

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: 1-31-19	Permit No.: B209-0465
Date Issued: 1-31-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4650 SW Griffith Drive	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Bella Institute
Cross street/directions to job site: Bear Hillsdale Hwy	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior remodel of existing office bldg	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Bradmill Industries	
Address: 1943 SE Sixth Avenue	
City/State/ZIP: Pld OR 97214	
Phone: 503 238 6162	Fax:
E-mail: esklarz@gicw.org	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TI Design Group	
Contact name: Linda Smith	
Address: PO Box 6	
City/State/ZIP: Beav OR 97075	
Phone: 503 781 6791	Fax:
E-mail: Lsmith@tidesigngroup.com	
CONTRACTOR	
Business name: Mega Pacific Co	
Address: 3397 SE 21st Ave	
City/State/ZIP: Pld OR 97202	
Phone: 503 238 3772	Fax:
CCB lic.: 63108	
Authorized signature: Linda Smith	
Print name: Linda Smith	Date: 1.30.19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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: \$123,400.00	
Existing building area:	4612 square feet
New building area:	no change square feet
Number of stories:	1
Type of construction:	VB
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:	
<div style="font-size: 2em; font-family: cursive;"> Jan 2019 </div>	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$3,624.28
Amount received	\$3,624.28
Date received:	1-31-19

This permit application expires if a 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: 1-23-19	Permit No.: B2019-0308
Date Issued: 1-31-19	By: MK
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6277 SW Erickson Ave	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.:	Project name: Mount Vernon Condos
Cross street/directions to job site: SW 17th	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121AB09100	
DESCRIPTION OF WORK	
Removal & replacement of existing cladding, windows, and sliding doors. Restoration of unit balcony and guards. Removal of existing flashings and cladding at vertical step of roof. Remediate self adhering flashings where damaged.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Marie Bryant	
Address: 6025 SW Erickson Ave	
City/State/ZIP: Beaverton, Oregon 97008	
Phone: (971) 645-6205	Fax:
E-mail: mariederplex@gmail.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$42,028
Existing building area:	square feet 1446
New building area:	square feet N/A
Number of stories:	2
Type of construction:	2
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	\$ 825.13
Amount received	
Date received:	

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

Authorized signature:	Date:
Print name: Crystal Fender	01/18/20

Building Permit Application

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



OFFICE USE ONLY	
Date Received: JAN 08 2019	Permit No.: B2019-0087
Date Issued: _____	_____
CITY OF BEAVERTON	
Payment Type: _____	

BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW CEDAR HILLS BLVD.	
City/State/ZIP: BEAVERTON, OREGON 97005	
Suite/bldg./apt. no.: 1H, 1J	Project name: TUFT AND NEEDLE
Cross street/directions to job site: SW CEDAR HILLS BLVD. AND JENKINS.	

Subdivision:	Lot no.: 1S109AD01501
Tax map/parcel no.: 051.91	

DESCRIPTION OF WORK
ADD NEW FIRE ALARM DEVICES FOR NEW TENANT IMPROVEMENT. CONNECT NEW DEVICES TO EXISTING FIRE ALARM PANEL.

<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TUFT AND NEEDLE	
Address: 735 GRAND AVE.	
City/State/ZIP: PHOENIX, AZ 85007	
Phone: (877) 842-2586	Fax:
E-mail: CEVANS@TUFTANDNEEDLE.COM	

<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: FRAHLER ELECTRIC	
Contact name: DAVE MANNIX	
Address: 11860 SW GREENBURG ROAD	
City/State/ZIP: TIGARD, ORE. 97223	
Phone: (503) 639-4627	Fax: (503) 639-4673
E-mail: DAVE@FRAHLERELECTRIC.COM	

CONTRACTOR	
Business name: FRAHLER ELECTRIC	
Address: 11860 SW GREENBURG ROAD	
City/State/ZIP: TIGARD, ORE. 97223	
Phone: (503) 639-4627	Fax: (503) 639-4673
CCB lic.: 197172	

Authorized signature:	Date:
Print name: ADAM ETHERINGTON	01/08/19

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

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Valuation		\$5000
Existing building area:	square feet	2447
New building area:	square feet	2447
Number of stories:		1
Type of construction:		1-B
Occupancy groups:		M/S2
Existing:		M/S2
New:		M/S2

NOTICE

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>1/28/2019</u>	Permit No: <u>B2019-0323</u>
Date Issued: <u>1-31-19</u>	By: <u>RK</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>17005 NW Cornell Rd.</u>	
City/State/ZIP: <u>Beaverton</u>	
Suite/bldg./apt. no.:	Project name: <u>Margarita Factory</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and relocate fire sprinklers for TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>SprinkIt Fire Protection Inc.</u>	
Contact name: <u>Travis Schweitzer</u>	
Address: <u>PO 2227</u>	
City/State/ZIP: <u>Oregon City, OR 97045</u>	
Phone: <u>503-272-6650</u>	Fax:
E-mail: <u>Info@sprinkitfire.com</u>	
CONTRACTOR	
Business name: <u>Same as above</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: <u>211320</u>	
Authorized signature:	
Print name: <u>Travis Schweitzer</u>	Date: <u>1-21-19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>\$6000</u>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>284.91</u>
Amount received	
Date received:	

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

2018 1/24/2018

1/24/18

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-12-18	Permit No.: 82018-0191
Date Issued: 1/30/2019	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12016 SW Baker	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Lombard
Cross street/directions to job site: SW Lombard Ave ; SW Baker	
Subdivision: Lombard Avenue	Lot no.: 1
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR. Birch Plan	
PROPERTY OWNER	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lombard and Baker Properties LLC	
Address: 11279 SW Ellison Ln	
City/State/ZIP: Tigard, OR 97223	
Phone: 503-922-9055	Fax:
E-mail: hillcrest-homes@msn.com	
APPLICANT	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Lombard and Baker Properties LLC	
Contact name:	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
E-mail: hillcrest-homes@msn.com	
CONTRACTOR	
Business name: Hillcrest Homes LLC	
Address: 6010 Hygus Rd	
City/State/ZIP: Medford, OR	
Phone: 503-922-9055	Fax:
CCB lic.: 205074	
Authorized signature: [Signature]	
Print name: Chris Boersb	Date: 10/8/2017

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$251,022.74
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	square feet 2048
Garage/carport area:	square feet 361
Covered porch area:	square feet 73
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	\$1,132.25
Amount received	
Date received:	

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1/31/2019	Permit No.: 152019-0453
Date Issued: 1/31/2019	BAU
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9755 SW BARNES RD	
City/State/ZIP: PORTLAND, OR 97225	
Suite/bldg./apt. no.: 270	Project name: Wooster Realty
Cross street/directions to job site: PETERKORT CENTRE CAMPUS	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
MINOR INTERIOR REMODEL.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TINA BEAVERS (Property Manager)	
Address: 9755 SW BARNES RD, SUITE 620	
City/State/ZIP: PORTLAND, OR, 97225	
Phone: (503) 546-5632	Fax:
E-mail: tbreavers@peterkort.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ANKROM MOISAN ARCHITECTS	
Contact name: MARIJA SASSINE	
Address: 38 NW DAVIS ST, STE. 300	
City/State/ZIP: PORTLAND, OR, 97219	
Phone: (503) 892-8379	Fax:
E-mail: marijas@ankrommoisan.com	
CONTRACTOR	
Business name: DENALI CONSTRUCTION, INC	
Address: PO BOX 69	
City/State/ZIP: CANBY, OREGON, 97013	
Phone: (503) 849-4435	Fax:
CCB lic.: 208947	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$30,000
Existing building area:	square feet 1,018
New building area:	square feet 1,018
Number of stories:	6
Type of construction:	Type II-B, Sprinklered
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	1,624.42
Amount received	
Date received:	

Authorized signature:	
Print name:	MARIJA SASSINE
Date:	01/30/19

This permit application expires if a 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
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 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 1/30/2019	Permit No. B2019-0444
Date Issued: 1/30/2019	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buidler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9755 SW Barnes Road	
City/State/ZIP: Portland, OR	
Suite/bldg./apl. no.: 210	Project name: Oregon Forestry Res. Ins
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocate and demo sprinkler heads in suite 210.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort II	
Address: 9755 SW Barnes Road	
City/State/ZIP: Portland, Oregon	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Delta Fire, Inc.	
Contact name: Melissa Boughton	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, Oregon 97224	
Phone: (503) 620-4020	Fax: (503) 620-1058
E-mail: melissab@deltafire.com	
CONTRACTOR	
Business name: Delta Fire, Inc.	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, Oregon 97224	
Phone: (503) 620-4020	Fax: (503) 620-1058
CCB lic.: 64174	

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

REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2600.00
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	206.11
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Melissa Boughton	01/29/19

This permit application expires if a 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

