNER**	☐ **TENANT**
Name:	
Address:	
City/State/ZIP:	
Phone: ( )	Email:
☐ **APPLICANT**	☒ **CONTACT PERSON**
Business name: BUILDERS DESIGN INC.	
Contact name: BRANDON YODER	
Address: 1112 S NE WEIDLER ST.	
City/State/ZIP: PORTLAND OR, 97022	
Phone: (503) 252-3453	Fax: : ( )
Email: BRANDON@BUILDERSDESIGNPDX.COM	
CONTRACTOR	
Business name: PASSADORE PROPERTIES	
Address: 13560 NW SPRINGVILLE RD	
City/State/ZIP: PORTLAND OR, 97229	
Phone: (503) 292-8595	Fax: ( )
CCB lic.: 220496	Email:
ENGINEER	**ARCHITECT**
Engineer:	Architect:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:( )	Phone:( )
Email:	Email:

Authorized signature: Jason Neal

Print name: H Yoder Date: 13 Aug 18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	10,000	
Number. of bedrooms:	1	
Number of bathrooms:	1	
Total number of floors:		
New dwelling area:	square feet	96
Garage/carport area:	square feet	
Covered porch area:	square feet	104
Deck area:	square feet	
Other structure area:	square feet	

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

NOTICE

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

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

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

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

440-4613T (8/06/COM/WEB)

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-27-18	Permit No.: B2018-4468
Date Issued: 9-27-18	By:
	Payment Type: VISA

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 4810 SW WESTERN AVE
City/State/ZIP: BEAVERTON WA.
Suite/bldg./apt. no.: | Project name: BRAKE & FORTUNE
Cross street/directions to job site: BEAVERTON - HILLSDALE
Subdivision: | Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

PLUG 3 HEADS AND RELOCATE 1 HEAD

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR

Business name: FIRE EXTINGUISHER SERVICE CENTER
Address: 3460 SW 209TH
City/State/ZIP: BEAVERTON, OR. 97008
Phone: 503-643-3309 | Fax:
CCB lic.: 69384

Authorized signature:

Print name: SEAN FITZPATRICK	Date: 9-29-18
Sean Fitzpatrick	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation $400.00
Number. of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $400.00
Existing building area: square feet
New building area: square feet
Number of stories: 1
Type of construction: REMODEL
Occupancy groups:
Existing:
New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$92.00
Amount received	$92.00
Date received: 9-27-18	

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

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

Form B70-1001 REV 2/14

APPROVED 9-14-18 BSB

4/18

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 4/8/2018	Permit No.: B2018-1644
Date Issued: 9/27/2018	Payment Type:

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 CEDAR HILL BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: 140	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

☐ PROPERTY OWNER	☑ TENANT
Name: ANN LAM	
Address: 16130 BOONES Ferry Rd	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: 503 888 5904	Fax:
E-mail: annlam-76@yahoo.com	

☐ APPLICANT	☑ CONTACT PERSON
Business name: LA BELLE NAILS	
Contact name: ANN LAM	
Address: 16130 BOONES Ferry Rd	
City/State/ZIP: L.O, OR 97035	
Phone: 503 888 5904	Fax:
E-mail:	

CONTRACTOR	
Business name: Long Vo Construction LLC	
Address: 8230 SE Clatsop St	
City/State/ZIP: Happy Valley OR 97086	
Phone: 360-909-9180	Fax:
CCB lic.: 194594	

Authorized signature:

Print name:	Date:

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $20,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	478.04
Amount received	
Date received:	

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

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

* Contact person Judith Lidstrom - 503-679-1494

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 8/23/2018	Permit No.: B2018-3944
Date Issued: 9/27/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2725 SW CEDAR HILLS BLVD
City/State/ZIP: BEAVERTON OR 97005
Suite/bldg./apt. no.: 105 | Project name: LA SEN BISTRO
Cross street/directions to job site:
1ST TIME T.I.
Subdivision: | Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

INTERIOR WALL PARTITIONS, (2) NEW TOILET ROOM, MECHANICAL, ELECRICAL, PLUMBING FOR NEW RESTAURANT

☒ PROPERTY OWNER	☐ TENANT
Name: C.E. JOHN CO	
Address: 1701 SE COLUMBIA RIVER DR	
City/State/ZIP: VANCOUVER WA 98661	
Phone: 360-696-0837	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: NW PRECISION DESIGN	
Contact name: DARIN BOUSKA	
Address: 22605 SW PINEHURST CT	
City/State/ZIP: SHERWOOD OR 97140	
Phone: 503-680-6444	Fax:
E-mail: DARINE NW-PRECISION.COM	

CONTRACTOR

Business name: WHITE DOG RESTORATIONS
Address: 1526 NE ALBERTA ST. #216
City/State/ZIP: PORTLAND OR 97211
Phone: 503-320-2962 | Fax:
CCB lic.: 124564

Authorized signature:

Print name: DARIN BOUSKA | Date: 8/21/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation 132,000	
Existing building area:	square feet
New building area:	square feet
Number of stories: 2	
Type of construction: IB	
Occupancy groups:	
Existing: M	
New: A2	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	3,957.67
Amount received	
Date received:	

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

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

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/6/2018	Permit No.: B2018-4113
Date Issued: 9-27-18	By: JLL
	Payment Type: M/C

TYPE OF WORK	
☒ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 14475 SW BARROWS RD.	
City/State/ZIP: BEAVERTON, OR. 97007	
Suite/bldg./apt. no.:	Project name: MORNING STAR ASSISTED LIVING
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

~~INSTALL 2 MONUMENT CABINETS ONTO EXISTING BASES.~~ (NOT REQ'D FOR PERMIT)
INSTALL 1 WALL CABINET. LLS 9/27/18

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: YESCO LLC	
Contact name: ERIC NOBLE	
Address: 5305 NE 121st AVE. #801	
City/State/ZIP: VANCOUVER, WA. 98682	
Phone: 360-949-1316	Fax:
E-mail: enoble@yesco.com	

CONTRACTOR	
Business name: YESCO LLC	
Address: 5305 NE 121st AVE #801	
City/State/ZIP: VANCOUVER, WA. 98682	
Phone: 360-949-1316	Fax:
CCB lic.: #188015, 923LMS, 37-51CLS	

Authorized signature:

Print name: ERIC NOBLE	Date: 9/5/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	22,600
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	326.12
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-20-18	Permit No.: B2018-3871
Date Issued: 9/27/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☑ Other: Helical Piles
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9843 SW Dapplegrey Loop	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Jacobs
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installing helical piles to stabilize foundation that has settled.	
☑ PROPERTY OWNER	☐ TENANT
Name: Pamela Jacobs	
Address: 9843 SW Dapplegrey Loop	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail: drpamjacobs@gmail.com	
☐ APPLICANT	☑ CONTACT PERSON
Business name: Foundations First NorthWest, LLC	
Contact name: Joe Smith	
Address: 16869 65th Ave #208	
City/State/ZIP: Lake Oswego OR 97035	
Phone: (503) 753-1020	Fax: (503) 210-1771
E-mail: joe@foundationsfirstnw.com	
CONTRACTOR	
Business name: Foundations First Northwest LLC	
Address: 16869 65th Ave #208	
City/State/ZIP: Lake Oswego OR 97035	
Phone: (503) 753-1020	Fax: (503) 210-1771
CCB lic.: 219837	

Authorized signature:

Print name:	Date:
Joe Smith	08/17/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	8750.00
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$131.74
Amount received	$131.74
Date received: 8-20-18	

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-14-18	Permit No.: B2018-3767
Date Issued: 9/27/2018	
	Payment Type: Check

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 3725 SE Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Kuni Coll. Ctr. New Booth
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Extend Existing Fire Sprinkler system to new booth (booth by others) for flammable liquid spraying

☐ PROPERTY OWNER	☐ TENANT
Name: Kuni BMW	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ashley Nishihara	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: a.nishihara@wyattfire.com	

CONTRACTOR	
Business name: Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

Authorized signature: Ashley P Nishihara

Print name:	Date:
Ashley Nishihara	08/13/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		5283
Existing building area:	square feet	
New building area:	square feet	0
Number of stories:		1
Type of construction:		III-B
Occupancy groups:		Extra Hazard Group 2
Existing:		Extra Hazard Group 2
New:		Extra Hazard Group 2

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$81.66
Amount received	$284.91
Date received: 8-14-18	

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

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

Form B70-1001 REV 2/14

APPROVED 9-27-18 - BSD

Building Permit Application

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

RECEIVED
SEP 10 2018
BUILDING SERVICES DIVISION

OFFICE USE ONLY	
Date Received: SEP 10 2018	Permit No: B2018-4170
Date Issued: 9/27/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9160 SW HALL BLVD	
City/State/ZIP: BEAVERTON, OR 97223	
Suite/bldg./apt. no.: A	Project name: LIVE LAUGH LOVE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

PLUG EXISTING DROP FIRE SPRINKLERS INSTALL UPRIGHT SPRINKLERS IN LOCATIONS TO MAINTAIN ORDINARY HAZARD OCCUPANCY HEAD SPRINKLER SPACING.

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☑ CONTACT PERSON
Business name: WYATT FIRE PROTECTION	
Contact name: ASHLEY NISHIHARA	
Address: 9095 SW BURNHAM ST	
City/State/ZIP: TIGARD, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: A.NISHIHARA@WYATTFIRE.COM	

CONTRACTOR	
Business name: ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

Authorized signature: Ashley Nishihara

Print name:	Date:
ASHLEY NISHIHARA	09/06/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		1906
Existing building area:	square feet	8386
New building area:	square feet	0
Number of stories:		1
Type of construction:		IIB
Occupancy groups:		
Existing:		
New:		

NOTICE

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

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

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

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

Form B70-1001 REV 2/14

8/17

Building Permit Application

Beaverton OREGON

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

RECEIVED
CITY OF BEAVERTON
AUG 14 2018
BUILDING SERVICES DIVISION

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-3776
Date Issued: 9/28/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

Routed 8/20

JOB SITE INFORMATION AND LOCATION	
Job site address: 15835 SW Bobwhite Cir.	
City/State/ZIP: Beaverton Or 97007	
Suite/bldg./apt. no.:	Project name: BARTH ADDITION
Cross street/directions to job site: TEAL	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Add 200 sq.ft. addition to back of the house extending family room of existing family room

☒ PROPERTY OWNER	☐ TENANT
Name: Kristi / Todd BARTH	
Address: 15835 NW Bobwhite Circle	
City/State/ZIP: Beaverton Or 97007	
Phone: 503 939-9997	Fax:
E-mail: tkbarth7@gmail.com	

☒ APPLICANT	☒ CONTACT PERSON
Business name: GOODRICH Renovations LLC	
Contact name: BARB GOODRICH	
Address: 12470 SW 9th Street	
City/State/ZIP: Beaverton Or 97005	
Phone: 503 819-8000	Fax:
E-mail: workergirl@ymail.com	

CONTRACTOR	
Business name: GOODRICH Renovations LLC	
Address: 12470 SW 9th St.	
City/State/ZIP: Beaverton Or 97005	
Phone: 503 819-8000	Fax:
CCB lic.: 153018	
Authorized signature:	
Print name: BARB GOODRICH	Date: 8/12/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	23,000.00
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	200 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	326.12
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received:	Permit No: B2018-4445
Date Issued: 9/27/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9555 SW BARNES RD	
City/State/ZIP: PORTLAND, OR 97225	
Suite/bldg./apt. no.: 301	Project name: The Children's Clinic
Cross street/directions to job site: PETERKORT CENTRE CAMPUS	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

MINOR INTERIOR REMODEL, FINISH UPGRADE FOR AN EXISTING TENANT.

☑ PROPERTY OWNER	☐ TENANT
Name: TINA BEAVERS (Property Manager)	
Address: 9755 SW BARNES RD, SUITE 620	
City/State/ZIP: PORTLAND, OR, 97225	
Phone: (503) 546-5632	Fax:
E-mail: tbreavers@peterkort.com	

☑ APPLICANT	☑ CONTACT PERSON
Business name: ANKROM MOISAN ARCHITECTS	
Contact name: MARIJA SASSINE	
Address: 38 NW DAVIS ST, STE. 300	
City/State/ZIP: PORTLAND, OR, 97209	
Phone: (503) 892-8379	Fax: (503) 245-7710
E-mail: marijas@ankrommoisan.com	

CONTRACTOR	
Business name: DENALI CONSTRUCTION, INC	
Address: PO BOX 69	
City/State/ZIP: CANBY, OREGON, 97013	
Phone: (503) 849-4435	Fax:
CCB lic.: 208947	

Authorized signature:

Print name:	Date:
MARIJA SASSINE	09/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation		175,000
Existing building area:	square feet	8800
New building area:	square feet	
Number of stories:		3
Type of construction:		Type II-A, Sprinklered
Occupancy groups:		B
Existing:		B
New:		B

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

RECEIVED
SEP 26 2018
BUILDING SERVICES DIVISION

OFFICE USE ONLY	
Date Received: SEP 26 2018	Permit No.: B2018-4420
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 4145 SW Watson
City/State/ZIP: Beaverton OR 97005
Suite/bldg./apt. no.: 460 | Project name: Top Box
Cross street/directions to job site: WATSON + Hall
Subdivision: | Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Property ID W414440
State ID 1S116AA88011
Add Non Structural Wall Approx 30'

☑ PROPERTY OWNER	☐ TENANT
Name: The Round Owner LLC	
Address: 222 SW Columbia #700	
City/State/ZIP: Portland OR 97201	
Phone: 503 954 2919	Fax:
E-mail: CROUSH@SKBCOS.COM	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Oreneva Construction	
Contact name: Ed Gambee	
Address: 812 SW 12th	
City/State/ZIP: Portland Or 97205	
Phone: 971 400 5929	Fax:
E-mail: edgambee@orenevaconstruction.COM	

CONTRACTOR

Business name: Oreneva Construction
Address: Same As Above
City/State/ZIP:
Phone: | Fax:
CCB lic.: 206386

Authorized signature:

Print name: Ed Gambee	Date: 9/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	19,500
Existing building area:	124 456 square feet
New building area:	2455 square feet
Number of stories:	5
Type of construction:	II A Sprinkled
Occupancy groups:	B
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	943.61
Amount received	
Date received:	

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-26-18	Permit No.: B2018-4417
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other: Solar

CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 14670 SW Bonnie Brae Street, Beaverton, Oregon, 97007,	
City/State/ZIP: United States	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Residential rooftop solar PV kw 8.85

☒ PROPERTY OWNER	☐ TENANT
Name: Ian Gamble	
Address: 14670 SW Bonnie Brae Street, Beaverton,	
City/State/ZIP: Oregon, 97007, United States	
Phone: 5033307498	Fax:
E-mail: iangmble@gmail.com	

☒ APPLICANT	☐ CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	

CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

Authorized signature: Jeffrey Lee

Print name:	Date:
Jeff Lee	09/24/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $16,727.37	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

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

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

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

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/25/2018	Permit No. B2018-4399
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 7540 SW DUNSMUIR LANE	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.:	Project name: CLEMENTS KITCHEN
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE WALL SECTION, ADD HEADER AND POSTS

☑ PROPERTY OWNER	☐ TENANT
Name: JOHN AND LORI CLEMENTS	
Address: 7540 SW DUNSMUIR LANE	
City/State/ZIP: BEAVERTON, OR 97007	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☑ CONTACT PERSON
Business name: DREAMMAKER BATH & KITCHEN OF BEAVERTON	
Contact name: KERRY WILLETS	
Address: 13227 SW CANYON RD, SUITE D	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: (503) 295-2284	Fax: (503) 357-5768
E-mail: mail@dmbk.com	

CONTRACTOR	
Business name: DREAMMAKER BATH & KITCHEN OF BEAVERTON	
Address: 13227 SW CANYON RD, SUITE D	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: (503) 295-2284	Fax: (503) 357-5768
CCB lic.: 132328	

Authorized signature:

Print name:	Date:
JOSEF BENDER	09/12/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$1250.00
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	244.44
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

7/25

Beaverton OREGON

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 7-25-18	Permit No.: B2018-3349
Date Issued: 9-25-18	By: HK
	Payment Type: Check

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 11735 SW Beaverton Hillsdale	
City/State/ZIP: Beaverton 97005	
Suite/bldg./apt. no.:	Project name: Tousle Jours Bakery
Cross street/directions to job site: —	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Interior tenant improvement 1 RR/walls

☐ PROPERTY OWNER	☒ TENANT
Name: Tous Les Jours	
Address: Bakery	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: Case Design Group	
Contact name: Carter Case	
Address: 232 SE Oak St.	
City/State/ZIP: Portland, OR 97214	
Phone: 503 863 4235	Fax:
E-mail: cartercase7@gmail.com	

CONTRACTOR	
Business name: Eathers & Son Refrigeration	
Address: 4780 NW Allenbach PL	
City/State/ZIP: Portland 97229	
Phone:	Fax:
CCB lic.: 186964	

Authorized signature:

Print name: Carter Case	Date: 7/25/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	460,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$1,017.91
Amount received	$1,017.91
Date received: 7-25-18	

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

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

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8

Approved 09/20/18 S.V.T.

RECEIVED

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 08/15/2018	Permit No.: B2018-3777
Date Issued: 9-25-18	By: JLK
	Payment Type: Visa

CITY OF BEAVERTON
BUILDING DIVISION

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

Authorized signature:

Print name:	Date:
MARIJA SASSINE	08/14/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		$71,900
Existing building area:	square feet	
New building area:	square feet	2238
Number of stories:		3
Type of construction:		Type II-B, Sprinklered
Occupancy groups:		B
Existing:		B
New:		B

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$1,132.18
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

B400 AR
DKB

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 5-21-18	Permit No.: B2018-2189
Date Issued: 9/17/2018	By:
	Payment Type:

Routed 5/22/18

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15606 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
☑ **PROPERTY OWNER**	☐ **TENANT**
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
☑ **APPLICANT**	☐ **CONTACT PERSON**
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

Authorized signature:

Print name:	Date:
Mark Grismer	2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $442,485.11	
Number. of bedrooms: 4	
Number of bathrooms: 3.5	
Total number of floors: 3	
New dwelling area: 3522	square feet
Garage/carport area: 417	square feet
Covered porch area: 52	square feet
Deck area: 185	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$1,717.86
Amount received	
Date received:	

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

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

3199AR

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 6/25/2018	Permit No.: B2018-2774
Date Issued: 9/17/2018	By:
	Payment Type:

Reroted 6/28/18

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15965 SW Thrush Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 99
Tax map/parcel no.:	
DESCRIPTION OF WORK	
B2018-2159 A 2467 B2018-2779	
☑ PROPERTY OWNER	☐ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

Authorized signature:

Print name: Amanda Loveridge	Date: 6/22/18
Amanda Loveridge	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	410,240.12
Number. of bedrooms:	4
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3402 square feet
Garage/carport area:	631 square feet
Covered porch area:	37 square feet
Deck area:	0 square feet
Other structure area:	0 square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,619.74
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

5525 BR

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 2/22/2018	Permit No: B2018-0797
Date Issued: 9/17/2018	By:
	Payment Type:

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 16010 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 24
Tax map/parcel no.:	

DESCRIPTION OF WORK
NEW SINGLE FAMILY RESIDENCE

☑ PROPERTY OWNER	☐ TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	

CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

Authorized signature:

Print name:	Date:
Mark Grismer	2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	433,152.57	
Number. of bedrooms:	4 + Bonus + Den	
Number of bathrooms:	3	
Total number of floors:	2	
New dwelling area:	3545	square feet
Garage/carport area:	572	square feet
Covered porch area:	180	square feet
Deck area:	33	square feet
Other structure area:		square feet

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

NOTICE

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

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

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

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

3425 BL

6/13

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 6-7-18	Permit No.: B2018-2550
Date Issued: 9/17/2018	By:
	Payment Type:

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15973 SW Thresh LN	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 98
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
☑ PROPERTY OWNER	☐ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

Authorized signature:

Print name:	Date:
Amanda Loveridge	

Rewrite 6/13/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $429,677.81	
Number. of bedrooms: 5	
Number of bathrooms: 2.75	
Total number of floors: 2	
New dwelling area: 3431	square feet
Garage/carport area: 467	square feet
Covered porch area: 44	square feet
Deck area: 0	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$1,678.00
Amount received	
Date received:	

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-17-18	Permit No.: B2018-3853
Date Issued: 9/24/2018	By:
	Payment Type:

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☑ Other: Signs

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 10657 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Install sign package.

☐ PROPERTY OWNER	☑ TENANT
Name: Chick-Fil-A	
Address: 10655 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☑ CONTACT PERSON
Business name: Vancouver Sign Group	
Contact name: Chris Brown	
Address: 2600 NE Andresen Rd #50	
City/State/ZIP: Vancouver WA 98661	
Phone: (360) 693-4773	Fax: (360) 693-2747
E-mail: CBrown@vansignco.com	

CONTRACTOR	
Business name: Vancouver Sign Group	
Address: 2600 NE Andresen Rd #50	
City/State/ZIP: Vancouver WA 98661	
Phone: (360) 693-4773	Fax: (360) 693-2747
CCB lic.: 63951	

Authorized signature: Chris B

Print name: Chris Brown	Date:

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

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application 8/30/2018	$232.43
Amount received	
Date received:	

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

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

RECEIVED
CITY OF BEAVERTON
MAY 31 2018
BUILDING SERVICES DIVISION

COB Revision/Tracking Number
REV 18-157
T

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 5-25-18	Permit No.: B2018-2282
Date Issued: 9/17/2018	Fee:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 13850 SW Bonnie Brae Street	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: Sprague addition
Cross street/directions to job site: SW Allen Blvd. then north on SW Menlo Drive, left on SW Bonnie Brae St.	
Subdivision: Menlo West No.2	Lot no.: 4
Tax map/parcel no.: 1S116CD00625	

DESCRIPTION OF WORK
12'x12' one story addition for enlarged master suite

☑ PROPERTY OWNER	☐ TENANT
Name: Madeline & Don Sprague	
Address: 13850 SW Bonnie Brae Street	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: 503-358-3302	Fax:
E-mail: madeline.sprague@comcast.net	

☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name: John Lee Contracting & Construction	
Address: 01901 SW Greenwood Road	
City/State/ZIP: Portland, OR. 97219	
Phone: 503-679-1999	Fax:
CCB lic.: 153558	

Authorized signature: Madeline Sprague

Print name:	Date:
MADELINE SPRAGUE	5-25-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	30,000
Number. of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area: 144	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

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

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/6/2018	Permit No.: B2018 - 4127
Date Issued: 9-20-18	By:
	Payment Type: M/C

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ 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	
Encapsulation of the crawlspace	
☑ PROPERTY OWNER	☐ TENANT
Name: Corey Stephens	
Address: 16465 SW Marcile Lane	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 302-3657	Fax:
E-mail:	
☑ APPLICANT	☐ 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: Johns Waterproofing Co	
Address: PO Box 1350	
City/State/ZIP: Silverton OR 97381	
Phone: (503) 873-5650	Fax: (503) 873-3234
CCB lic.: 15830	

Authorized signature:

Print name:	Date:
Robin Ekloff	08/13/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 16,825 —	~~14355~~
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	232.43
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 6-7-18	Permit No. B2018-2548
Date Issued: 9-21-18	By:
	Payment Type: Check

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 15121 SW Thrush Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 115
Tax map/parcel no.:	

DESCRIPTION OF WORK
New SFR

☑ PROPERTY OWNER	☐ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	

CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

Authorized signature:

Print name: Amanda Loveridge	Date: 9/24/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $370,118.70	
Number. of bedrooms: 4	
Number of bathrooms: 3.5	
Total number of floors: 2	
New dwelling area: 2943	square feet
Garage/carport area: 399	square feet
Covered porch area: 113	square feet
Deck area: 0	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$1,497.10
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Issued 6/13/18

Rcvd 5/8/18 2555 AL

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 5-3-18	Permit No.: B2015-1959
Date Issued: 9-21-18	By:
	Payment Type: Check

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 15557 SW Wren Lane	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site: SW 155th Terrace off of SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 30
Tax map/parcel no.:	

DESCRIPTION OF WORK

NEW SINGLE FAMILY RESIDENCE

☑ PROPERTY OWNER	☐ TENANT
Name: DR Horton Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton Inc	
Contact name: Mark Grismer	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: magrismer@drhorton.com	

CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave#100	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

Authorized signature:

Print name:	Date:
Mark Grismer	2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation	$327,066.60
Number. of bedrooms:	4 + Den
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	2555 square feet
Garage/carport area:	487 square feet
Covered porch area:	53 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$1,365.27
Amount received	
Date received:	

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

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

B720AR

6/5/18

Building Permit Application

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

Beaverton OREGON

RECEIVED
JUN 05 2018
CITY OF BEAVERTON
BUILDING DIVISION

OFFICE USE ONLY	
Date Received: JUN 05 2018	Permit No.: B2018-2488
Date Issued: 9-21-18	By: [illegible]
	Payment Type: Check

Rou Lst/6/8/18 [illegible]

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15618 SW Wren LN	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 155th Terrace & SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 8
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
☑ PROPERTY OWNER	☐ TENANT
Name: DR HORTON Inc	
Address: 4380 SW Macadam Ave	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
☑ APPLICANT	☐ CONTACT PERSON
Business name: DR HORTON Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: Same as Above	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

Authorized signature: [signature]

Print name: Amanda Loveridge	Date: 6/1/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	372,920.33	
Number. of bedrooms:	4	
Number of bathrooms:	3.5	
Total number of floors:	3	
New dwelling area:	2963	square feet
Garage/carport area:	399	square feet
Covered porch area:	33	square feet
Deck area:	100	square feet
Other structure area:		square feet

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

NOTICE

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

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

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

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

Form B70-1001 REV 2/14

3199BR

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 09/25/2018	Permit No.: B2018-2779
Date Issued: 9-21-18	By:
	Payment Type: check

Routed 6/22/19

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 16008 SW Thresh Ln

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.: | Project name: Russell

Cross street/directions to job site:

Subdivision: Westmont | Lot no.: 66

Tax map/parcel no.:

DESCRIPTION OF WORK

B2018-2159 = Lot 50
2469 = 69

☑ PROPERTY OWNER	☐ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	

CONTRACTOR

Business name: DR Horton, Inc

Address: SAME AS ABOVE

City/State/ZIP:

Phone: | Fax:

CCB lic.: 130859

Authorized signature:

Print name: Amanda Loveridge | Date: 6/22/18

Amanda Loveridge

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation	415,925.72	
Number. of bedrooms:	4	
Number of bathrooms:	2.75	
Total number of floors:	2	
New dwelling area:	3250	square feet
Garage/carport area:	631	square feet
Covered porch area:	37	square feet
Deck area:	0	square feet
Other structure area:	0	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	1,635.07
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

3580BL

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 6/25/2018	Permit No.: B2018-2776
Date Issued: 9-21-18	By:
	Payment Type: CHK

Routed 6/28/18

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 16007 SW Marsh Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 97
Tax map/parcel no.:	

DESCRIPTION OF WORK

B2018-1119 - B2018-1265
1118

☑ PROPERTY OWNER	☐ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	

CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

Authorized signature: Amanda Loveridge

Print name:	Date: 6/22/18
Amanda Loveridge	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	445,736.82
Number. of bedrooms:	5
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	418 square feet
Covered porch area:	87 square feet
Deck area:	0 square feet
Other structure area:	0 square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,727.05
Amount received	
Date received:	

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

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

APPROVED 9/19 BRIAN B

8/1

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

ermit Application

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

Beaverton OREGON

RECEIVED
CITY OF BEAVERTON
BUILDING DIVISION

OFFICE USE ONLY	
Date Received: 08/01/2018	Permit No. B2018-3478
Date Issued: 9-20-18	By: JK
	Payment Type: P.O.