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



OFFICE USE ONLY	
Date Received: 1-4-19	Permit No.: B2019-0047
Date Issued: 1-30-19	By: <i>[Signature]</i>
Payment Type: <i>USC</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>5775</i> SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Bldg J	Project name: Sorrento Bluffs
Cross street/directions to job site:	
Subdivision:	Lot no.: 1S128BC08200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brad Simmons	
Address: 7820 SW Willowmere Drive	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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	\$147.03
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	1-4-19

This permit application expires if a 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: 1-4-19	Permit No.: B2019-0046
Date Issued: 1-30-19	By: TLL
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8745 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Bldg I	Project name: Sorrento Bluffs
Cross street/directions to job site:	
Subdivision:	Lot no.: 1S128BC08200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brad Simmons	
Address: 7820 SW Willowmere Drive	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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	\$147.03
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	1-4-19

This permit application expires if a 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: 1-4-19	Permit No.: B2019-00415
Date Issued: 1-30-19	By: MK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8005 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Bldg H	Project name: Sorrento Bluffs
Cross street/directions to job site:	
Subdivision:	Lot no.: 1S128BC08200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brad Simmons	
Address: 7820 SW Willowmere Drive	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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	\$147.03
Amount received	
Date received:	

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

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

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	1-4-19

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>1-4-19</u>	Permit No.: <u>B2019-0044</u>
Date Issued: <u>1-30-19</u>	By: <u>[Signature]</u>
Payment Type: <u>VISA</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>8200 SW Maverick Terrace</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.: <u>Bldg G</u>	Project name: <u>Sorrento Bluffs</u>
Cross street/directions to job site:	
Subdivision:	Lot no.: <u>1S128BC08200</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Brad Simmons</u>	
Address: <u>7820 SW Willowmere Drive</u>	
City/State/ZIP: <u>Portland, OR 97225</u>	
Phone: <u>(503) 977-0885</u>	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Summit Reconstruction</u>	
Contact name: <u>Crystal Fender</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97204</u>	
Phone: <u>(503) 828-6084</u>	Fax:
E-mail: <u>crystal@summitrecon.com</u>	
CONTRACTOR	
Business name: <u>Summit Reconstruction</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97204</u>	
Phone: <u>(503) 451-3544</u>	Fax:
CCB lic.: <u>199636</u>	

Authorized signature: <u>[Signature]</u>	Date:
Print name: <u>Crystal Fender</u>	<u>1-4-19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$2,500.00</u>
Existing building area:	square feet <u>N/A</u>
New building area:	square feet <u>N/A</u>
Number of stories:	<u>2</u>
Type of construction:	<u>R-2</u>
Occupancy groups:	<u>R-2</u>
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$147.03</u>
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-4-19	Permit No.: B2019-0043
Date Issued: 1-30-19	By: [Signature]
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8845 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Bldg F	Project name: Sorrento Bluffs
Cross street/directions to job site:	
Subdivision:	Lot no.: 1S128BC08200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brad Simmons	
Address: 7820 SW Willowmere Drive	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 451-3544	Fax:
CCB Lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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	\$147.03
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Crystal Fender	1-4-19

This permit application expires if a 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: 1-4-19	Permit No.: B2019-0042
Date Issued: 1-30-19	By: TK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8015 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Bldg E	Project name: Sorrento Bluffs
Cross street/directions to job site:	
Subdivision:	Lot no.: 1S128BC08200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brad Simmons	
Address: 7820 SW Willowmere Drive	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	1-4-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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	\$147.03
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: <u>1-4-19</u>	Permit No.: <u>B2019-0041</u>
Date Issued: <u>1-30-19</u>	By: <u>HL</u>
Payment Type: <u>Visa</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>Bldg 5 SW Maverick Terrace</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.: <u>Bldg D</u>	Project name: <u>Sorrento Bluffs</u>
Cross street/directions to job site:	
Subdivision:	Lot no.: <u>1S128BC08200</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Brad Simmons</u>	
Address: <u>7820 SW Willowmere Drive</u>	
City/State/ZIP: <u>Portland, OR 97225</u>	
Phone: <u>(503) 977-0885</u>	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Summit Reconstruction</u>	
Contact name: <u>Crystal Fender</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97204</u>	
Phone: <u>(503) 828-6084</u>	Fax:
E-mail: <u>crystal@summitrecon.com</u>	
CONTRACTOR	
Business name: <u>Summit Reconstruction</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97204</u>	
Phone: <u>(503) 451-3544</u>	Fax:
CCB lic.: <u>199636</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$147.03
Amount received	
Date received:	

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

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

Authorized signature: <u>Crystal Fender</u>	Date: <u>1-4-19</u>
Print name: <u>Crystal Fender</u>	

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-4-19	Permit No.: B2019-0040
Date Issued: 1-30-19	By: JKH
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8055 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Bldg C	Project name: Sorrento Bluffs
Cross street/directions to job site:	
Subdivision:	Lot no.: 1S128BC08200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brad Simmons	
Address: 7820 SW Willowmere Drive	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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	\$147.03
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	1-4-19

This permit application expires if a 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: 1-4-19	Permit No.: B2019-0039
Date Issued: 1-30-19	By: <i>ML</i>
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>8075</i> SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Bldg B	Project name: Sorrento Bluffs
Cross street/directions to job site:	
Subdivision:	Lot no.: 1S128BC08200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brad Simmons	
Address: 7820 SW Willowmere Drive	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97204	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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	147.03
Amount received	
Date received:	

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

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

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	1-4-19

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>1-4-19</u>	Permit No.: <u>B2019-0038</u>
Date Issued: <u>1-30-19</u>	By: <u>ML</u>
Payment Type: <u>visa</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>810 SW Maverick Terrace</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.: <u>Bldg A</u>	Project name: <u>Sorrento Bluffs</u>
Cross street/directions to job site:	
Subdivision:	Lot no.: <u>1S128BC08200</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing failed siding, windows for salvage and reinstallation, sliding glass doors for salvage and reinstallation, reconstruct private decks	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Brad Simmons</u>	
Address: <u>7820 SW Willowmere Drive</u>	
City/State/ZIP: <u>Portland, OR 97225</u>	
Phone: <u>(503) 977-0885</u>	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Summit Reconstruction</u>	
Contact name: <u>Crystal Fender</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97204</u>	
Phone: <u>(503) 828-6084</u>	Fax:
E-mail: <u>crystal@summitrecon.com</u>	
CONTRACTOR	
Business name: <u>Summit Reconstruction</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97204</u>	
Phone: <u>(503) 451-3544</u>	Fax:
CCB lic.: <u>199636</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	R-2
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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$150.98
Amount received	\$150.98
Date received:	<u>1-4-19</u>

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

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

Authorized signature: <u>Crystal Fender</u>	Date:
Print name: <u>Crystal Fender</u>	<u>1-4-19</u>

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>1/24/2019</u>	Permit No: <u>B2019-0320</u>
Date Issued: <u>1-30-19</u>	By: <u>TK</u>
Payment Type: <u>Visa</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>16285 NW Schendel rd.</u>	
City/State/ZIP: <u>Beaverton OR, 97006</u>	
Suite/bldg./apt. no.:	Project name: <u>Hunters Run</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>HR Investments</u>	
Address: <u>16201 NW Schendel rd.</u>	
City/State/ZIP: <u>Beaverton OR, 97006</u>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Pacific Exteriors</u>	
Contact name: <u>Cory Wilson</u>	
Address: <u>303 E 16th</u>	
City/State/ZIP: <u>Vancouver WA, 98663</u>	
Phone: <u>360 904 7892</u>	Fax:
E-mail: <u>Cory@Pacificexteriorsnw.com</u>	
CONTRACTOR	
Business name: <u>Pacific Exteriors</u>	
Address: <u>303 E. 16th</u>	
City/State/ZIP: <u>Vancouver WA, 98663</u>	
Phone: <u>503-953-0419</u>	Fax:
CCB lic.: <u>215897</u>	
Authorized signature: <u>Cory Wilson</u>	Date: <u>1-23-2018</u>
Print name: <u>Cory Wilson</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>\$ 25,000</u>	
Existing building area:	<u>4300</u> square feet
New building area:	square feet
Number of stories:	<u>2</u>
Type of construction:	<u>siding</u>
Occupancy groups:	<u>multi</u>
Existing:	<u>yes</u>
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>574.24</u>
Amount received	
Date received:	

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

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

Form B70-1001 \$559.26 due 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

0440

OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No: 2019-0370
Date Issued: 1-30-19	By: AK
Payment Type: VISA	

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16055 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	HR Investments
Address:	16201 NW Schendel rd.
City/State/ZIP:	Beaverton OR, 97006
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	Pacific Exteriors
Contact name:	Cory Wilson
Address:	303 E 16th
City/State/ZIP:	Vancouver WA, 98663
Phone:	Fax:
E-mail:	Cory@PacificExteriorsNW.com
CONTRACTOR	
Business name:	Pacific Exteriors
Address:	303 E. 16th
City/State/ZIP:	Vancouver WA, 98663
Phone:	Fax:
CCB lic.:	215897
Authorized signature:	<i>Cory Wilson</i>
Print name:	Cory Wilson
Date:	1-23-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 30000	
Existing building area:	5900 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
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	627.13
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED	
OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No: B2019-0382
Date Issued: 1-30-19	By: TK
	Payment Type: Visa

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16075 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	

Authorized signature:	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 \$ 27,000	
Existing building area:	square feet 5400
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
Existing:	yes
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	586.41
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	
OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No.: 132019-381
Date Issued: 1-30-19	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16145 NW Schendel Rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel Rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@PacificExteriorsNW.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature: [Signature]	
Print name: Cory Wilson	Date: 1-23-2018

BUILDING SERVICES DIVISION	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 27,000	
Existing building area:	5400 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
Existing:	YES
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	586.41
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: JAN 23 2019	Permit No: B2019-0380
Date Issued: 1-30-19	By: TL
BUILDING SERVICES DIVISION Permit Type: USA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16155 NW Schendel rd.	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 \$ 27,000	
Existing building area: 5400	square feet
New building area:	square feet
Number of stories: 3	
Type of construction: siding	
Occupancy groups: multi	
Existing: YES	
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	586.41
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: CITY OF BEAVERTON	Permit No.: 32019-0379
Date Issued: 1-30-19	By: <i>[Signature]</i>
JAN 25 2019	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16185 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature: <i>[Signature]</i>	
Print name: Cory Wilson	Date: 1-23-2018

BUILDING SERVICE DIVISION DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$ 27,000
Existing building area:	5400 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
Existing:	yes
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	586.41
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

RECEIVED
CITY OF BEAVERTON



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. B20190378
Date Issued: BUILDING SERVICES DIVISION	By: HE
1-30-19	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16275 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$ 27,000
Existing building area:	5400 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
Existing:	yes
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	586.41
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: JAN 20 2019	Permit No: 132019-0377
Date Issued: 1-30-19	By: [Signature]
BUILDING SERVICES DIVISION	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16375 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature: [Signature]	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 \$ 27,000	
Existing building area:	5400 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	mult
Existing:	yes
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	586.41
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No: 162019-0376
Date Issued: 1-30-19	By: RL
BUILDING SERVICES DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16265 NW schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	

<input checked="" type="checkbox"/> PROPERTY OWNER		<input type="checkbox"/> TENANT	
Name: HR Investments			
Address: 16201 NW schendel rd.			
City/State/ZIP: Beaverton OR, 97006			
Phone:	Fax:		
E-mail:			

<input checked="" type="checkbox"/> APPLICANT		<input type="checkbox"/> CONTACT PERSON	
Business name: Pacific Exteriors			
Contact name: Cory Wilson			
Address: 303 E 16th			
City/State/ZIP: Vancouver WA, 98663			
Phone: 360 904 7892	Fax:		
E-mail: Cory@Pacificexteriorsnw.com			

CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	

Authorized signature:	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$27,000
Existing building area:	5400 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
Existing:	yes
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	58641
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: <i>JAN 20 2018</i>	Permit No: <i>2014-0375</i>
Date Issued: <i>1-30-19</i>	By: <i>MC</i>
BUILDING SERVICES DIVISION	
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>16255 NW schendel rd.</i>	
City/State/ZIP: <i>Beaverton OR, 97006</i>	
Suite/bldg./apt. no.:	Project name: <i>Hunters Run</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>HR Investments</i>	
Address: <i>16201 NW schendel rd.</i>	
City/State/ZIP: <i>Beaverton OR, 97006</i>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>Pacific Exteriors</i>	
Contact name: <i>Cory Wilson</i>	
Address: <i>303 E 16th</i>	
City/State/ZIP: <i>Vancouver WA, 98663</i>	
Phone: <i>360 904 7892</i>	Fax:
E-mail: <i>Cory@Pacificexteriorsnw.com</i>	
CONTRACTOR	
Business name: <i>Pacific Exteriors</i>	
Address: <i>303 E. 16th</i>	
City/State/ZIP: <i>Vancouver WA, 98663</i>	
Phone: <i>503-953-0419</i>	Fax:
CCB lic.: <i>215897</i>	
Authorized signature: <i>Cory Wilson</i>	
Print name: <i>Cory Wilson</i>	Date: <i>1-23-2018</i>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
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 <i>\$ 27,000</i>	
Existing building area:	<i>5400</i> square feet
New building area:	square feet
Number of stories:	<i>3</i>
Type of construction:	<i>siding</i>
Occupancy groups:	<i>multi</i>
Existing:	<i>IPS</i>
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<i>586.41</i>
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No. B2019-0374
Date Issued: 1-30-19	By: ML
BUILDING SERVICES DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16335 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	
Print name: Cory Wilson	Date: 1-23-2018

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 27,000	
Existing building area:	5400 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
Existing:	YES
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	586.41
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
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: JAN 23 2019	Permit No: B2019-373
Date Issued: 1-30-19	By: ML
BUILDING SERVICES DIVISION Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16315 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	
Print name: Cory Wilson	Date: 1-23-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 27,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	sidling
Occupancy groups:	multi
Existing:	YES
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	586.41
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No: B2019-0372
Date Issued: 1-30-19	By: [Signature]
BUILDING SERVICES DIVISION	
Permit Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16225 NW Schendel Rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	HR Investments
Address:	16201 NW Schendel Rd.
City/State/ZIP:	Beaverton OR, 97006
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	Pacific Exteriors
Contact name:	Cory Wilson
Address:	303 E 16th
City/State/ZIP:	Vancouver WA, 98663
Phone:	360 904 7892
Fax:	
E-mail: Cory@PacificExteriorsNW.com	
CONTRACTOR	
Business name:	Pacific Exteriors
Address:	303 E. 16th
City/State/ZIP:	Vancouver WA, 98663
Phone:	503-953-0419
Fax:	
CCB lic.:	215897
Authorized signature:	[Signature]
Print name:	Cory Wilson
Date:	1-23-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$27,000	
Existing building area:	5400 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	Multi
Existing:	yes
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	586.41
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received:	Permit No. B2019-0371
Date Issued: 1-30-19	By: WJ
BUILDING SERVICES DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16125 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	

Authorized signature:	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 \$ 27,000	
Existing building area:	5400 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
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	586.41
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No: 152019-0370
Date Issued: 1-30-19	By: TK
Payment Type: VISA	

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16005 NW schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@PacificexteriorsNW.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	
Print name: Cory Wilson	Date: 1-23-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 30,000	
Existing building area:	5900 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi family
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	627.13
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No.: 152019-0369
Date Issued: 1-30-19	By: MK
Payment Type: VISA	

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16135 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	
Print name: Cory Wilson	Date: 1-23-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 20,000	
Existing building area:	5900 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
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	627.13
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: <i>JAN 20 2019</i>	Permit No: <i>132019-0367</i>
Date Issued: <i>1-30-19</i>	By: <i>JL</i>
BUILDING SERVICES DIVISION	
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>16345 NW Schendel rd.</i>	
City/State/ZIP: <i>Beaverton OR, 97006</i>	
Suite/bldg./apt. no.:	Project name: <i>Hunters Run</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>HR Investments</i>	
Address: <i>16201 NW Schendel rd.</i>	
City/State/ZIP: <i>Beaverton OR, 97006</i>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>Pacific Exteriors</i>	
Contact name: <i>Cory Wilson</i>	
Address: <i>303 E 16th</i>	
City/State/ZIP: <i>Vancouver WA, 98663</i>	
Phone: <i>360 904 7892</i>	Fax:
E-mail: <i>Cory@PacificExteriorsNW.com</i>	
CONTRACTOR	
Business name: <i>Pacific Exteriors</i>	
Address: <i>303 E. 16th</i>	
City/State/ZIP: <i>Vancouver WA, 98663</i>	
Phone: <i>503-953-0419</i>	Fax:
CCB lic.: <i>215897</i>	
Authorized signature: <i>Cory Wilson</i>	
Print name: <i>Cory Wilson</i>	Date: <i>1-23-2018</i>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
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 <i>\$ 30,000</i>	
Existing building area:	<i>5900</i> square feet
New building area:	square feet
Number of stories:	<i>3</i>
Type of construction:	<i>siding</i>
Occupancy groups:	<i>multi</i>
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<i>027.13</i>
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No.: B7019-0366
Date Issued: 1-30-19	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16235 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	Date: 1-23-2018
Print name: Cory Wilson	

BUILDING SERVICES DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 30,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi
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	\$627.13
Amount received	
Date received:	