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 16850 SW Lisa Ct	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Elmonica Portables
Cross street/directions to job site: north on SW 170th Ave, from SW Jenkins Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S106AD 01101	

DESCRIPTION OF WORK

Placement of t 28' x 64' portable classroom buildings

☑ PROPERTY OWNER	☐ TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Rd.	
City/State/ZIP: Beaverton, OR 97003	
Phone: 503-356-4500	Fax:
E-mail: n/a	

☐ APPLICANT	☑ CONTACT PERSON
Business name: Beaverton School District	
Contact name: Krista Hawkins	
Address: 2180 SW 170th Ave.	
City/State/ZIP: Beaverton, OR 97003	
Phone: 503-356-4516	Fax: 503-356-4491
E-mail: krista_hawkins@beaverton.k12.or.us	

CONTRACTOR	
Business name: A Five Construction LLC	
Address: 1750 SW Skyline Blvd #224	
City/State/ZIP: Portland, OR 97221	
Phone: 503.984.9061	Fax: n/a
CCB lic.: 196622	

Authorized signature: Krista J Hawkins

Print name: Krista Hawkins	Date: 7/27/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$184,000.00
Existing building area:	square feet
New building area:	square feet 1792
Number of stories:	one
Type of construction:	
Occupancy groups:	
Existing:	E
New:	E

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,040.22
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

ELECTRONIC SUBMITTAL
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APPROVED 9/19 BRIAN B

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ermit Application

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

Beaverton OREGON

RECEIVED
CITY OF BEAVERTON
BUILDING DIVISION

OFFICE USE ONLY	
Date Received: 08/01/2018	Permit No. B2018-3755
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 16850 SW Lisa Ct

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: | Project name: Elmonica Portables

Cross street/directions to job site: north on SW 170th Ave, from SW Jenkins Rd.

Subdivision: | Lot no.:

Tax map/parcel no.: 1S106AD 01101

DESCRIPTION OF WORK

Placement of t 28' x 64' portable classroom buildings

☑ PROPERTY OWNER	☐ TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Rd.	
City/State/ZIP: Beaverton, OR 97003	
Phone: 503-356-4500	Fax:
E-mail: n/a	

☐ APPLICANT	☑ CONTACT PERSON
Business name: Beaverton School District	
Contact name: Krista Hawkins	
Address: 2180 SW 170th Ave.	
City/State/ZIP: Beaverton, OR 97003	
Phone: 503-356-4516	Fax: 503-356-4491
E-mail: krista_hawkins@beaverton.k12.or.us	

CONTRACTOR

Business name: A Five Construction LLC
Address: 1750 SW Skyline Blvd #224
City/State/ZIP: Portland, OR 97221
Phone: 503.984.9061 | Fax: n/a
CCB lic.: 196622

Authorized signature: Krista J. Hawkins

Print name: Krista Hawkins | Date: 7/27/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	$184,000.00
Existing building area:	square feet
New building area:	square feet 1792
Number of stories:	one
Type of construction:	VB
Occupancy groups:	
Existing:	E
New:	E

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	2,040.22
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

R

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-20-18	Permit No.: B2018-4343
Date Issued: 9-20-18	By:
	Payment Type: Check

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other: Solar

CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 12735 Southwest Pacer Drive, Beaverton, Oregon, 97008,	
City/State/ZIP: United States	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Residential rooftop solar PV kw
2.9

☒ PROPERTY OWNER	☐ TENANT
Name: Eric Bach	
Address: 12735 Southwest Pacer Drive, Beaverton,	
City/State/ZIP: Oregon, 97008, United States	
Phone:	Fax:
E-mail: ebach76@gmail.com	

☒ APPLICANT	☐ CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	

CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

Authorized signature: Jeffrey Lee

Print name:	Date:
Jeff Lee	09/20/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $7,311.51	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$128.80
Amount received	
Date received:	

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

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

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

Approved 09/18/18

RECEIVED

Beaverton OREGON

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 08/28/2018	Permit No.: B2018-4014
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	Payment Type:

TYPE OF WORK	
■ New construction	■ Demolition
■ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	■ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9600 SW Nimbus Avenue	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.: Building 13	Project name: Covert Engineers
Cross street/directions to job site: Cross Street: Gemini Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Tenant Improvement: Work to include demolition, new walls, doors and relites, and glazing.

■ PROPERTY OWNER	☐ TENANT
Name: Shorenstein Realty Services	
Address: One SW Columbia Street	
City/State/ZIP: Portland, Oregon 97258	
Phone: (503)412-4800	Fax: (503)412-4848

☐ APPLICANT	■ CONTACT PERSON
Business name: Mackenzie	
Contact name: Yunji Jeong	
Address: 1515 SE Water Avenue, Suite 100	
City/State/ZIP: Portland, Oregon 97214	
Phone: (503)224-9560	Fax:
E-mail: yjeong@mcknze.com	

CONTRACTOR	
Business name: Russell Construction	
Address: 20915 SW 105th Avenue	
City/State/ZIP: Tualatin, Oregon 97062	
Phone: (503)692-9002	Fax: (503)692-9008
CCB lic.: 58918	

Authorized signature:

Print name: Yunji Jeong	Date: 08-27-2018

capemcknze.com

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $14,500	
Existing building area:	square feet
New building area:	square feet
Number of stories: 2	
Type of construction: III-B	
Occupancy groups: B	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$381.85
Amount received	
Date received:	

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

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

rev 06/11

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/12/2018	Permit No.: B2017-5508
Date Issued: 9-20-18	By: [illegible]
	Payment Type: VISA

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 3458 SW Cedar Hills Blvd #395
City/State/ZIP: Beaverton OR 97005
Suite/bldg./apt. no.:
Project name: Tuesday Morning
Cross street/directions to job site:
Subdivision:
Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Shelving, racks, new

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: Labor Logistics NW, LLC	
Contact name: John Huffman	
Address: 227 NE 194th	
City/State/ZIP: Portland, OR 97230	
Phone: 503-309-8314	Fax:
E-mail: laborlogisticsnw@gmail.com	

CONTRACTOR

Business name: Labor Logistics NW, LLC
Address: 227 NE 194th
City/State/ZIP: Portland OR 97230
Phone: 503-309-8314
Fax:
CCB lic.: 221162

Authorized signature: John Huffman
Print name: John Huffman
Date: 9/12/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	60,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	619.60
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

R

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9-19-18	Permit No.: B2018-4318
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 10865 SW 5th Street
City/State/ZIP: Beaverton OR
Suite/bldg./apt. no.: 100 | Project name: Hyder Graphics
Cross street/directions to job site:
Subdivision: | Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

demo of existing interior partitions and restrooms
new restrooms to meet ADA new break room

☐ PROPERTY OWNER	☑ TENANT
Name: Hyder Graphics	
Address: 13950 SW 72nd Avenue	
City/State/ZIP: Tigard OR 97223	
Phone: 503 644 8191	Fax:
E-mail: alissa@hydergraphics.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: TI Design Group	
Contact name: Linda Smith	
Address: PO Box 6	
City/State/ZIP: Beav OR	
Phone: 503 781 6791	Fax:
E-mail: lsmith@tidesigngroup.com	

CONTRACTOR

Business name: Cornice Construction LLC
Address: PO Box 672
City/State/ZIP: Scappoose, OR 97056
Phone: 503 396 5399 | Fax:
CCB lic.: 180502

Authorized signature:

Print name: Linda Smith	Date: 9.19.18
Linda Smith	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $168,400.00
Existing building area: 14282 square feet
New building area: no change square feet
Number of stories: 2
Type of construction: VB sprinklers
Occupancy groups:
Existing: B/F1
New: B/F1 no change

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$4,179.88
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

R

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 1-10-18	Permit No.: B2018-0131
Date Issued: 9-18-18	By: JLR
	Payment Type: Check

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 14725 SW Teal Blvd.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.: 53
Tax map/parcel no.: 1S132AD00300	

DESCRIPTION OF WORK

De-install existing ATM - Saw cut island for ATM footing - Install New ATM footing - Install New Pre-fabricated ATM - Install New Pre-fabricated ATM enclosure - Install new utility pedestal

☐ PROPERTY OWNER	☑ TENANT
Name: Wells Fargo Bank	
Address: 14725 SW Teal Blvd.	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: Same as contractor	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name: Integrity Financial Solutions Group, LLC	
Address: 3315 NE 112th Ave, Suite A-11	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 253-9590	Fax: (360) 883-8863
CCB lic.: 198128	

Authorized signature: [signature]

Print name: Jeffrey Randall	Date: 1/10/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation		$36000.00
Existing building area:	square feet	157
New building area:	square feet	157
Number of stories:		1
Type of construction:		
Occupancy groups:		
Existing:	Pre-fab ATM and housing	
New:	Pre-fab ATM and enclosure	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$442.86
Amount received	$1,151.44
Date received: 1-10-18	

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

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

Form B70-1001 REV 2/14

Building Permit Application 8/13

Residential

City of ~~Tigard~~ Beaverton
13125 SW Hall Blvd., Tigard, OR 97223
Phone: 503.718.2439 Fax: 503.598.1960
Inspection Line: 503.639.4175
Internet: www.tigard-or.gov

RECEIVED
CITY OF BEAVERTON
AUG 13 2018
BUILDING SERVICES DIVISION

FOR OFFICE USE ONLY		
Received Date/By: AUG 13 2018	Permit No: B2018-3751	
Plan Review Date/By:	Other Permit:	
Date Ready/By: Notified/Method:	Juris:	☑ See Page 2 for Supplemental Information

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: **6505 sw Evan Ct**	
City/State/ZIP: **Portland, OR 97233**	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

Routed 8/14/18

DESCRIPTION OF WORK
Ad new 200 s.f. cover over ~~existing~~ NEW deck area. No increase to building footprint
244

☒ PROPERTY OWNER	☐ TENANT
Name: **Dave & Erin Drinkward**	
Address: **6505 SW Evan Ct**	
City/State/ZIP: **Portland, Or 97233**	
Phone: **(503)806-4681**	Fax: ( )
☒ **APPLICANT**	☐ **CONTACT PERSON**
Business name: **Builder's Design, Inc**	
Contact name: **Holli Yoder**	
Address: **11125 NE Weidler St**	
City/State/ZIP: **Portland, Or 97220**	
Phone: **(503) 252-3453**	Fax: : ( )
E-mail: **buildersdesign@gmail.com**	
CONTRACTOR	
Business name: **Paradise Restored**	
Address: **9907 SE 82nd AVE**	
City/State/ZIP: **Happy Valley, OR 97086**	
Phone: ( )	Fax: ( )
CCB lic.: **194016**	

Authorized signature:

Print name: HYoder	Date: 13 Aug 18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation:	$ ~~2500.00~~ 5720.00	
Number of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:		square feet
Garage/carport area:		square feet
Covered porch area:	200	square feet
Deck area:		square feet
Other structure area:		square feet

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

BUILDING PERMIT FEES* *(Please refer to fee schedule)*	
Structural plan review fee (or deposit):	
FLS plan review fee (if applicable):	
Total fees due upon application:	
Amount received:	

PHOTOVOLTAIC SOLAR PANEL SYSTEM FEES*	
Commercial and residential prescriptive installation of roof-top mounted PhotoVoltaic Solar Panel System. Submit two (2) sets of roof plan with connection details and fire department access, along with the 2010 *Oregon Solar Installation Specialty Code* checklist.	
Permit Fee (includes plan review and administrative fees):	$180.00
State surcharge (12% of permit fee):	$21.60
Total fee due upon application:	$201.60

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

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

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

Permit Application

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

OFFICE USE ONLY	
Date Received: 08/02/2018	Permit No.: B2018-3508
Date Issued: 9-18-18	By: JLL
	Payment Type: VISA

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ 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

☑ PROPERTY OWNER	☐ 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:	

☑ APPLICANT	☑ 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: Lennar NW Inc.
Address: same as above
City/State/ZIP:
Phone: | Fax:
CCB lic.: 195307

Authorized signature:

Print name:	Date:
Juls Call	07/20/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation	$299,783.92	
Number. of bedrooms:	3	
Number of bathrooms:	2.5	
Total number of floors:	2	
New dwelling area:	2322	square feet
Garage/carport area:	439	square feet
Covered porch area:	122	square feet
Deck area:		square feet
Other structure area:	168	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

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

mit Application

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

OFFICE USE ONLY	
Date Received: 08/02/2018	Permit No.: B2018-3509
Date Issued: 9-17-18	By: MK
	Payment Type: Visa

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 17217 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 111
Tax map/parcel no.:	

DESCRIPTION OF WORK
NSFR

☑ PROPERTY OWNER	☐ 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:	

☑ APPLICANT	☑ 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: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

Authorized signature:

Print name:	Date:
Juls Call	07/20/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	$362,165.22	
Number. of bedrooms:	4	
Number of bathrooms:	2.5	
Total number of floors:	2	
New dwelling area:	2832	square feet
Garage/carport area:	464	square feet
Covered porch area:	179	square feet
Deck area:		square feet
Other structure area:	168	square feet

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

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

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

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-31-18	Permit No.: B2018-4069
Date Issued: 9-21-18	By:
	Payment Type: Visa

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☑ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: North Mezz Services
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Install transformers on mezzanine for future equipment.

☑ PROPERTY OWNER	☐ TENANT
Name: Nike AMI	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Capitol Electric Co. Inc	
Contact name: James Eddington	
Address: 11401 NE Marx St	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 257-7121
E-mail: Jime@cepdx.com & Shannonm@cepdx.com	

CONTRACTOR	
Business name: Capitol Electric Co. Inc	
Address: 11401 NE Marx St	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 257-7121
CCB lic.: 26-496C	

Authorized signature: Shannon McClaren

Print name: Shannon McClaren	Date:

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$6200.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$138.74
Amount received	$138.74
Date received: 8-31-18	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9-20-18	Permit No.: B2018-43806
Date Issued: 9-20-18	By:
	Payment Type: Visa

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 3600 SW 170th Ave.	
City/State/ZIP: Beaverton OR 97003	
Suite/bldg./apt. no.:	Project name: Our Lady of Peace
Cross street/directions to job site: SW. TV Hwy & 170th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Add Door Holder to Kitchen door and smoke Detector on either side for releasing.

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☐ APPLICANT	☐ CONTACT PERSON
Business name: Western States Fire Protection	
Contact name: W. Stewart	
Address: 17500 SW 65th Ave	
City/State/ZIP: Lake Oswego OR 97035	
Phone: 503-407-0279	Fax:
E-mail: William.Stewart@WSFP.US	

CONTRACTOR	
Business name: Western States Fire Protection	
Address: 17500 SW 65th Ave	
City/State/ZIP: Lake Oswego OR 97035	
Phone: 503-407-0279	Fax:
CCB lic.: 104570	

Authorized signature:

Print name: William T. Stewart	Date: 9-20-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation 1995.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$179.85
Amount received	
Date received:	

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

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

Approved 09/20/18 S.V.T.

Building Permit Application

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

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 8-22-18	Permit No.: B2018-3925
Date Issued: 9-20-18	By:
	Payment Type: Visa

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 11727 SWBeaverton Hillsdale Highway

City/State/ZIP: Beaverton, OR 97005

Suite/bldg./apt. no.: | Project name: Walk-in cooler

Cross street/directions to job site:

Subdivision: | Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Erect Walk-in cooler as per manufacturer instructions.

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Arctic Commercial Refrigeration LLC	
Contact name: Rick McDonald	
Address: 4768 N Princeton St	
City/State/ZIP: Portland, OR 97203	
Phone: (503) 307-6432	Fax:
E-mail: coldone.rms@gmail.com	

CONTRACTOR

Business name: Arctic Commercial Refrigeration LLC

Address: 4768 N Princeton St

City/State/ZIP: ortland, OR 97203

Phone: (503) 307-6432 | Fax:

CCB lic.: 174257

Authorized signature:

Print name:	Date:
Rick McDonald	08/22/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	$2000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	Walk-in cooler
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$131.73
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Chick-fil-A

Building Permit Application - Fire Line Permit

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

OFFICE USE ONLY	
Date Received: 11/21/2017	Permit No.: B2017-5094
Date Issued: 9-20-18	By: HR
	Payment Type:

TYPE OF WORK	
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10657 SW Beaverton-Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Chick-fil-A Raleigh Hills
Cross street/directions to job site: NE corner of SW Beaverton Hillsdale Hwy and SW 107th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S114BC01900	
DESCRIPTION OF WORK	
Installation of site fire suppression line, and DCDA vault.	
☐ PROPERTY OWNER	☑ TENANT
Name: Steve Schwartz	
Address: 15635 Alton Pkwy, Suite 350	
City/State/ZIP: Irvine, CA 92618	
Phone: (303) 519-7206	Fax:
E-mail: steve.schwartz@cfacorp.com	
☐ APPLICANT	☑ CONTACT PERSON
Business name: DOWL	
Contact name: Mike Towle	
Address: 720 SW Washington St, Ste 750	
City/State/ZIP: Portland, OR 97205	
Phone: (971) 280-8645	Fax:
E-mail: mtowle@dowl.com	
CONTRACTOR	
Business name: ~~TBD~~ 3 Kings Environmental	
Address: PO Box 280	
City/State/ZIP: Battle Ground, WA	
Phone:	Fax:
CCB lic.: 126473	
Authorized signature:	
Print name: Dennis Annati	Date: 9-20-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		
Number. of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		$26,400
Existing building area:	square feet	7,913
New building area:	square feet	4,840
Number of stories:		1
Type of construction:		V-B
Occupancy groups:		
Existing:		Sit-down restaurant
New:		Fast food restaurant with drive-thru
NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
BUILDING PERMIT FEES*		
Please refer to fee schedule		
Fees due upon application		$256.61
Amount received		
Date received:		

Fees Due - $553.47

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

RECEIVED
BUILDING SERVICES DIVISION

OFFICE USE ONLY	
Date Received: AUG 23 2018	Permit No.: B2018-3936
Date Issued: 9-19-18	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 3485 SW Cedar Hills BLvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Tuesday Morning
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Fire Alarm Tenant Improvement

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☐ CONTACT PERSON
Business name: T&L Communications, Inc.	
Contact name: Larry Bushaw	
Address: PO Box 87387	
City/State/ZIP: Vancouver, WA 98687	
Phone: (360) 737-9725	Fax: (360) 737-9648
E-mail: office@tl-communications.com	

CONTRACTOR	
Business name: T&L Communications, Inc.	
Address: PO Box 87387	
City/State/ZIP: Vancouver, WA 98687	
Phone: (360) 737-9725	Fax: (360) 737-9648
CCB lic.: 67787	

Authorized signature: Larry Bushaw

Print name:	Date:
Larry Bushaw	08/21/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$3,500.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

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

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 8-17-18	Permit No.: B2018-3852
Date Issued: 9/18/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8300 SW Creekside Place, Suite 200	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 200	Project name: Aerotek
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm Notification Devices	
☐ PROPERTY OWNER	☑ TENANT
Name: Aerotek	
Address: 8300 SW Creekside Place, Suite 200	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
☑ APPLICANT	☐ CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

Authorized signature: [signature]

Print name:	Date: 8/16/18
Ben Breit	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$7,412
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$337.44
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9/14/2018	Permit No: B2018-4248
Date Issued: 9-18-18	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9555 SW Barnes Road (Peterkort Centre I)	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Suite 255	Project name: AIM
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Install fire alarm devices in suite per plans.

☐ PROPERTY OWNER	☐ TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	

☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

Authorized signature: Shane Jr Tercek

Print name:	Date:
Shane Tercek NICET Level III, Fire Alarms	09/11/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$4140
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	258.64
Amount received	
Date received:	

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

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

rev 07/13

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-17-18	Permit No.: BR2018-4273
Date Issued: 9-17-18	By: [illegible]
	Payment Type: Check

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9625 SW 125th Ave.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Southridge H.S.
Cross street/directions to job site: SW 125th Ave. and SW Conestoga Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Add (1) pendent fire sprinkler in closet.

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☑ CONTACT PERSON
Business name: Cosco Fire Protection	
Contact name: Dan Furno	
Address: 2501 SE Columbia Way, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 883-6383	Fax: (360) 883-6390
E-mail: dfurno@coscofire.com	

CONTRACTOR	
Business name: Cosco Fire Protection	
Address: 2501 SE Columbia Way, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 883-6383	Fax: (360) 883-6390
CCB lic.: 67508	

Authorized signature:

Print name:	Date:
Dan Furno	09/17/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	795.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	Light Hazard
New:	Light Hazard

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$109.57
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9-17-18	Permit No.: B2018-4267
Date Issued: 9-17-18	By: JK
	Payment Type: Visa

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 14350 S.W. Rochester Dr.	
City/State/ZIP: Beaverton, OR. 97005	
Suite/bldg./apt. no.:	Project name: Zimmerman
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Remove old shingles/sheeting/Framing from Roof.
Reframe/Resheet/Reshingle Roof.

☑ PROPERTY OWNER	☐ TENANT
Name: Joyce Zimmerman	
Address: 14350 S.W. Rochester	
City/State/ZIP: Beaverton, OR. 97005	
Phone: 503-880-7616	Fax:
E-mail:	

☒ APPLICANT	☒ CONTACT PERSON
Business name: Dream Home Services LLC.	
Contact name: Tom Anderson	
Address: 4130 S.W. 117th Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-574-0674	Fax:
E-mail: dreamhomeservicesLLC@gmail.com	

CONTRACTOR	
Business name: Same as Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 222153	

Authorized signature:

Print name:	Date:
Tom Anderson	9/17/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $ 60,000.00	
Number. of bedrooms: 3	
Number of bathrooms: 2	
Total number of floors: 1	
New dwelling area: 1800	square feet
Garage/carport area: 900	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$1,451.78
Amount received	$1,451.78
Date received: 9-17-18	

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

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

Form B70-1001 REV 2/14

6/18

Received 6/28/18

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 6-18-18	Permit No.: B2018-2669
Date Issued: 9-17-18	By:
	Payment Type: Check

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7665 SW Copel St	Copel
City/State/ZIP: Portland OR 97225	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Canyon	
Subdivision: Laurmac Park	Lot no.: 2
Tax map/parcel no.: 1S112BD01600	
DESCRIPTION OF WORK	
Add upper Room + 3 car garage + interior Reviews	
☑ PROPERTY OWNER	☐ TENANT
Name: Derek Mason	
Address: 7665 SW Copel ST	
City/State/ZIP: Portland OR 97225	
Phone: 503 998 7258	Fax:
E-mail: DEREKMASON@gmail.com	
☑ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name: Derek Mason	
Address: 7665 SW Copel ST	
City/State/ZIP: Portland OR 97225	
Phone: 503 998 7258	Fax:
E-mail: DEREKMASON@GMAIL.com	
CONTRACTOR	
Business name: Custom Renovation LLC	
Address: 16409 SE Division ST #216	
City/State/ZIP: Portland OR 97236	
Phone: 503 757 1985	Fax:
CCB lic.: 168976	

Authorized signature:

Print name: Derek Mason	Date: 06.18.18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	150,000
Number. of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	700 square feet
Garage/carport area:	1235 square feet
Covered porch area:	572 square feet
Deck area:	– square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$1,083.84
Amount received	$1,083.64
Date received: 6-18-18	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Clear Form

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/10/2018	Permit No.: B2018-4185
Date Issued: 9/14/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 13025 SW Forest Glen Ct	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 130th	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Sunroom addition

☑ PROPERTY OWNER	☐ TENANT
Name: Nathan & Rita Trueworthy	
Address: 13025 SW Forest Glen Ct	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 516-4874	Fax:
E-mail:	

☑ APPLICANT	☑ CONTACT PERSON
Business name: Image Homes	
Contact name: Mel Csergei	
Address: PO Box 3550	
City/State/ZIP: Hillsboro OR 97123	
Phone: 503 648-1341	Fax: cell
E-mail: image.homes5319@gmail.com	

CONTRACTOR	
Business name: Image Homes	
Address: PO Box 3550	
City/State/ZIP: Hillsboro OR 97123	
Phone: 503 209-5319	Fax:
CCB lic.: 42760	

Authorized signature: Mel Csergei

Print name: Mel Csergei	Date: 9/8/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	40,000
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	200 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	476.80
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

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8/9/18

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 8-9-18	Permit No.: B2018-3658
Date Issued: 9/14/2018	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 16042 SW Waxwing Way	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 160th	
Subdivision: Murrayhill	Lot no.: 234
Tax map/parcel no.: R2005383	

DESCRIPTION OF WORK

Remodel attic to living area, add porch roof + 8000.00

68.76 x 631# = $43,328

☑ PROPERTY OWNER	☐ TENANT
Name: Paul Owens	
Address: 16042 SW Waxwing Way	
City/State/ZIP: Beaverton, Or 97007	
Phone: 503-830-2675	Fax:
E-mail: plo@owenslaing.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name: owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized signature: Paul L. Owens

Print name: Paul L. Owens	Date: 8/9/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation $43,328		~~8,000~~
Number. of bedrooms:		2
Number of bathrooms:		1
Total number of floors:		1
New dwelling area:	square feet	631 X
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$124.43
Amount received	$124.43
Date received: 8-9-18	

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

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

Form B70-1001 REV 2/14

Rowled 8/14/18

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7/27

RECEIVED
CITY OF BEAVERTON
JUL 27 2018
BUILDING SERVICES DIVISION

Beaverton
OREGON

Building Permit Application

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

OFFICE USE ONLY	
Date Received: JUL 27 2018	Permit No: B2018-3403
Date Issued: 9/14/2018	By:
BUILDING SERVICES DIVISION	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 17404 NW AUTUMN RIDGE DR	
City/State/ZIP: BEAVERTON OR 97006	
Suite/bldg./apt. no.:	Project name: IRSHAD
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
KITCHEN + LIVING ROOM REMODEL - REMOVING LOAD BEARING WALL

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: NW RESIDENTIAL INC.	
Contact name: PHILIPPE AGNESSE	
Address:	
City/State/ZIP:	
Phone: 503 860-2631	Fax:
E-mail: nw-residential@outlook.com	

CONTRACTOR	
Business name: NW. RESIDENTIAL INC	
Address: PO BOX 230635	
City/State/ZIP: TIGARD 97281	
Phone: 503 860-2631	Fax:
CCB lic.: 162494	

Authorized signature:

Print name: PHILIPPE AGNESSE	Date: 7/27/18

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

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

NOTICE

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

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

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received 6/5/2018	Permit No. B2018-2444
Date Issued: 9/5/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☑ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 12500 SW Allen BLVD	
City/State/ZIP: Beaverton, Oregon, 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Allen and SW Hall	
Subdivision: Main St. Addition	Lot no.: 9,10, Parts of 1,4,5, and 8
Tax map/parcel no.: 1S121AA00200	

DESCRIPTION OF WORK

Demolition of existing 1-story concrete building and 1-story wood building.