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

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

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: 1-25-19	Permit No: B2019-0345
Date Issued: 1-30-19	By: JWC
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16325 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature: <i>Cory Wilson</i>	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 30,000
Existing building area:	5900 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	siding
Occupancy groups:	multi family
Existing:	yes
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	627.13
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received:	Permit No. 152019-0364
Date Issued: 1-30-19	By: WJ
BUILDING SERVICES DIVISION	
	Payment Type: WISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16085 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	
Print name: Cory Wilson	Date: 1-23-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$20,000	
Existing building area:	3100 square feet
New building area:	square feet
Number of stories:	2
Type of construction:	Sliding
Occupancy groups:	multi
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	405.97
Amount received	
Date received:	

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

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

Building Permit Application

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: 1-30-19	Permit No.: B2019-0363
Date Issued: JAN 25 2019	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16095 NW Schendel Rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	HR Investments
Address:	16201 NW Schendel Rd.
City/State/ZIP:	Beaverton OR, 97006
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name:	Pacific Exteriors
Contact name:	Cory Wilson
Address:	303 E 16th
City/State/ZIP:	Vancouver WA, 98663
Phone:	360 904 7892
Fax:	
E-mail: Cory@PacificExteriorsNW.com	
CONTRACTOR	
Business name:	Pacific Exteriors
Address:	303 E. 16th
City/State/ZIP:	Vancouver WA, 98663
Phone:	503-953-0419
Fax:	
CCB lic.:	215897
Authorized signature:	[Signature]
Print name:	Cory Wilson
Date:	1-23-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 20,000
Existing building area:	3100 square feet
New building area:	square feet
Number of stories:	2
Type of construction:	siding
Occupancy groups:	multi
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	465.57
Amount received	
Date received:	

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

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

Building Permit Application

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:	1-30-19
Date Issued:	JAN 25 2019
Permit No.:	162019-0362
By:	KU
Payment Type:	Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	16015 NW schendel rd.
City/State/ZIP:	Beaverton OR, 97006
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	HR Investments
Address:	16201 NW schendel rd.
City/State/ZIP:	Beaverton OR, 97006
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	Pacific Exteriors
Contact name:	Cory Wilson
Address:	303 E 16th
City/State/ZIP:	Vancouver WA, 98663
Phone:	360 904 7892
Fax:	
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name:	Pacific Exteriors
Address:	303 E. 16th
City/State/ZIP:	Vancouver WA, 98663
Phone:	503-953-0419
Fax:	
CCB lic.:	215897

Authorized signature:	<i>Cory Wilson</i>
Print name:	Cory Wilson
Date:	1-23-2018

BUILDING SERVICES DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	3100 square feet
New building area:	square feet
Number of stories:	2
Type of construction:	siding
Occupancy groups:	multi
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	465.57
Amount received	
Date received:	

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

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

Building Permit Application

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: 1/25/2019	Permit No.: B2019-0361
Date Issued: 1-30-19	By: MK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16165 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature: <i>Cory Wilson</i>	
Print name: Cory Wilson	Date: 1-23-2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$20,000	
Existing building area: 3100	square feet
New building area:	square feet
Number of stories: 2	
Type of construction: siding	
Occupancy groups: multi	
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	465.57
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>1/26/2019</u>	Permit No: <u>52019-0360</u>
Date Issued: <u>1-30-19</u>	By: <u>HL</u>
Payment Type: <u>VISA</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>16299 NW Schendel rd.</u>	
City/State/ZIP: <u>Beaverton OR, 97006</u>	
Suite/bldg./apt. no.:	Project name: <u>Hunters Run</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>HR Investments</u>	
Address: <u>16201 NW Schendel rd.</u>	
City/State/ZIP: <u>Beaverton OR, 97006</u>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Pacific Exteriors</u>	
Contact name: <u>Cory Wilson</u>	
Address: <u>303 E 16th</u>	
City/State/ZIP: <u>Vancouver WA, 98663</u>	
Phone: <u>360 904 7892</u>	Fax:
E-mail: <u>Cory@Pacificexteriorsnw.com</u>	
CONTRACTOR	
Business name: <u>Pacific Exteriors</u>	
Address: <u>303 E. 16th</u>	
City/State/ZIP: <u>Vancouver WA, 98663</u>	
Phone: <u>503-953-0419</u>	Fax:
CCB lic.: <u>215897</u>	

Authorized signature: <u>[Signature]</u>	Date: <u>1-23-2018</u>
Print name: <u>Cory Wilson</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>420,000</u>	
Existing building area:	<u>3100</u> square feet
New building area:	square feet
Number of stories:	<u>2</u>
Type of construction:	<u>siding</u>
Occupancy groups:	<u>multi</u>
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>465.57</u>
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>1/25/2019</u>	Permit No: <u>B2019-0359</u>
Date Issued: <u>1-30-19</u>	By: <u>JUC</u>
Payment Type: <u>VISA</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>16355 NW schendel rd.</u>	
City/State/ZIP: <u>Beaverton OR, 97006</u>	
Suite/bldg./apt. no.:	Project name: <u>Hunters Run</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>HR Investments</u>	
Address: <u>16201 NW schendel rd.</u>	
City/State/ZIP: <u>Beaverton OR, 97006</u>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Pacific Exteriors</u>	
Contact name: <u>Cory Wilson</u>	
Address: <u>303 E 16th</u>	
City/State/ZIP: <u>Vancouver WA, 98663</u>	
Phone: <u>360 904 7892</u>	Fax:
E-mail: <u>Cory@Pacificexteriorsnw.com</u>	
CONTRACTOR	
Business name: <u>Pacific Exteriors</u>	
Address: <u>303 E. 16th</u>	
City/State/ZIP: <u>Vancouver WA, 98663</u>	
Phone: <u>503-953-0419</u>	Fax:
CCB lic.: <u>215897</u>	
Authorized signature: <u>[Signature]</u>	
Print name: <u>Cory Wilson</u>	Date: <u>1-23-2018</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>\$20,000</u>	
Existing building area:	<u>3100</u> square feet
New building area:	square feet
Number of stories:	<u>2</u>
Type of construction:	<u>siding</u>
Occupancy groups:	<u>multi</u>
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>\$465.57</u>
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1/25/2019	Permit No.: B2019-0358
Date Issued: 1-30-19	By: [Signature]
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16245 NW Schendel Rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel Rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	

Authorized signature: [Signature]	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	3100 square feet
New building area:	square feet
Number of stories:	2
Type of construction:	siding
Occupancy groups:	multi
Existing:	yes
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	465.57
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

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



RECEIVED

OFFICE USE ONLY	
Date Received: JAN 25 2019	Permit No: 152019-0357
Date Issued: 1-30-19	By: TK
	Payment Type: Visa

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16205 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	
Authorized signature:	
Print name: Cory Wilson	Date: 1-23-2018

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 20,000	
Existing building area:	3100 square feet
New building area:	square feet
Number of stories:	2
Type of construction:	siding
Occupancy groups:	multi
Existing:	yes
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	465.57
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

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



RECEIVED

OFFICE USE ONLY		
Date Received:	JAN 25 2019	Permit No.: B2019-0395
Date Issued:	1-30-19	By: RW
BUILDING SERVICES DIVISION		Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16215 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	Address: 16201 NW Schendel rd.
City/State/ZIP: Beaverton OR, 97006	Phone: Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	Contact name: Cory Wilson
Address: 303 E 16th	City/State/ZIP: Vancouver WA, 98663
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	Address: 303 E. 16th
City/State/ZIP: Vancouver WA, 98663	Phone: 503-953-0419
CCB lic.: 215897	Fax:
Authorized signature: <i>Cory Wilson</i>	Print name: Cory Wilson
Date: 1-23-2018	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 20,000	
Existing building area:	3100 square feet
New building area:	square feet
Number of stories:	2
Type of construction:	siding
Occupancy groups:	multifamily
Existing:	yes
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	465.57
Amount received	
Date received:	

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

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

Building Permit Application



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: 1/24/2019	Permit No: B2019-0354
Date Issued: 1-30-19	By: JW
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16035 NW schendel rd.	
City/State/ZIP: Beaverton Or. 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW schendel rd.	
City/State/ZIP: Beaverton Or. 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA. 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@Pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA. 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	

Authorized signature: <i>Cory Wilson</i>	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$25,000	
Existing building area: 4300	square feet
New building area:	square feet
Number of stories: 2	
Type of construction: siding	
Occupancy groups: multi	
Existing: yes	
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	559.26
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: 1/29/2019	Permit No.: B2019-0352
Date Issued: 1-30-19	By: JWL
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16295 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Suite/bldg./apt. no.:	Project name: Hunters Run
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HR Investments	
Address: 16201 NW Schendel rd.	
City/State/ZIP: Beaverton OR, 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Exteriors	
Contact name: Cory Wilson	
Address: 303 E 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 360 904 7892	Fax:
E-mail: Cory@PacificExteriorsNW.com	
CONTRACTOR	
Business name: Pacific Exteriors	
Address: 303 E. 16th	
City/State/ZIP: Vancouver WA, 98663	
Phone: 503-953-0419	Fax:
CCB lic.: 215897	