☑ PROPERTY OWNER	☐ TENANT
Name: City of Beaverton	
Address: PO Box 4755	
City/State/ZIP: Beaverton, Oregon 97076	
Phone: (503) 526-2289	Fax:
E-mail: eoathes@beavertonoregon.gov	

☑ APPLICANT	☐ CONTACT PERSON
Business name: FFA Architecture and Interiors	
Contact name: Ian Gelbrich	
Address: 520 SW Yamhill St. Suite 900	
City/State/ZIP: Portland, Oregon, 97204	
Phone: (503) 327-0330	Fax:
E-mail: igelbrich@ffadesign.com	

CONTRACTOR	
Business name: Skanska USA Building, INC	
Address: 222 SW Columbia St # 300,	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 382-0915	Fax:
CCB lic.: 153980	

Authorized signature:

Print name:	Date:
Ian Gelbrich	05/31/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		$20,000
Existing building area:	square feet	23,800
New building area:	square feet	
Number of stories:		1
Type of construction:		VB
Occupancy groups:		
Existing:		B, R1
New:		

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	46557
Amount received	
Date received:	

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

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

Building Permit Application

Beaverton OREGON

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

RECEIVED
SEP 7 2018
CITY OF BEAVERTON
BUILDING DIVISION

OFFICE USE ONLY	
Date Received: SEP 7 2018	Permit No: B2018-4166
Date Issued: 9/13/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other: Solar

CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 13065 SW BARBERRY DR, BEAVERTON, Oregon, 97008, US	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Residential rooftop solar PV kw
8.7

☒ PROPERTY OWNER	☐ TENANT
Name: Juan De La Cruz	
Address: 13065 SW BARBERRY DR, BEAVERTON, Oregon, 97008, US	
City/State/ZIP:	
Phone: 5039974285	Fax:
E-mail: jramondlc@gmail.com	

☒ APPLICANT	☐ CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	

AFFIDAVIT

CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

Authorized signature: Jeffrey Lee

Print name:	Date:
Jeff Lee	09/03/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 10,260.52	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	482.51
Amount received	
Date received:	

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

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

Building Permit Application

Demo

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

OFFICE USE ONLY	
Date Received: 7/20/2018	Permit No. B2018-3259
Date Issued: 9/13/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☒ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ 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: Raleigh Hills Chick-fil-A
Cross street/directions to job site: SW 107th Ave.
Subdivision:
Lot no.:
Tax map/parcel no.: 1S114BC01900

DESCRIPTION OF WORK

Demolition of existing building for new Chick-fil-A

☐ PROPERTY OWNER	☒ 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	

☒ APPLICANT	☒ CONTACT PERSON
Business name: Buffalo Construction, Inc.	
Contact name: Rachel Steele, Permit Coordinator	
Address: 12700 Otto Knop Drive	
City/State/ZIP: Louisville, KY 40299	
Phone: 502.753.6624	Fax: 866.205.5259
E-mail: rachel.steele@buffaloconstruction.com	

CONTRACTOR

Business name: Buffalo Construction, Inc.
Address: 12700 Otto Knop Drive
City/State/ZIP: Louisville, KY 40299
Phone: 502.753.6624
Fax: 866.205.5259
CCB lic.: 177813

Authorized signature:

Print name: Rachel Steele	Date: 07/20/18
Rachel Steele	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	$100,000.00	
Existing building area:	7193	square feet
New building area:	4845	square feet
Number of stories:	1	
Type of construction:	VB	
Occupancy groups:	A2	
Existing:		
New:	A2	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	1,362.30
Amount received	
Date received:	

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

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

Building

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-5372
Date Issued: 9/13/2018	By:
	Payment Type:

TYPE OF WORK	
☒ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ 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: Raleigh Hills Chick-fil-A
Cross street/directions to job site: SW 107th Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S114BC01900	

DESCRIPTION OF WORK

Construction of a new Chick-fil-A restaurant and parking

☐ PROPERTY OWNER	☒ 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	

☒ APPLICANT	☒ CONTACT PERSON
Business name: Buffalo Construction, Inc.	
Contact name: Rachel Steele, Permit Coordinator.	
Address: 12700 Otto Knop Drive	
City/State/ZIP: Louisville, KY 40299	
Phone: 502.753.6624	Fax: 866.205.5259
E-mail: rachel.steele@buffaloconstruction.com	

CONTRACTOR	
Business name: Buffalo Construction, Inc.	
Address: 12700 Otto Knop Drive	
City/State/ZIP: Louisville, KY 40299	
Phone: 502.753.6624	Fax: 866.205.5259
CCB lic.: 177813	

Authorized signature:

Print name: Rachel Steele	Date: 07/20/18
Rachel Steele	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	$1,000,000.00	
Existing building area:	7193	square feet
New building area:	4845	square feet
Number of stories:	1	
Type of construction:	VB	
Occupancy groups:	A2	
Existing:		
New:	A2	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	5,691.57
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

8/3

Building Permit Application
City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds

Rounded 8/14/18

Type of work

- ☐ New construction
- ☑ Addition/alteration/replacement
- ☐ Demolition
- ☐ Other:

Category of construction

- ☑ 1 & 2 family dwelling
- ☐ Commercial/industrial
- ☐ Accessory building
- ☐ Multifamily
- ☐ Master builder
- ☐ Other:

Job site information and location

Job no.:	Job address: 7030 SW 163rd Pl.
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no. / Tax map/parcel no.

Description of work

Replacing Deck

Provide RS Permit no.

☑ Property owner / **☐ Tenant**

Name: Dean Monthei	E-mail:
Address: 7030 SW 163rd Pl.	
City/State/ZIP: Beaverton OR 97007	
Phone: 503-642-7996	FAX:

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

Owner signature: DBA/ADRIANS QF Date:

☑ Contractor

Business name: Impact Int.	E-mail: adrian@adrians.com
Address: 3115 SW 211th Ave.	
City/State/ZIP: Beaverton OR 97003	
Phone: 503-209-9216	FAX: 503-848-8721
CCB lic. no. 64660	

Authorized signature: Adrian Petrisor

Print name: ADRIAN PETRISOR Date: 8/3/18

☑ Applicant / **☑ Contact Person**

Business name: ADRIAN'S Quality Fencing & DECKS.	
Contact name: Adrian Petrisor	
Address: 3115 SW 211th Ave.	
City/State/ZIP: Beaverton OR 97003	
Phone: 503-209-9216	FAX:
E-mail: adrian@adrians.com	

Authorized signature: Adrian Petrisor

Print name: ADRIAN PETRISOR Date: 8/3/18

Office Use Only

Permit no:	B2018-3535
Date received:	
By:	9/4/2018

Required Data: One and Two Family Dwelling

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

Valuation:	9800
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

Required Data: Commercial Use

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

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

Notice

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.

Statement of Fact: I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.

I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations. _____ (initials)

Building Permit Fees*

Please refer to fee schedule

Fees due upon application	$173.87
Amount received	
Date received	

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

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/12/2018	Permit No: B2018-4216
Date Issued:	Fee:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other: REPAIR

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 14401 SW TEAL BLVD
City/State/ZIP: BEAVERTON, OR 97006
Suite/bldg./apt. no.: | Project name: STERLING POINTE APARTMENT Repair
Cross street/directions to job site:
Subdivision: | Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

STRUCTURAL REPAIRS TO APARTMENT UNIT ROOFS DAMAGED BY FIRE, UNITS B&D

☒ PROPERTY OWNER	☐ TENANT
Name: STERLING POINTE HOLDING LLC	
Address: 14437 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97008	
Phone: 503-233-3834	Fax: —
E-mail: Richard.Sassara@Primegrp.com	

☒ APPLICANT	☐ CONTACT PERSON
Business name: Advanced Structural Forensics	
Contact name: KEN OLIPHANT	
Address: 15575 NW Oakhills Dr.	
City/State/ZIP: Beaverton, OR 97006	
Phone: 971.645.7559	Fax: —
E-mail: KO@ASF.EXPERT	

CONTRACTOR

Business name: BELFOR PROPERTY RESTORATION
Address: 12823 NE AIRPORT WAY
City/State/ZIP: PORTLAND, OR 97230
Phone: 503-408-8880 | Fax: —
CCB lic.: 146973
Authorized signature:

Print name: KEN OLIPHANT	Date: 9/10/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation 150,000	
Existing building area: 5540	square feet
New building area: ϕ	square feet
Number of stories: 2	
Type of construction: V-B	
Occupancy groups: R-2	
Existing: R-2	
New: NO CHANGE	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	2,997.98
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

8/9

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

Beaverton OREGON

OFFICE USE ONLY	
Date Received: 8/9/2018	Permit No. B2018-3638
Date Issued: 9/12/2018	By:
	Payment Type: 8402

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5675 SW Chestnut Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Harper Residence
Cross street/directions to job site: Going west on SW Pine St, turn right on SW Chestnut Ave.	
Subdivision: Royal Woodlands No 7	Lot no.: 7000
Tax map/parcel no.: 1 S1 14DC	
DESCRIPTION OF WORK	
Replacing existing damaged deck with new deck and providing roof repairs at the house and garage.	

Reroutg 8/20

☑ PROPERTY OWNER	☐ TENANT
Name: Jacob Harper	
Address: 5675 SW Chestnut Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 724-3024	Fax:
E-mail: Jcb.hrpr@gmail.com	
☑ APPLICANT	**☐ CONTACT PERSON**
Business name: TM Rippey Consulting Engineers	
Contact name: Vasily Lebedev	
Address: 7650 SW Beveland St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 443-3900	Fax: (503) 443-3700
E-mail: vlebedev@tmrippey.com	
CONTRACTOR	
Business name: OHI Construction	
Address: 17255 Pilkington Road	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 635-6248	Fax: (503) 636-7183
CCB lic.: 34908	

Authorized signature:

Print name:	Date:
Vasily Lebedev	08/07/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		$35,000
Number. of bedrooms:		
Number of bathrooms:		2
Total number of floors:		2
New dwelling area:	square feet	1036
Garage/carport area:	square feet	482
Covered porch area:	square feet	
Deck area:	square feet	227
Other structure area:	square feet	

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	312.79
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

R

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 09/12/18	Permit No.: B2018-4209
Date Issued: 09/12/18	By: S.V.T.
	Payment Type: Check

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 16100 NW CORNELL RD

City/State/ZIP: BEAVERTON

Suite/bldg./apt. no.: 110 | Project name: BEAVERTON SPORTS CARD PT

Cross street/directions to job site:

Subdivision: | Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

INTERIOR WALL PARTITIONS

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: NW PRECISION DESIGN	
Contact name: DARIN BOUSKA	
Address: 22605 SW PINEHURST CT	
City/State/ZIP: SHERWOOD OR 97140	
Phone: 503-680-6444	Fax:
E-mail: DARIN@NW-PRECISION.COM	

CONTRACTOR

Business name: BNK CONST

Address: 15 82nd DR #53B

City/State/ZIP: GLADSTONE OR 97027

Phone: 503-557-0866 | Fax:

CCB lic.: 107555

Authorized signature:

Print name: DARIN BOUSKA | Date: 9/11/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

Number. of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation 92,400

Existing building area: square feet

New building area: square feet

Number of stories: 2

Type of construction: IIB

Occupancy groups:

Existing: B

New: B

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

8/16

Beaverton OREGON

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-16-18	Permit No.: B2018-38336
Date Issued: 9/11/2018	
	Payment Type:

Routed 8/23/18

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 11940 S.W. BEAVERCREST CT.
City/State/ZIP: BEAVERTON, OREGA. (97008)
Suite/bldg./apt. no.: ——— Project name: OFORI - ATTA
Cross street/directions to job site: S.W. AFF: CARE HOME TO: →
GO: SOUTH ON ON BEAVERCREST CT.
Subdivision: Beaver. Crest Hgt. Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

ADD. 30' x 21' DORMER @ REAR W/ MAS. BED/ Bth. & H.C. Bth @ LOWER FLR. & CONVERT (3) BER TO (4) LOWER FLR.

☒ PROPERTY OWNER	☐ TENANT
Name: MS. MARY OFORI - ATTA	
Address: 11940 S.W. BEAVERCREST CT.	
City/State/ZIP: BEAVERTON, OREGA. (97008)	
Phone: (503)	~~Fax:~~
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: SJ DESIGN / PLANNER	
Contact name: STEVEN J. JACOBSEN	
Address: 17680 N.W. Shady Fir Loop	
City/State/ZIP: BEAVERTON, OREGA. (97006)	
Phone: (503) 807-0572	~~Fax:~~
E-mail: steven jacobsen 621 @ g.mail.com	

CONTRACTOR

Business name: SUFFA ROGERS
Address: 6706 N. VILLARD ST.
City/State/ZIP: PORTLAND OREGA. (97217)
Phone: (503) 519-5728 Fax: ———
CCB lic.: 212011

Authorized signature: Suffa Rogers

Print name: SUFFA ROGERS Date: 8.16.18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation	$60,000.00 +
Number. of bedrooms:	(6)
Number of bathrooms:	REVISE (3)
Total number of floors:	(EXIST.) (2)
New dwelling area:	DORMER square feet 672 SF.
Garage/carport area:	——— square feet /
Covered porch area:	——— square feet /
Deck area:	——— square feet /
Other structure area:	——— square feet /

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$460.42
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

R

7/10

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 7/10/2018	Permit No. B2018-3077
Date Issued: 9/21/2018	By:
	Payment Type: 107

Received 7/13/18

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ 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:
Cross street/directions to job site: SW Royal Woodlands Drive	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S114CA11700	

DESCRIPTION OF WORK

568 square foot master bedroom w/bath addition and laundry room, new roof, replace windows with energy efficient.

☑ PROPERTY OWNER	☐ TENANT
Name: Scott & Donna Smoot	
Address: 5270 SW Birch Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-449-2151	Fax:
E-mail: swsmoot@comcast.net	

☑ APPLICANT	☐ CONTACT PERSON
Business name: N/A (Home Owner)	
Contact name: Scott Smoot	
Address: 5270 SW Birch Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-449-2151	Fax:
E-mail: swsmoot@comcast.net	

CONTRACTOR	
Business name: SKS Construction	
Address: P.O. Box 2951	
City/State/ZIP: Oregon City, OR 97045	
Phone: 971-645-6201	Fax:
CCB lic.: 188051	

Authorized signature:

Print name: Scott Smoot	Date: 7-9-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation		$132,619.00
Number. of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	568
Garage/carport area:	square feet	
Covered porch area:	square feet	137
Deck area:	square feet	
Other structure area:	square feet	

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	1,004.82
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

8/23

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8/23/2018	Permit No. B2018-3941
Date Issued: 9/11/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☑ Other: Repair Existing Garage

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☑ Other: Attached Garage

JOB SITE INFORMATION AND LOCATION	
Job site address: 6117 S.W. 67th Place	
City/State/ZIP: Portland, OR 97223	
Suite/bldg./apt. no.:	Project name: Garage Repair
Cross street/directions to job site:	
Subdivision: Plum Tree	Lot no.: 4
Tax map/parcel no.: 1S124AA-08000 / Acct #R2178740	

DESCRIPTION OF WORK
Repair garage front after car impact

☑ PROPERTY OWNER	☐ TENANT
Name: Greg Spear	
Address: 6117 S.W. 67th Place	
City/State/ZIP: Portland OR. 97223	
Phone: (831) 585-8191	Fax:
E-mail: gspearcpa@gmail.com	

☑ APPLICANT	☑ CONTACT PERSON
Business name: Willamette Restoration Services Inc.	
Contact name: Derek Conley	
Address: 14190 Fir St.	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 720-3369	Fax:
E-mail: derek.conley@wrsco.net	

CONTRACTOR	
Business name: Willamette Restoration Services Inc.	
Address: 14190 Fir St.	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 720-3369	Fax:
CCB lic.: 158552	

Authorized signature:

Print name:	Date:
Chris Torrence	08/22/18

Chris Torrence 8-23-18

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

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	248 67
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

300-907-1875 Chris - Contact

APPROVED 9-11-18 DSB

8/23

Building Permit Application

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

RECEIVED
CITY OF BEAVERTON
AUG 23 2018
BUILDING SERVICES DIVISION

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-3934
Date Issued:	By:
	Payment Type: 41954

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 15232 NW Greenbrier Parkway	
City/State/ZIP: Beaverton/OR/97006	
Suite/bldg./apt. no.: 15232	Project name: Najit Technologies
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Demolition of non structural partitions
Construction of non structural partitions

☑ PROPERTY OWNER	☐ TENANT
Name: Lincoln Property Company	
Address: 1121 SW 5th Ave suite 700	
City/State/ZIP: Portland/OR/97204	
Phone: (503) 673-2805	Fax:
E-mail: lmorrison@lpc.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Commercial Contractors Inc.	
Contact name: Jake Money	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield/WA/98642	
Phone: (360) 931-4361	Fax:
E-mail: jake@ccigc.com	

CONTRACTOR	
Business name: Commercial Contractors Inc.	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield/WA/98642	
Phone: (503) 227-4440	Fax:
CCB lic.: 123729	

Authorized signature:

Print name:	Date:
Bryan,Monroe	08/17/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		$28,432
Existing building area:	square feet	29631
New building area:	square feet	2403
Number of stories:		1
Type of construction:		V-B
Occupancy groups:		
Existing:		B
New:		B

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,420.23
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9/14/2018	Permit No.: B2018-4253
Date Issued: 9/14/2018	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9450 SW Gemini Dr.	
City/State/ZIP: BEAVERTON	
Suite/bldg./apt. no.:	Project name: EARTH CLASS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
RELOCATE (1) HD

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name: PACIFIC FIRE	
Address: 6704 RIVIERA CT	
City/State/ZIP: WEST LINN OR 97068	
Phone: 503 710-1482	Fax:
CCB lic.: 180140	
Authorized signature:	
Print name: KENT MAHERA	Date: 9-14-18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $425.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	92.00
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/14/2018	Permit No.: B2018-4252
Date Issued:	By
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 4535 S.W Laurelwood Ave	
City/State/ZIP: Portland, OR 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Beaverton Hillsdale Hwy + Laurelwood Ave 1st house on Laurelwood Behind the US Bank	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

making existing window Bigger for egress window. In the Back of the house

☒ PROPERTY OWNER	☐ TENANT
Name: Jason Cockrehan	
Address: 4535 S.W Laurelwood Ave	
City/State/ZIP: Portland, OR 97223	
Phone: 503-730-0012	Fax: 503-210-0542
E-mail: Jason@acgmp.com	

☒ APPLICANT	☑ CONTACT PERSON
Business name: Kyles Carpentry Inc	
Contact name: Kyle Roundtree	
Address: 14185 S.W. Patricia Ave	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503-317-9835	Fax:
E-mail: Kylescarpentryinc@comcast.net	

CONTRACTOR	
Business name: Kyles Carpentry Inc Same as above	
Address: 14185 S.W. Patricia Ave	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503-317-9835	Fax:
CCB lic.: x 164930	

Authorized signature:

Print name: Kyle Roundtree	Date: 9/5/18
K. Roundtree	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $ 2000.00	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	208.88
Amount received	
Date received:	

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

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

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-4213
Date Issued: 9/12/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 973 NW Silverado

City/State/ZIP: Beaverton OR 97006

Suite/bldg./apt. no.: | Project name:

Cross street/directions to job site:

Subdivision: Waterhouse | Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

New windows, move powder Room from one side of kitchen to the other side.

☐ PROPERTY OWNER	☐ TENANT
Name: Dan and Guennet Cook	
Address: 973 NW Silverado	
City/State/ZIP: Beaverton OR	
Phone: 503-314-5415	Fax:
E-mail:	

☑ APPLICANT	☑ CONTACT PERSON
Business name: Burnside Builders PDX	
Contact name: Seth deParrie-Gray	
Address: 18435 SE Mill	
City/State/ZIP: Portland OR 97233	
Phone: 503.583.3038	Fax:
E-mail: burnsidebuildersPDX@gmail.com	

CONTRACTOR

Business name: Burnside Builders PDX

Address: 18435 SE Mill St

City/State/ZIP: Portland OR 97233

Phone: 503 583 3038 | Fax:

CCB lic.: 212947

Authorized signature: [signature]

Print name: Seth Gray | Date: 9-12-18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation 3,000

Number of bedrooms: 4

Number of bathrooms: 2½

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	234.92
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9/11/2018	Permit No.: B2018-4202
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☑ Other: fire sprinkler

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 6600 SW 105th Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 160	Project name: PNWP CHP 160 TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Relocate 2 existing sprinkler head drops off of existing wet system.

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: becka@afpsys.com	

CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin,OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	

Authorized signature:

Print name:	Date:
Steve Frost	09/11/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		$700.00
Existing building area:	square feet	TI1,182
New building area:	square feet	
Number of stories:		2
Type of construction:		III-B
Occupancy groups:		
Existing:		B-office
New:		no change

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

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

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

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

Form B70-1001 REV 2/14

COB Revision/Tracking Number
REV
T 18-020

Building Permit Application

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

RECEIVED
CITY OF BEAVERTON
SEP 0 2018
BUILDING SERVICES DIVISION

OFFICE USE ONLY	
Date Received:	Permit No: B2018-3785
Date Issued:	
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 16480 SW Sienna Lane	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: Deer Creek	Lot no.: 21
Tax map/parcel no.: 14300	

DESCRIPTION OF WORK

New joists/floor in the existing attic space, adjacent to the Media room (above the garage) to convert part of that space into the storage.

☑ PROPERTY OWNER	☐ TENANT
Name: Igor Molchanov	
Address: 16480 SW Sienna Ln	
City/State/ZIP: Beaverton, OR 97007	
Phone: (971) 344-1889	Fax:
E-mail: ivmolchanov@yahoo.com	

☐ APPLICANT	☐ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized signature:

Print name: IGOR MOLCHANOV	Date: 09/07/2018

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

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

NOTICE

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

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

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

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

5 OAKS ADDITION & Alteration

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 3-12-18	Permit No.: B2018-1056
Date Issued: 9/26/2018	By:
	Payment Type:

TYPE OF WORK	
☑ New construction	☑ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☑ Other: School

JOB SITE INFORMATION AND LOCATION	
Job site address: 1600 NW 173rd Ave	
City/State/ZIP: Beaverton, OR, 97006	
Suite/bldg./apt. no.:	Project name: Five Oaks MS renovation
Cross street/directions to job site: 1/4 mile South of NW Cornell RD & NW 173rd Ave	
Subdivision:	Lot no.: 500
Tax map/parcel no.: 1N1310000500	

DESCRIPTION OF WORK

Construction of two building additions. Interior renovation of School. Abatement, demolition and wall and finish upgrades for restrooms, classrooms, and support areas. Work includes: architectural, electrical, mechanical & structural.

☑ PROPERTY OWNER	☑ TENANT
Name: BEAVERTON SCHOOL DISTRICT #48J (contact: Jessica Pavelka)	
Address: 16550 SW MERLO RD.	
City/State/ZIP: BEAVERTON, OR 97003	
Phone: (503) 356-4500	Fax:
E-mail: Jessica_Pavelka@beaverton.k12.or.us	

☑ APPLICANT	☑ CONTACT PERSON
Business name: BASSETTI ARCHITECTS	
Contact name: Joe Echeverri	
Address: 721 NW 9TH AVENUE, #350	
City/State/ZIP: PORTLAND, OR 97209	
Phone: (503) 224-9162	Fax:
E-mail: JEcheverri@bassettiarch.com	

CONTRACTOR	
Business name: Kirby Nagelhout Construction	
Address: 10110 SW Nimbus Ave, Suite B6	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 530-8420	Fax:
CCB lic.: #95590)	

Authorized signature: Jessica J Pavelka

Print name: Jessica Pavelka - BSD PM	Date: 02/05/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$13,090,000
Existing building area:	square feet 153,192
New building area:	square feet 8,415
Number of stories:	2
Type of construction:	II - B
Occupancy groups:	E (Educational)
Existing:	E (Educational)
New:	E (Educational)

NOTICE

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

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

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

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

Form B70-1001 REV 2/14

997-746-165

Building Permit Application

APPROVED 08/28/18 S.V.T.

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

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

OFFICE USE ONLY	
Date Received: 7-23-18	Permit No.: B2018-3283
Date Issued: 9/6/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 3831 SW 117th	
City/State/ZIP: Beaverton, OR 97229	
Suite/bldg./apt. no.: Suite G	Project name: Every Lovely Bride
Cross street/directions to job site: Canyon Place Shopping Center at corner of SW Canyon Road and SW 117th Ave. Endcap of building E	
Subdivision: Steel's Addition	Lot no.: 39-42,49-51 & 47,48,52
Tax map/parcel no.: 1S110CD-00900	

DESCRIPTION OF WORK

Full height partition demise of existing retail space to two suites. Scope includes reinstallation of unisex ADA restroom in existing location which was removed & capped in 2015, relocation of storefront door and replacement of existing rear door.