Authorized signature:	Date: 1-23-2018
Print name: Cory Wilson	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 \$ 25000	
Existing building area:	4300 square feet
New building area:	square feet
Number of stories:	
Type of construction:	2
Occupancy groups:	siding
Existing:	yes
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	559.26
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: 1-28-19	Permit No.: 152019-0427
Date Issued: 1-30-19	By: <i>TK</i>
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4470 SW Lombard St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Lombard St- Columbia Bank	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building Demolition	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: V & K Construction	
Contact name: Kerry Nussbaumer	
Address: 10308 NW Helvetia Rd	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 799-6351	Fax: (503) 647-2784
E-mail: vandkconstruction@gmail.com	
CONTRACTOR	
Business name: SAME	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 163255	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	26,300
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	Demolition
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	586.41
Amount received	
Date received:	

Authorized signature: <i>Kerry Nussbaumer</i>	Date:
Print name: Kerry Nussbaumer	01/02/19

This permit application expires if a 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: 1/20/19	Permit No. B2019-0392
Date Issued: 1-30-19	By: <i>AK</i>
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11875 SW Beaverton Hillsboro Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Lombard St- Hollywood Video Store	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building Demolition	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: V & K Construction	
Contact name: Kerry Nussbaumer	
Address: 10308 NW Helvetia Rd	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 799-6351	Fax: (503) 647-2784
E-mail: vandkconstruction@gmail.com	
CONTRACTOR	
Business name: SAME	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 163255	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	34,700
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	Demolition
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	645.00
Amount received	
Date received:	

Authorized signature: <i>Kerry Nussbaumer</i>	Date:
Print name: Kerry Nussbaumer	01/02/19

This permit application expires if a 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

048-629-529

Building Permit Application

Approved

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

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

OFFICE USE ONLY	
Date Received: 12-14-18	Permit No.: B2018-5959
Date Issued: 1/30/2019	By: <i>[Signature]</i>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12100 SW Broadway Street	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: Good Neighbor Tire
Cross street/directions to job site: SW Broadway Street & SW Lombard Avenue	
Subdivision:	Lot no.:
Tax map/parcel no.: W294831	
DESCRIPTION OF WORK	
Exterior renovation of an existing commercial building. Upgrades include new paint, siding, signage and selective landscape enhancements.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Whiteacre Properties, LLC	
Address: 12100 SW Broadway Street	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (206) 769-4330	Fax:
E-mail: mark@goodneighborstire.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Access Architecture	
Contact name: Brendan Sanchez	
Address: 810 Main Street, Ste 108	
City/State/ZIP: Vancouver, Washington 98660	
Phone: (503) 756-9213	Fax:
E-mail: brendan@access-arch.com	
CONTRACTOR	
Business name: Paradigm Construction LLC	
Address: 10260 SW Greenburg Road, #400	
City/State/ZIP: Portland, Oregon 97223	
Phone: (503) 452-6922	Fax:
CCB lic.: 186506	
Authorized signature: <i>[Signature]</i>	
Print name: MARK CUSHING	Date: 12-10-18

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	\$115,394
Existing building area:	~8,000 square feet
New building area:	square feet
Number of stories:	1-Story
Type of construction:	Type V-B (assumed)
Occupancy groups:	
Existing:	Business
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	\$1,520.97
Amount received	
Date received:	

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

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

ELECTRONIC SUBMITTAL Permit Application

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

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: 1/16/2019	Permit No.: B2019-0199
Date Issued: 1/30/2019	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4505 SW WATSON AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.:	Project name: EX NOVA
Cross street/directions to job site: SW FARMINGTON (2nd)	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
MANUFACTURE & INSTALL (1) 1'-9" W X 7' H DOUBLE FACED ILLUMINATED BLADE SIGN.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: LANG ENTERPRISE LLC	
Address: PO BOX 66644	
City/State/ZIP: PORTLAND, OR 97290	
Phone: 503-720-5335	Fax: 503-777-2992
E-mail: CLKBRE@COMCAST.NET	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: RAMSAY SIGNS, INC	
Contact name: AUSTIN TUCK	
Address: 9160 SE 74TH AVE	
City/State/ZIP: PORTLAND, OR 97206	
Phone: 503-777-4555	Fax: 503-777-0220
E-mail: ATUCK@RAMSAYSIGNS.COM	
CONTRACTOR	
Business name: RAMSAY SIGNS, INC	
Address: 9160 SE 74TH AVE	
City/State/ZIP: PORTLAND, OR 97206	
Phone: 503-777-4555	Fax: 503-777-0220
CCB lic.: 63422	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 6,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$330.28
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 1-16-19
Print name: AUSTIN TUCK	

This permit application expires if a 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: <u>1-25-19</u>	Permit No.: <u>B2019-0353</u>
Date Issued: <u>1/29/19</u>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>8725 Hall Blvd</u>	
City/State/ZIP: <u>TIGARD OR. 97223</u>	
Suite/bldg./apt. no.:	Project name: <u>JACKSONS 518</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Replace cooler & equipment</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>JACKSONS FOOD STORES</u>	
Address: <u>3450 E. Commercial ct.</u>	
City/State/ZIP: <u>MERIDIAN ID 83642</u>	
Phone: <u>208-888-6061</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>POLAR Refrigeration</u>	
Contact name: <u>Adam Conely</u>	
Address: <u>8819 NE 117th ave</u>	
City/State/ZIP: <u>VANCOUVER, WA 98662</u>	
Phone: <u>360-991-6783</u>	Fax:
E-mail: <u>ADAM@POLAR-REFRIGERATION.NET</u>	
CONTRACTOR	
Business name: <u>POLAR (same)</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <u>170015</u>	

Authorized signature:	Date: <u>01-25-19</u>
Print name: <u>LAVELLE BANDIN</u>	

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

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

NOTICE

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$1,033.21</u>
Amount received	
Date received:	

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

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

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: JAN 29 2019	Permit No: B 2019-0423
Date Issued: 1/29/2019	<i>[Signature]</i>
BUILDING SERVICES DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9357 SW BEAVERTON HILLSDALE HWY	
City/State/ZIP: BEAVERTON OREGON 97005	
Suite/bldg./apt. no.:	Project name: DESIGNERS FOR HAIR & SPA
Cross street/directions to job site: Beaverton Hillsdale Hwy / 91st	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVING WALLS & ONE DOOR. ADDING WALLS & ONE DOOR. ELECTRICAL & PLUMBING	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: TRISTINE BURNSIDE	
Address: 9357 SW BEAVERTON HILLSDALE HWY	
City/State/ZIP: BEAVERTON OREGON 97005	
Phone: (503) 292-0292	Fax: cell 503 902 8621
E-mail: designerforhair@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DESIGNERS FOR HAIR & SPA	
Contact name: TRISTINE BURNSIDE	
Address: 9357 SW BEAVERTON HILLSDALE HWY	
City/State/ZIP: Beaverton Oregon 97005	
Phone: (503) 292-0292	Fax: cell 503 902 8621
E-mail: designersforhair@gmail.com	
CONTRACTOR	
Business name: TIMBER DECK & FENCING	
Address: EMAIL: BUILDINGGREEN@mc.com	
City/State/ZIP: PORTLAND, OREGON 97225	
Phone: 503 887 9711	Fax:
CCB lic.: CCB # 214438	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	
Amount received	
Date received:	

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

Print name: T. Scott Stewart	Date: 1/29/19
<i>[Signature]</i>	

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: 1-29-18	Permit No.: B2019-0418
Date Issued: 1-29-18	By: JWL
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11947 SW 3RD ST.	
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	
REMOVE ALL ROOFING TO DECKING. INSTALL 3/8" FELT UNDER LAYMENT. FLASHINGS VENTS OWENS CORNING TRU-DEF DURATION LIFETIME ROOFING.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: (IN YOUR HOME)	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> 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, OREGON 97005	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	
Authorized signature: Louis Ornelas	
Print name: LOUIS ORNELAS	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 15,971	
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	\$480.22
Amount received	\$480.22
Date received:	1-29-18