☑ PROPERTY OWNER	☐ TENANT
Name: Harsch Investment Properties, LLC	
Address: 1121 SW Salmon St., Suite 500	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 973-0276	Fax:
E-mail: JenniferV@harsch.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Harsch Investment Properties	
Contact name: Jennifer Volbeda	
Address: 1430 SW Broadway, Suite 100	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 973-0276	Fax:
E-mail: JenniferV@harsch.com	

CONTRACTOR	
Business name: Pacific Crest Structures, Inc.	
Address: 17750 SW Upper Boones Ferry Road #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	

Authorized signature:

Print name:	Date:
Jennifer Volbeda	07/18/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation		$55,000
Existing building area:	square feet	15,075sf
New building area:	square feet	0
Number of stories:		1
Type of construction:		IIB
Occupancy groups:		M
Existing:		M
New:		M

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$970.30
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 7/27/2018	Permit No. B2018-3402
Date Issued: 9/6/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☑ Other: Pallet Racking

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 1870 NW 173rd AVE	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Storage Racking
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

☐ PROPERTY OWNER	☑ TENANT
Name: Lynn Nelson	
Address: 1870 NW 173rd AVE	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 572-9350	Fax:
E-mail: lnelson@oregonfoodbank.org	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Raymond Handling	
Contact name: ~~Jake Moon~~ Aaron Bany	
Address: 3148 N.E. 181st AVE	
City/State/ZIP: Portland, OR 97230	
Phone: (503) ~~320-9700~~ 704-2673	Fax:
E-mail: ~~jmoon~~ abany@raymondhandling.com	

CONTRACTOR	
Business name: Warehouse Solutions, LLC.	
Address: PO Box 265	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 734-9886	Fax:
CCB lic.: OR CCB#203996	

Authorized signature: Brian Oelling

Print name: Brian Oelling	Date:
Jake Moon	07/19/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$19,798.56
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	Pallet Racking
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	943.61
Amount received	
Date received:	

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

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

2 days
addition & alteration

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 3-12-18	Permit No.: B2018-1056
Date Issued: 9/6/2018	By:
	Payment Type:

TYPE OF WORK	
☑ New construction	☑ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☑ Other: School

JOB SITE INFORMATION AND LOCATION	
Job site address: 1600 NW 173rd Ave	
City/State/ZIP: Beaverton, OR, 97006	
Suite/bldg./apt. no.:	Project name: Five Oaks MS renovation
Cross street/directions to job site: 1/4 mile South of NW Cornell RD & NW 173rd Ave	
Subdivision:	Lot no.: 500
Tax map/parcel no.: 1N1310000500	

DESCRIPTION OF WORK

Construction of two building additions. Interior renovation of School. Abatement, demolition and wall and finish upgrades for restrooms, classrooms, and support areas. Work includes: architectural, electrical, mechanical & structural.

☑ PROPERTY OWNER	☑ TENANT
Name: BEAVERTON SCHOOL DISTRICT #48J (contact: Jessica Pavelka)	
Address: 16550 SW MERLO RD.	
City/State/ZIP: BEAVERTON, OR 97003	
Phone: (503) 356-4500	Fax:
E-mail: Jessica_Pavelka@beaverton.k12.or.us	

☑ APPLICANT	☑ CONTACT PERSON
Business name: BASSETTI ARCHITECTS	
Contact name: Joe Echeverri	
Address: 721 NW 9TH AVENUE, #350	
City/State/ZIP: PORTLAND, OR 97209	
Phone: (503) 224-9162	Fax:
E-mail: JEcheverri@bassettiarch.com	

CONTRACTOR	
Business name: Kirby Nagelhout Construction	
Address: 10110 SW Nimbus Ave, Suite B6	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 530-8420	Fax:
CCB lic.: #95590)	

Authorized signature: Jessica J Pavelka

Print name: Jessica Pavelka - BSD PM	Date: 02/05/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	$13,090,000
Existing building area:	square feet 153,192
New building area:	square feet 8,415
Number of stories:	2
Type of construction:	II - B
Occupancy groups:	E (Educational)
Existing:	E (Educational)
New:	E (Educational)

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-27-18	Permit No.: B2018-3992
Date Issued: 9/6/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☑ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Central & East Services
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Structural support for services for future equipment.

☑ PROPERTY OWNER	☐ TENANT
Name: Nike AMI	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☑ APPLICANT	☐ CONTACT PERSON
Business name: Capitol Electric Co. Inc	
Contact name: James Eddington	
Address: 11401 NE Marx St	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 257-7121
E-mail: Jime@cepdx.com & Shannonm@cepdx.com	

CONTRACTOR	
Business name: Capitol Electric Co. Inc	
Address: 11401 NE Marx St	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 257-7121
CCB lic.: 26-496C	

Authorized signature:

Print name: Shannon McClaren	Date: 8/27/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$6,200.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$138.42
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9/5/2018	Permit No. B2018-4109
Date Issued: 9/5/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 6241 SW Valley Circle	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Allen Ave. to Valley Ave., then left on 17th, then Right on Valley Circle, 4-plex is on 2nd building on the right.	
Subdivision: Channing Heights No. 2	Lot no.: 52
Tax map/parcel no.: 1S121AB19600	

DESCRIPTION OF WORK

ReRoof East facing part of the roof with Certainteed Landmark Asphalt shingles.

☑ PROPERTY OWNER	☐ TENANT
Name: Wendy Van Domelen	
Address: 6241 SW Valley Circle	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 350-1616	Fax:
E-mail:	

☐ APPLICANT	☐ CONTACT PERSON
Business name: Van Domelen Properties	
Contact name: Diana Marshall	
Address: 6241 SW Valley Circle	
City/State/ZIP: Beaverton, OR 97008	
Phone: (858) 405-1995	Fax:
E-mail: rentalslineup@gmail.com	

CONTRACTOR	
Business name: Tony Van Domelen	
Address: 2800 SW 214th Ave.	
City/State/ZIP: Aloha, OR 97003	
Phone: (800) 895-2507	Fax:
CCB lic.: 43040	

Authorized signature: Tony Van Domelen

Print name:	Date:
Tony Van Domelen	09/05/20

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1750.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	209.54
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 8/3/2018	Permit No.: B2018-3049
Date Issued: 9/4/2018	By: CM
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other: Solar

CATEGORY OF CONSTRUCTION	
☒ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 17430 Northwest Bernard Place, Beaverton, Oregon, 97006, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Residential rooftop solar PV kw 5.51

☒ PROPERTY OWNER	☐ TENANT
Name: Dan Klimke	
Address: 17430 Northwest Bernard Place, Beaverton, Oregon, 97006, United States	
City/State/ZIP:	
Phone:	Fax:
E-mail: dklimke@gmail.com	

☒ APPLICANT	☐ CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	

CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

Authorized signature: Jeffrey Lee

Print name:	Date:
Jeff Lee	08/24/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation $11,546.37	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No: B2018-4158
Date Issued: 9/7/2018	
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
■ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	■ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 1825 NW 167th Place	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Arris
Cross street/directions to job site: NW 167th Pl and NW Cornell	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Alter (3) sprinklers to accommodate remodel.

☐ PROPERTY OWNER	■ TENANT
Name: Arris	
Address: 101 Tournament Drive	
City/State/ZIP: Horsham, PA 19004	
Phone: (503) 221-1121	Fax:

■ APPLICANT	☐ CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Joseph Plattner	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver,WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: Joseph.plattner@patriotfire.com	

CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

Authorized signature: Joseph Plattner

Print name: Joseph Plattner	Date: 09/06/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation $400.00		
Existing building area:	29,513.00	square feet
New building area:	29,513.00	square feet
Number of stories: 1.00		
Type of construction: 1B		
Occupancy groups: B		
Existing: B		
New: B		

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	92 —
Amount received	
Date received:	

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

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

rev 06/11

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9/7/2018	Permit No: B2018-4159
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☑ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 15721 SW Village Circle	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.: —	Project name: Covered deck modification
Cross street/directions to job site: Village Lane	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Replace polycarbonate roofing on covered deck. Tie into house roof, shingle to match house. Install railings + privacy screen.

☑ PROPERTY OWNER	☐ TENANT
Name: Susan Smith	
Address: 15721 SW Village Circle	
City/State/ZIP: Beaverton OR 97007	
Phone: 503.608.0352	Fax: —
E-mail: tumornurse@yahoo.com	

☑ APPLICANT	☑ CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name: Straight-Line Design	
Address: 4825 SW 141st Ave	
City/State/ZIP: Beaverton OR 97007	
Phone: 503.616.8592	Fax:
CCB lic.: 195218	

Authorized signature: Susan Smith

Print name: SUSAN SMITH	Date: 9.7.18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $10,000	
Number. of bedrooms: 4	
Number of bathrooms: 3 1/2	
Total number of floors: 1	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area: 224 ☑	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	452.07
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-7-18	Permit No.: B2018-4143
Date Issued:	By:
	Payment Type: 83339

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☒ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD. 'D'	
City/State/ZIP: PORTLAND, OR. 97223	
Suite/bldg./apt. no.: 19-20	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING. INSTALL 15lb FELT UNDERLAYMENT FLASHINGS, RVO-38 VENTS, GAF NATURAL SHADOW 40 YEAR ROOFING.

☒ PROPERTY OWNER	☐ TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

503-820-1482 cell

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas

Print name: LOUIS ORNELAS	Date:
	9-4-2018

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	6,573
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$311.58
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-7-18	Permit No.: B2018-4144
Date Issued:	By: GL
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☒ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD. 'E'	
City/State/ZIP: PORTLAND, OR. 97223	
Suite/bldg./apt. no.: 21-24	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING. INSTALL 15lb FELT UNDERLAYMENT FLASHINGS, RVO-38 VENTS, GAF NATURAL SHADOW 40 YEAR ROOFING.

☒ PROPERTY OWNER	☐ TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas

Print name: LOUIS ORNELAS	Date:
	9-4-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	13,435
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$442.75
Amount received	
Date received:	

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

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

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 9-7-18	Permit No.: B2018-4145
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☒ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD. "F"	
City/State/ZIP: PORTLAND, OR. 97223	
Suite/bldg./apt. no.: 25-26	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING, INSTALL 15lb FELT UNDERLAYMENT FLASHINGS, RVO-38 VENTS, GAF NATURAL SHADOW 40 YEAR ROOFING.

☒ PROPERTY OWNER	☐ TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas

Print name: LOUIS ORNELAS	Date:
	9-4-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	12,748
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$677.78
Amount received	
Date received:	

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-7-18	Permit No.: BA018-4146
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☒ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD. 'G'	
City/State/ZIP: PORTLAND, OR. 97223	
Suite/bldg./apt. no.: 27-28	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING, INSTALL 15lb FELT UNDERLAYMENT FLASHINGS, RVO-38 VENTS, GAF NATURAL SHADOW 40 YEAR ROOFING.

☒ PROPERTY OWNER	☐ TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas

Print name: LOUIS ORNELAS	Date:
	9-4-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	12,748
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	$677.78
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-7-18	Permit No.: B2018-4147
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☒ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9700 SW GARDEN HOME RD. 'H'	
City/State/ZIP: PORTLAND, OR. 97223	
Suite/bldg/(apt. no.): 29-30	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING, INSTALL 15lb FELT UNDERLAYMENT FLASHINGS, RVO-38 VENTS, GAF NATURAL SHADOW 40 YEAR ROOFING.

☒ PROPERTY OWNER	☐ TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas

Print name: LOUIS ORNELAS	Date:
	9-4-2018

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	13,733
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$442.75
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-7-18	Permit No.: B2018-4148
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☒ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD.	
City/State/ZIP: PORTLAND, OR. 97223	
Suite/bldg./apt. no.: 31-34	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING. INSTALL 15lb FELT UNDERLAYMENT FLASHINGS, RVO-38 VENTS, GAF NATURAL SHADOW 40 YEAR ROOFING.

☒ PROPERTY OWNER	☐ TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas

Print name: LOUIS ORNELAS	Date:
	9-4-2018

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,808
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$386.53
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-7-18	Permit No.: B2018-4149
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☒ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9700 SW GARDEN HOME RD. 'J'	
City/State/ZIP: PORTLAND, OR. 97223	
Suite/bldg./apt. no.: 35-38	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING, INSTALL 15lb FELT UNDERLAYMENT, FLASHINGS, RVO-38 VENTS, GAF NATURAL SHADOW 40 YEAR ROOFING.

☒ PROPERTY OWNER	☐ TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas

Print name: LOUIS ORNELAS	Date:
	9-4-2018

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 10,808	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$386.53
Amount received	
Date received:	

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-7-18	Permit No.: B2018-4150
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☒ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☒ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD. 'SHOP'	
City/State/ZIP: PORTLAND, OR. 97223	
Suite/bldg./apt. no.: SHOP	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING, INSTALL 15lb FELT UNDERLAYMENT FLASHINGS, RVO-38 VENTS, GAF NATURAL SHADOW 40 YEAR ROOFING.