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1/20/2019	Permit No. 152019-0408
Date Issued: 1/20/2019	DM
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11845 SW Settler Way	
City/State/ZIP: Beaverton, Or. 97008	
Suite/bldg./apt. no.:	Project name: Wall residence
Cross street/directions to job site: Settler way and Templer Pl.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kirsten N. Wall	
Address: 11845 SW Settler Way	
City/State/ZIP: Beaverton, Or 972008	
Phone: (971) 998-9978	Fax:
E-mail: knwall@icloud.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Daniel Akers Properties	
Contact name: Dan Akers	
Address: 26415 SW Petes Mountain Rd.	
City/State/ZIP: West Linn, Or. 97068	
Phone: (503) 705-0564	Fax:
E-mail: dan.akers@comcast.net	
CONTRACTOR	
Business name: Daniel Akers Properties	
Address: 26415 SW Petes Mountain Rd.	
City/State/ZIP: West Linn, Or 97068	
Phone: (503) 705-0564	Fax:
CCB lic.: 95186	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	25,000.00
Number of bedrooms:	
Number of bathrooms:	3
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	908.80
Amount received	
Date received:	

Authorized signature: Daniel Akers	Date: 1/20/2019
Print name: DANIEL AKERS	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 1-3-19	Permit No.: B2019-0026
Date Issued: 1/28/2019	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: WildFin
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm, Data, Audio, CCTV	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: WildFin (Cedar Hills Crossing)	
Address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4,048
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

Authorized signature:	Date:
Print name: Ben Breit	01/02/19

This permit application expires if a 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

Approved

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG 8

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



OFFICE USE ONLY	
Date Received: 01/22/2019	Permit No.: B2019-0277
Date issued: 1-28-19	By: JUL
CITY OF BEAVERTON	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2905 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: SUITE 100	Project name: SPECTACLE T/I
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FIRE ALARM SYSTEM FOR NEW TENANT	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: STONER ELECTRIC, INC	
Contact name: SARABETH DODD	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 462-5217	Fax:
E-mail: PERMITS@STONERGROUP.COM	
CONTRACTOR	
Business name: STONER ELECTRIC, INC	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 462-6500	Fax:
CCB lic.: 44823	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$3,000
Existing building area:	square feet 2,340
New building area:	square feet
Number of stories:	1
Type of construction:	COMMERCIAL
Occupancy groups:	A-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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$206.11
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
MICHAEL FALCONER	01/18/18

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

11/27

Building Permit Application

RECEIVED
CITY OF BEAVERTON



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: NOV 27 2018	Permit No.: B2018-5597
Date Issued: 1-28-19	By: [Signature]
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12125 SW 12 th Street	
City/State/ZIP: 97005	
Suite/bldg./apt. no.:	Project name: New Kitchen
Cross street/directions to job site: Lombard	
Subdivision: Roma Addition	Lot no.: R119838
Tax map/parcel no.: S15CC01100	
DESCRIPTION OF WORK	
Remove old kitchen, build a few new walls install new kitchen, reroute plumbing & install new electrical	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BENJAMIN PRESTON	
Address: 12125 SW 12 th Street	
City/State/ZIP: Beaverton OR 97005	
Phone: 484-649-7588	Fax:
E-mail: moparben@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: BENJAMIN PRESTON	
Address: 12125 SW 12 th STREET	
City/State/ZIP: BEAVERTON OR 97005	
Phone: 484-649-7588	Fax:
E-mail: moparben@yahoo.com	
CONTRACTOR	
Business name:	
Address: 12125 SW 12 th STREET	
City/State/ZIP: BEAVERTON OR 97005	
Phone: 484-649-7588	Fax:
CCB lic.:	
Authorized signature: [Signature]	Date:
Print name: BENJAMIN PRESTON	Date: 11-27-18

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	9,999
Number of bedrooms:	3
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	square feet 68
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 9118
New building area:	square feet 68
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	139.05
Amount received	139.05
Date received:	11-27-18

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



Building Permit Application

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

7/12

OFFICE USE ONLY	
Date Received: 7-12-18	Permit No.: B2018-3118
Date Issued: 1/25/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15963 SW Montondale Ln	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: B-3 Row houses	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
BONUS	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Greg Tropino / Alexandria Mendivil	
Address: 15963 SW Montondale Lane	
City/State/ZIP: Beaverton OR 97006	
Phone: 847 9171661	Fax:
E-mail: gregtropino@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Jose Mendivil	
Address:	
City/State/ZIP:	
Phone: 815 620 7282	Fax:
E-mail: bigdog80.jm@gmail.com	
CONTRACTOR	
Business name: Same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized signature: [Signature]
 Print name: Jose Mendivil Date: 7-12-18

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	1K
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area: Bonus Room	square feet 200
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	145.40
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: 1-7-2019	Permit No.: B2019-0055
Date Issued: 1/24/2019	Payment Type: Visa

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17005 NW Cornell Rd.	
City/State/ZIP: Portland, OR 97006	
Suite/bldg./apt. no.:	Project name: MARGARITA Factory
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of An Ansul R-102 9 gallon fire system into An exhaust hood.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Margarita Factory	
Address: 17005 NW Cornell Rd.	
City/State/ZIP: Portland, OR 97006	
Phone: 360-901-2610	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Universal Fire Equipment	
Contact name: Greg Heath	
Address: 18260 SW 100th Ct	
City/State/ZIP: Tualatin, OR 97062	
Phone: 503-691-9000	Fax: 503-691-9004
E-mail: universalfireequipment@hotmail.com	
CONTRACTOR	
Business name: Same as Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 86723	
Authorized signature:	
Print name: Greg Heath	Date: 1-7-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 4250 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	258.64
Amount received	258.64
Date received:	1-7-19

This permit application expires if a 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: 1/24/2019	Permit No. 152018.4959
Date Issued: 1/24/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7724 SW NIMBUS AVENUE	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: BLDG 10
Cross street/directions to job site: SW HALL BLVD.	
Subdivision: KOLL BUSINESS CENTER	Lot no.: 6
Tax map/parcel no.: R202202	
DESCRIPTION OF WORK	
NON-STRUCTURAL BLDG. IMPROVEMENTS. REMODEL ALL EXISTING BATHROOMS TO BE FULLY ACCESSIBLE. VARIOUS FINISH REPAIRS AND LIGHTING REPLACEMENT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH INVESTMENT PROPERTIES	
Address: 8285 SW NIMBUS AVE.	
City/State/ZIP: BEAVERTON OR 97008	
Phone: (503) 450-0763	Fax:
E-mail: EmilyM@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: INK BUILT ARCHITECTURE	
Contact name: MELYNDA RETALLACK	
Address: 2808 NE MLK JR BLVD. STE G	
City/State/ZIP: PORTLAND OR 97212	
Phone: (503) 701-5277	Fax:
E-mail: MEL@INKBUILTDESIGN.COM	
CONTRACTOR	
Business name: PACIFIC CREST STRUCTURES	
Address: 17750 SE UPPER BOONES FERRY RD SUITE 190	
City/State/ZIP: DURHAM OR 97224	
Phone: (503) 968-8549	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	431,071.42 \$217,500
Existing building area:	square feet 39,594
New building area:	square feet 0
Number of stories:	1
Type of construction:	IIIB
Occupancy groups:	
Existing:	B/F1/S1
New:	B/F1/S1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1054.28
Amount received	
Date received:	