☒ PROPERTY OWNER	☐ TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☐ CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas

Print name: LOUIS ORNELAS	Date:
	9-4-2018

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	8,603
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	$349.06
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-4101
Date Issued: 9/5/2018	
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6600 SW 105th Ave. Suite 160	
City/State/ZIP: Portland, OR	
Suite/bldg./apt. no.: 160	Project name: 217 Corp. Place
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Notification Devices	
☐ PROPERTY OWNER	☑ TENANT
Name: 217 Corp. Place	
Address: 6600 SW 105th Ave. Suite 160	
City/State/ZIP: Portland, OR	
Phone:	Fax:
E-mail:	
☑ APPLICANT	☐ CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

Authorized signature:

Print name:	Date:
Ben Breit	09/04/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$1,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	121.28
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

6/4

Building Permit Application

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

RECEIVED
BEAVERTON
JUN 4 2018
BUILDING SERVICES DIVISION

OFFICE USE ONLY	
Date Received: JUN 4 2018	Permit No: B20B-2421
Date Issued: 9/6/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3485 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: CHC Storefront Remodel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace the old conventional sprinkler monitoring alarm system with a new addressable system.	
☐ **PROPERTY OWNER**	☐ **TENANT**
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
☐ **APPLICANT**	☐ **CONTACT PERSON**
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Stoner Electric, Inc.	
Address: 1904 SE Ochoco Street	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 462-5248	Fax: (503) 659-2765
CCB lic.: 44823	

Authorized signature: D. Litzenberg

Print name:	Date:
Dave Litzenberg	6/4/2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	$4,827.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. B2018-4089
Date Issued: 9/4/2018	By:
	Payment Type: 1255

TYPE OF WORK	
☒ New construction	☐ Demolition
☒ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☒ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 12000 SW Canyon	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: 1200 Building
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Upgrade Fire Alarm panel. Tie in of new duct detectors

☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

☒ APPLICANT	☒ CONTACT PERSON
Business name: Fire Systems West	
Contact name: Mark Scharfen	
Address: 600 SE Maritime Ave #300	
City/State/ZIP: Vancouver WA 98661	
Phone: 360.771.7835	Fax:
E-mail: marks@firesystemswest.com	

CONTRACTOR	
Business name: Fire Systems West	
Address: 600 SE Maritime Ave #300	
City/State/ZIP: Vancouver WA 98661	
Phone: 360.771.7835	Fax:
CCB lic.: 49732	

Authorized signature: [signature]

Print name: Mark Scharfen	Date: 09.04.2018

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation $8270	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

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

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

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

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 7/3/2018	Permit No.: B2018-2930
Date Issued: 9/5/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2040 SW Merlo ct.

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: Bldg D | Project name: Merlo Station Apartments

Cross street/directions to job site: corner of SW Merlo Rd. and Merlo Ct. (Between 170th and Jenkins)

Subdivision: Cedar Creek Acres | Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing vinyl siding with new fiber cement siding. Extensive exterior sheathing replacement anticipated. Modifications to the ventilation system in each apartment unit.

☑ PROPERTY OWNER	☐ TENANT
Name: c/o Guardian Real Estate Services	
Address: 760 SW 9th Ave., Suite 2200	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 802-3600	Fax:
E-mail: tamara.holden@gres.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: J2 Building Consultants, Inc.	
Contact name: Ryan Paddock	
Address: 17 SW Gibbs St.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 546-8212	Fax:
E-mail: ryanp@j2consultants.com	

CONTRACTOR

Business name: LMC Construction

Address: 19200 SW Teton Ave.

City/State/ZIP: Tualatin, OR 97062

Phone: (503) 646-0521 | Fax:

CCB lic.: 218312

Authorized signature:

Print name: Ryan Paddock | Date: 6/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

Number. of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $500,000

Existing building area: square feet

New building area: same square feet

Number of stories: 3

Type of construction: V-B

Occupancy groups: R 2

Existing:

New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	4,937.02
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 7/3/2018	Permit No.: B2018-2927
Date Issued: 9/5/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2016 SW Merlo Ct.

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: Bldg A | Project name: Merlo Station Apartments

Cross street/directions to job site: corner of SW Merlo Rd. and Merlo Ct. (Between 170th and Jenkins)

Subdivision: Cedar Creek Acres | Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing vinyl siding with new fiber cement siding. Extensive exterior sheathing replacement anticipated. Modifications to the ventilation system in each apartment unit.

☑ PROPERTY OWNER	☐ TENANT
Name: c/o Guardian Real Estate Services	
Address: 760 SW 9th Ave., Suite 2200	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 802-3600	Fax:
E-mail: tamara.holden@gres.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: J2 Building Consultants, Inc.	
Contact name: Ryan Paddock	
Address: 17 SW Gibbs St.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 546-8212	Fax:
E-mail: ryanp@j2consultants.com	

CONTRACTOR

Business name: LMC Construction

Address: 19200 SW Teton Ave.

City/State/ZIP: Tualatin, OR 97062

Phone: (503) 646-0521 | Fax:

CCB lic.: 218312

Authorized signature:

Print name: Ryan Paddock	Date: 6/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $500,000	
Existing building area:	square feet
New building area: Same	square feet
Number of stories: 3	
Type of construction: V-B	
Occupancy groups: R-2	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	4,937.02
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY			
Date Received:	7/3/2018	Permit No.:	B2018-2928
Date Issued:	9/5/2018	By:	
		Payment Type:	

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2024 SW Merlo Ct.

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: Bldg B | Project name: Merlo Station Apartments

Cross street/directions to job site: corner of SW Merlo Rd. and Merlo Ct. (Between 170th and Jenkins)

Subdivision: Cedar Creek Acres | Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing vinyl siding with new fiber cement siding. Extensive exterior sheathing replacement anticipated. Modifications to the ventilation system in each apartment unit.

☑ PROPERTY OWNER	☐ TENANT
Name: c/o Guardian Real Estate Services	
Address: 760 SW 9th Ave., Suite 2200	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 802-3600	Fax:
E-mail: tamara.holden@gres.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: J2 Building Consultants, Inc.	
Contact name: Ryan Paddock	
Address: 17 SW Gibbs St.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 546-8212	Fax:
E-mail: ryanp@j2consultants.com	

CONTRACTOR

Business name: LMC Construction

Address: 19200 SW Teton Ave.

City/State/ZIP: Tualatin, OR 97062

Phone: (503) 646-0521 | Fax:

CCB lic.: 218312

Authorized signature:

Print name: Ryan Paddock | Date: 6/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $1,000,000	
Existing building area:	square feet
New building area: Same	square feet
Number of stories: 3	
Type of construction: V-B	
Occupancy groups: R-2	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	7,673.19
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 7/3/2018	Permit No.: B2018-2929
Date Issued: 9/5/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2032 SW Merlo Ct.

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: Bldg C | Project name: Merlo Station Apartments

Cross street/directions to job site: corner of SW Merlo Rd. and Merlo Ct. (Between 170th and Jenkins)

Subdivision: Cedar Creek Acres | Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing vinyl siding with new fiber cement siding. Extensive exterior sheathing replacement anticipated. Modifications to the ventilation system in each apartment unit.

☑ PROPERTY OWNER	☐ TENANT
Name: c/o Guardian Real Estate Services	
Address: 760 SW 9th Ave., Suite 2200	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 802-3600	Fax:
E-mail: tamara.holden@gres.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: J2 Building Consultants, Inc.	
Contact name: Ryan Paddock	
Address: 17 SW Gibbs St.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 546-8212	Fax:
E-mail: ryanp@j2consultants.com	

CONTRACTOR

Business name: LMC Construction

Address: 19200 SW Teton Ave.

City/State/ZIP: Tualatin, OR 97062

Phone: (503) 646-0521 | Fax:

CCB lic.: 218312

Authorized signature:

Print name: Ryan Paddock	Date: 12/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $1,000,000	
Existing building area:	square feet
New building area: Same	square feet
Number of stories: 3	
Type of construction: V-B	
Occupancy groups: R-2	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	8,673.02
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY			
Date Received:	11/3/2018	Permit No.:	B2018-2931
Date Issued:	9/5/2018	By:	
		Payment Type:	

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 20 YB SW Merlo ct.

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: Bldg E | Project name: Merlo Station Apartments

Cross street/directions to job site: corner of SW Merlo Rd. and Merlo Ct. (Between 170th and Jenkins)

Subdivision: Cedar Creek Acres | Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing vinyl siding with new fiber cement siding. Extensive exterior sheathing replacement anticipated. Modifications to the ventilation system in each apartment unit.

☑ PROPERTY OWNER	☐ TENANT
Name: c/o Guardian Real Estate Services	
Address: 760 SW 9th Ave., Suite 2200	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 802-3600	Fax:
E-mail: tamara.holden@gres.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: J2 Building Consultants, Inc.	
Contact name: Ryan Paddock	
Address: 17 SW Gibbs St.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 546-8212	Fax:
E-mail: ryanp@j2consultants.com	

CONTRACTOR

Business name: LMC Construction

Address: 19200 SW Teton Ave.

City/State/ZIP: Tualatin, OR 97062

Phone: (503) 646-0521 | Fax:

CCB lic.: 218312

Authorized signature:

Print name: Ryan Paddock	Date: 6/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

Number. of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $500,000

Existing building area:	square feet
New building area: Same	square feet

Number of stories: 3

Type of construction: V-B

Occupancy groups: R-2

Existing:

New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	4,937.02
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY	
Date Received: 7/2/2018	Permit No.: B2018-2932
Date Issued: 9/5/2018	By:
	Payment Type:

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2054 SW Merlo Ct.

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: Bldg F | Project name: Merlo Station Apartments

Cross street/directions to job site: corner of SW Merlo Rd. and Merlo Ct. (Between 170th and Jenkins)

Subdivision: Cedar Creek Acres | Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing vinyl siding with new fiber cement siding. Extensive exterior sheathing replacement anticipated. Modifications to the ventilation system in each apartment unit.

☑ PROPERTY OWNER	☐ TENANT
Name: c/o Guardian Real Estate Services	
Address: 760 SW 9th Ave., Suite 2200	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 802-3600	Fax:
E-mail: tamara.holden@gres.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: J2 Building Consultants, Inc.	
Contact name: Ryan Paddock	
Address: 17 SW Gibbs St.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 546-8212	Fax:
E-mail: ryanp@j2consultants.com	

CONTRACTOR

Business name: LMC Construction

Address: 19200 SW Teton Ave.

City/State/ZIP: Tualatin, OR 97062

Phone: (503) 646-0521 | Fax:

CCB lic.: 218312

Authorized signature:

Print name: Ryan Paddock | Date: 6/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $1500,000	
Existing building area:	square feet
New building area: same	square feet
Number of stories: 3	
Type of construction: V-B	
Occupancy groups: R-2	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	4,937.02
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY			
Date Received:	7/2/2018	Permit No.	B2018-2925
Date Issued:	9/5/2018	By:	
		Payment Type:	

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2000 SW Merlo Ct.

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: Bldg 9 | Project name: Merlo Station Apartments

Cross street/directions to job site: corner of SW Merlo Rd. and Merlo Ct. (Between 170th and Jenkins)

Subdivision: Cedar Creek Acres | Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing vinyl siding with new fiber cement siding. Extensive exterior sheathing replacement anticipated. Modifications to the ventilation system in each apartment unit.

☑ PROPERTY OWNER	☐ TENANT
Name: c/o Guardian Real Estate Services	
Address: 760 SW 9th Ave., Suite 2200	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 802-3600	Fax:
E-mail: tamara.holden@gres.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: J2 Building Consultants, Inc.	
Contact name: Ryan Paddock	
Address: 17 SW Gibbs St.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 546-8212	Fax:
E-mail: ryanp@j2consultants.com	

CONTRACTOR

Business name: LMC Construction

Address: 19200 SW Teton Ave.

City/State/ZIP: Tualatin, OR 97062

Phone: (503) 646-0521 | Fax:

CCB lic.: 218312

Authorized signature:

Print name: Ryan Paddock | Date: 6/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $500,000	
Existing building area:	square feet
New building area: Same	square feet
Number of stories: 3	
Type of construction: V-B	
Occupancy groups: R-2	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	4,453.19
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

Beaverton OREGON

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

OFFICE USE ONLY			
Date Received:	7/3/2018	Permit No.:	B2018-2926
Date Issued:	9/5/2018	By:	
		Payment Type:	

TYPE OF WORK	
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:

CATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2008 SW Merlo Ct.

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: Bldg H | Project name: Merlo Station Apartments

Cross street/directions to job site: corner of SW Merlo Rd. and Merlo Ct. (Between 170th and Jenkins)

Subdivision: Cedar Creek Acres | Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing vinyl siding with new fiber cement siding. Extensive exterior sheathing replacement anticipated. Modifications to the ventilation system in each apartment unit.

☑ PROPERTY OWNER	☐ TENANT
Name: c/o Guardian Real Estate Services	
Address: 760 SW 9th Ave., Suite 2200	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 802-3600	Fax:
E-mail: tamara.holden@gres.com	

☑ APPLICANT	☐ CONTACT PERSON
Business name: J2 Building Consultants, Inc.	
Contact name: Ryan Paddock	
Address: 17 SW Gibbs St.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 546-8212	Fax:
E-mail: ryanp@j2consultants.com	

CONTRACTOR

Business name: LMC Construction

Address: 19200 SW Teton Ave.

City/State/ZIP: Tualatin, OR 97062

Phone: (503) 646-0521 | Fax:

CCB lic.: 218312

Authorized signature:

Print name: Ryan Paddock | Date: 6/26/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation $500,000	
Existing building area:	square feet
New building area: Same	square feet
Number of stories: 3	
Type of construction: V-B	
Occupancy groups: R-2	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	4,937.02
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14