Authorized signature:	Date: 10/23/18
Print name: MELYNDA RETALLACK	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>1/24/2019</u>	Permit No.: <u>B2018-4953</u>
Date Issued: <u>1/24/2019</u>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>7760 SW NIMBUS AVENUE</u>	
City/State/ZIP: <u>BEAVERTON OR 97008</u>	
Suite/bldg./apt. no.:	Project name: <u>BLDG 10</u>
Cross street/directions to job site: <u>SW HALL BLVD.</u>	
Subdivision: <u>KOLL BUSINESS CENTER</u>	Lot no.: <u>6</u>
Tax map/parcel no.: <u>R202202</u>	
DESCRIPTION OF WORK	
NON-STRUCTURAL BLDG. IMPROVEMENTS. REMODEL ALL EXISTING BATHROOMS TO BE FULLY ACCESSIBLE. VARIOUS FINISH REPAIRS AND LIGHTING REPLACEMENT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>HARSCH INVESTMENT PROPERTIES</u>	
Address: <u>8285 SW NIMBUS AVE.</u>	
City/State/ZIP: <u>BEAVERTON OR 97008</u>	
Phone: <u>(503) 450-0763</u>	Fax:
E-mail: <u>EmilyM@harsch.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>INK BUILT ARCHITECTURE</u>	
Contact name: <u>MELYNDA RETALLACK</u>	
Address: <u>2808 NE MLK JR BLVD. STE G</u>	
City/State/ZIP: <u>PORTLAND OR 97212</u>	
Phone: <u>(503) 701-5277</u>	Fax:
E-mail: <u>MEL@INKBUILTDESIGN.COM</u>	
CONTRACTOR	
Business name: <u>PACIFIC CREST STRUCTURES</u>	
Address: <u>17750 SE UPPER BOONES FERRY RD SUITE 190</u>	
City/State/ZIP: <u>DURHAM OR 97224</u>	
Phone: <u>(503) 968-8549</u>	Fax:
CCB lic.: <u>66915</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>31,071.42</u> \$217,500
Existing building area:	square feet <u>39,594</u>
New building area:	square feet <u>0</u>
Number of stories:	<u>1</u>
Type of construction:	<u>IIIB</u>
Occupancy groups:	
Existing:	<u>B/F1/S1</u>
New:	<u>B/F1/S1</u>
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: <u>10/23/18</u>
Print name: <u>MELYNDA RETALLACK</u>	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1/24/2019	Permit No: B2018-4954
Date Issued: 1/24/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7762 SW NIMBUS AVENUE	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: BLDG 10
Cross street/directions to job site: SW HALL BLVD.	
Subdivision: KOLL BUSINESS CENTER	Lot no.: 6
Tax map/parcel no.: R202202	
DESCRIPTION OF WORK	
NON-STRUCTURAL BLDG. IMPROVEMENTS. REMODEL ALL EXISTING BATHROOMS TO BE FULLY ACCESSIBLE. VARIOUS FINISH REPAIRS AND LIGHTING REPLACEMENT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH INVESTMENT PROPERTIES	
Address: 8285 SW NIMBUS AVE.	
City/State/ZIP: BEAVERTON OR 97008	
Phone: (503) 450-0763	Fax:
E-mail: EmilyM@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: INK BUILT ARCHITECTURE	
Contact name: MELYNDA RETALLACK	
Address: 2808 NE MLK JR BLVD. STE G	
City/State/ZIP: PORTLAND OR 97212	
Phone: (503) 701-5277	Fax:
E-mail: MEL@INKBUILTDESIGN.COM	
CONTRACTOR	
Business name: PACIFIC CREST STRUCTURES	
Address: 17750 SE UPPER BOONES FERRY RD SUITE 190	
City/State/ZIP: DURHAM OR 97224	
Phone: (503) 968-8549	Fax:
CCB Lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	31,071.42 \$217,500
Existing building area:	square feet 39,594
New building area:	square feet 0
Number of stories:	1
Type of construction:	IIIB
Occupancy groups:	
Existing:	B/F1/S1
New:	B/F1/S1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: MELYNDA RETALLACK	10/23/18

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

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

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. <u>52018-4952</u>
Date Issued: <u>1/24/2019</u>	<u>AW</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>7770 SW NIMBUS AVENUE</u>	
City/State/ZIP: <u>BEAVERTON OR 97008</u>	
Suite/bldg./apt. no.:	Project name: <u>BLDG 10</u>
Cross street/directions to job site: <u>SW HALL BLVD.</u>	
Subdivision: <u>KOLL BUSINESS CENTER</u>	Lot no.: <u>6</u>
Tax map/parcel no.: <u>R202202</u>	
DESCRIPTION OF WORK	
NON-STRUCTURAL BLDG. IMPROVEMENTS. REMODEL ALL EXISTING BATHROOMS TO BE FULLY ACCESSIBLE. VARIOUS FINISH REPAIRS AND LIGHTING REPLACEMENT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>HARSCH INVESTMENT PROPERTIES</u>	
Address: <u>8285 SW NIMBUS AVE.</u>	
City/State/ZIP: <u>BEAVERTON OR 97008</u>	
Phone: <u>(503) 450-0763</u>	Fax:
E-mail: <u>EmilyM@harsch.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>INK BUILT ARCHITECTURE</u>	
Contact name: <u>MELYNDA RETALLACK</u>	
Address: <u>2808 NE MLK JR BLVD. STE G</u>	
City/State/ZIP: <u>PORTLAND OR 97212</u>	
Phone: <u>(503) 701-5277</u>	Fax:
E-mail: <u>MEL@INKBUILTDESIGN.COM</u>	
CONTRACTOR	
Business name: <u>PACIFIC CREST STRUCTURES</u>	
Address: <u>17750 SE UPPER BOONES FERRY RD SUITE 190</u>	
City/State/ZIP: <u>DURHAM OR 97224</u>	
Phone: <u>(503) 968-8549</u>	Fax:
CCB lic.: <u>66915</u>	

Authorized signature:	Date:
Print name: <u>MELYNDA RETALLACK</u>	<u>10/23/18</u>

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>31,071.42</u> \$ <u>217,500</u>
Existing building area:	square feet <u>39,594</u>
New building area:	square feet <u>0</u>
Number of stories:	<u>1</u>
Type of construction:	<u>IIIB</u>
Occupancy groups:	
Existing:	<u>B/F1/S1</u>
New:	<u>B/F1/S1</u>

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

BUILDING PERMIT FEES*	
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
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: 01/24/2018	Permit No. B2018-4925
Date Issued: 1/24/2018	
BUILDING SERVICES DIVISION	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7774 SW NIMBUS AVENUE	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.: 10	Project name: BLDG 10
Cross street/directions to job site: SW HALL BLVD.	
Subdivision: KOLL BUSINESS CENTER	Lot no.: 6
Tax map/parcel no.: R202202	
DESCRIPTION OF WORK	
NON-STRUCTURAL BLDG. IMPROVEMENTS. REMODEL ALL EXISTING BATHROOMS TO BE FULLY ACCESSIBLE. VARIOUS FINISH REPAIRS AND LIGHTING REPLACEMENT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH INVESTMENT PROPERTIES	
Address: 8285 SW NIMBUS AVE.	
City/State/ZIP: BEAVERTON OR 97008	
Phone: (503) 450-0763	Fax:
E-mail: EmilyM@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: INK BUILT ARCHITECTURE	
Contact name: MELYNDA RETALLACK	
Address: 2808 NE MLK JR BLVD. STE G	
City/State/ZIP: PORTLAND OR 97212	
Phone: (503) 701-5277	Fax:
E-mail: MEL@INKBUILTDESIGN.COM	
CONTRACTOR	
Business name: PACIFIC CREST STRUCTURES	
Address: 17750 SE UPPER BOONES FERRY RD SUITE 190	
City/State/ZIP: DURHAM OR 97224	
Phone: (503) 968-8549	Fax:
CCB lic.: 66915	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	31,071.42 \$217,500
Existing building area:	square feet 39,594
New building area:	square feet 0
Number of stories:	1
Type of construction:	IIIB
Occupancy groups:	
Existing:	B/F1/S1
New:	B/F1/S1

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	071.81
Amount received	
Date received:	

Authorized signature:	Date:
Print name: MELYNDA RETALLACK	10/23/18

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1/24/2019	Permit No.: B2018-4960
Date Issued: 1/24/2019	EM
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7120 SW NIMBUS AVENUE	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: BLDG 10
Cross street/directions to job site: SW HALL BLVD.	
Subdivision: KOLL BUSINESS CENTER	Lot no.: 6
Tax map/parcel no.: R202202	
DESCRIPTION OF WORK	
NON-STRUCTURAL BLDG. IMPROVEMENTS. REMODEL ALL EXISTING BATHROOMS TO BE FULLY ACCESSIBLE. VARIOUS FINISH REPAIRS AND LIGHTING REPLACEMENT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH INVESTMENT PROPERTIES	
Address: 8285 SW NIMBUS AVE.	
City/State/ZIP: BEAVERTON OR 97008	
Phone: (503) 450-0763	Fax:
E-mail: EmilyM@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: INK BUILT ARCHITECTURE	
Contact name: MELYNDA RETALLACK	
Address: 2808 NE MLK JR BLVD. STE G	
City/State/ZIP: PORTLAND OR 97212	
Phone: (503) 701-5277	Fax:
E-mail: MEL@INKBUILTDESIGN.COM	
CONTRACTOR	
Business name: PACIFIC CREST STRUCTURES	
Address: 17750 SE UPPER BOONES FERRY RD SUITE 190	
City/State/ZIP: DURHAM OR 97224	
Phone: (503) 968-8549	Fax:
CCB Lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	31,071.42 \$247,500
Existing building area:	square feet 39,594
New building area:	square feet 0
Number of stories:	1
Type of construction:	IIIB
Occupancy groups:	
Existing:	B/F1/S1
New:	B/F1/S1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: MELYNDA RETALLACK	10/23/18

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received:	1/24/2019
Date Issued:	ON
Permit No.:	B2018-4961
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7716 SW NIMBUS AVENUE	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: BLDG 10
Cross street/directions to job site: SW HALL BLVD.	
Subdivision: KOLL BUSINESS CENTER	Lot no.: 6
Tax map/parcel no.: R202202	
DESCRIPTION OF WORK	
NON-STRUCTURAL BLDG. IMPROVEMENTS. REMODEL ALL EXISTING BATHROOMS TO BE FULLY ACCESSIBLE. VARIOUS FINISH REPAIRS AND LIGHTING REPLACEMENT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH INVESTMENT PROPERTIES	
Address: 8285 SW NIMBUS AVE.	
City/State/ZIP: BEAVERTON OR 97008	
Phone: (503) 450-0763	Fax:
E-mail: EmilyM@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: INK BUILT ARCHITECTURE	
Contact name: MELYNDA RETALLACK	
Address: 2808 NE MLK JR BLVD. STE G	
City/State/ZIP: PORTLAND OR 97212	
Phone: (503) 701-5277	Fax:
E-mail: MEL@INKBUILTDESIGN.COM	
CONTRACTOR	
Business name: PACIFIC CREST STRUCTURES	
Address: 17750 SE UPPER BOONES FERRY RD SUITE 190	
City/State/ZIP: DURHAM OR 97224	
Phone: (503) 968-8549	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	31,071.42 \$217,500
Existing building area:	square feet 39,594
New building area:	square feet 0
Number of stories:	1
Type of construction:	IIIB
Occupancy groups:	
Existing:	B/F1/S1
New:	B/F1/S1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1054.28
Amount received	
Date received:	

Authorized signature:	
Print name:	MELYNDA RETALLACK
Date:	10/23/18

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 1-23-2019	Permit No.: B2019-0314
Date Issued: 1-24-19	By: <i>MK</i>
	Payment Type: <i>visa</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12935 SW Carr St	
City/State/ZIP: Beaverton / OR / 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
6.8 kw solar photovoltaic installation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Michael Anderson	
Address: 12935 SW Carr St	
City/State/ZIP: Beaverton / OR / 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Imagine Energy	
Contact name: Zach Parrott	
Address: 2409 N Kerby Ave	
City/State/ZIP: Beaverton / OR / 97227	
Phone: 541.517.8091	Fax:
E-mail: z.parrott@imagineenergy.net	
CONTRACTOR	
Business name: Imagine Energy	
Address: 2409 N Kerby Ave	
City/State/ZIP: Portland / OR / 97227	
Phone: 541.517.8091	Fax:
CCB lic.: 167963	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$207.20
Amount received	
Date received:	

Authorized signature: <i>Zach Parrott</i>	Date:
Print name: Zach Parrott	Jan 23, 2019

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>1/24/2019</u>	Permit No. <u>152019-0310</u>
Date Issued: <u>1/24/2019</u>	<u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>11750 SW BARNES RD.</u>	
City/State/ZIP: <u>PORTLAND, OR 97225</u>	
Suite/bldg./apt. no.: <u>SUITE 240</u>	Project name: <u>WELLNESS CENTER</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TENANT IMPROVEMENT. 13 SPRINKLERS RELOCATED.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>DR. MARK GABRIEL</u>	
Address: <u>1359 NE 35TH AVE</u>	
City/State/ZIP: <u>PORTLAND, OR 97232</u>	
Phone: <u>(503) 717-6538</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>BASIC FIRE PROTECTION</u>	
Contact name: <u>JOHN MURPHY</u>	
Address: <u>8135 NE MLKjr. BLVD</u>	
City/State/ZIP: <u>PORTLAND, OR 97211</u>	
Phone: <u>(503) 285-1855</u>	Fax: <u>(503) 285-0713</u>
E-mail: <u>john@basicfire.com</u>	
CONTRACTOR	
Business name: <u>BASIC FIRE PROTECTION</u>	
Address: <u>8135 NE MLKjr. BLVD</u>	
City/State/ZIP: <u>PORTLAND, OR 97211</u>	
Phone: <u>(503) 285-1855</u>	Fax: <u>(503) 285-0713</u>
CCB lic.: <u>48641</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,229
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>258.64</u>
Amount received	
Date received:	

Authorized signature: <u>[Signature]</u>	Date: <u>1-23-19</u>
Print name: <u>JOHN MURPHY</u>	

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

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

ELECTRONIC SUBMITTAL Permit Application

SEE 1/BLDG DIV WG-8...



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

RECEIVED

OFFICE USE ONLY

Date Received: 11/06/2018	Permit No.: B2018-5230
Date Issued:	By: <i>BN</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15655 NW BLUERIDGE DR (Preliminary address)	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Cornell Oaks Hotels
Cross street/directions to job site: Parcels between NW 158th Ave, NW Blueridge Dr, and NW Greenbrier Pkwy	
Subdivision:	Lot no.: 01200, 01100, 01000
Tax map/parcel no.: 1N132CA	
DESCRIPTION OF WORK	
Construction of retaining wall immediately adjacent to proposed Element hotel building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bob Kellam, Brandt Hospitality Group	
Address: 2640 47th Street S	
City/State/ZIP: Fargo, ND 58104	
Phone: (701) 551-8907	Fax:
E-mail: bob.kellam@brandthg.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Kimley-Horn & Associates	
Contact name: Ryan Blaser	
Address: 215 South State Street, Suite 400	
City/State/ZIP: Salt Lake City, UT 84111	
Phone: (385) 831-2007	Fax:
E-mail: ryan.blaser@kimley-horn.com	
CONTRACTOR	
Business name: Goodfellow Bros LLC	
Address: 7515 NE Ambassador Pl. Ste E	
City/State/ZIP: Portland, OR 97220	
Phone: 360-979-3252	Fax:
CCB lic: 222458	
Authorized signature: <i>[Signature]</i>	
Print name: Bob Kellam	Date: 10/26/18

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	400,000
Existing building area:	square feet N/A
New building area:	square feet 70,000
Number of stories:	4
Type of construction:	Hotel
Occupancy groups:	
Existing:	N/A
New:	Residential Group R-1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,245.84
Amount received	
Date received:	

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

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

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



Permit Application
Development Department
Building Division
12125 SW Mainkan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 11/05/2018	Permit No.: B2018-5228
Date Issued: 1/29/2019	Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation		1,800,000
Existing building area:	square feet	N/A
New building area:	square feet	70,000
Number of stories:		4
Type of construction:		Hotel
Occupancy groups:		
Existing:		N/A
New:		Residential Group R-1

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$1,759.44
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

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15705 NW BLUERIDGE DR (Preliminary address)	
City/State/ZIP: Beaverton, OR <i>Marr of Ad</i>	
Suite/bldg./apt. no.:	Project name: <i>Cornell Oaks Hotels</i>
Cross street/directions to job site: Parcels between NW 158th Ave, NW Blueridge Dr, and NW Greenbrier Pkwy	
Subdivision:	Lot no.: 01200, 01100, 01000
Tax map/parcel no.: 1N132CA	
DESCRIPTION OF WORK	
Construction of retaining wall immediately adjacent to proposed Marriott AC hotel building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bob Kellam, Brandt Hospitality Group	
Address: 2640 47th Street S	
City/State/ZIP: Fargo, ND 58104	
Phone: (701) 551-8907	Fax:
E-mail: bob.kellam@brandthg.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Kimley-Horn & Associates	
Contact name: Ryan Blaser	
Address: 215 South State Street, Suite 400	
City/State/ZIP: Salt Lake City, UT 84111	
Phone: (385) 831-2007	Fax:
E-mail: ryan.blaser@kimley-horn.com	
CONTRACTOR	
Business name: <i>Good Fellow Bros LLC</i>	
Address: <i>7815 NE Ambassador Pl. Ste E</i>	
City/State/ZIP: <i>Portland, OR 97220</i>	
Phone: <i>360-979-3252</i>	Fax:
CCB lic.: <i>222458</i>	
Authorized signature: <i>[Signature]</i>	
Print name: <i>Bob Kellam</i>	Date: <i>10/24/18</i>

Building Permit Application

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

APPROVED

RECEIVED

ELECTRONIC SUBMITTAL
 SEE I/BLDG DIV WG-8

OFFICE USE ONLY	
Date Received: 12/04/2018	Permit No.: B2018-5747
Date Issued: 1-23-19	By: TUL
CITY OF BEAVERTON	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14623 SW Teal Blvd.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Joe's Burgers Regency Murrayhill
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New restaurant. Two new restrooms, new kitchen hood and fixtures, new exterior door, new mechanical ducting, new lighting	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Joe's Burgers	
Address: 4620 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Portland, OR 97221	
Phone: (503) 484-7082	Fax:
E-mail: joe@joesburgers.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pamela A. Deegan	
Address: 2300 E. 3rd Loop #110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
E-mail: pam@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E. 3rd Loop #110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
CGB lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$75,000
Existing building area:	1383 square feet
New building area:	N/A square feet
Number of stories:	1
Type of construction:	V-B (Assumed)
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	\$1,160.74
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Pamela A. Deegan	11/29/18

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

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

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 V/TDD
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 06/08/2018	Permit No.: B2018-2538
Date Issued: 1-23-19	By: <i>JW</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2940 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Chick-fil-A Cedar Hills
Cross street/directions to job site: Located on the east side of SW Cedar Hills Blvd. Just south of SW Jenkins Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109AD 1700&2400	
DESCRIPTION OF WORK	
Installation of site fire suppression line, and DCDA vault.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> 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: <i>Engineered Structures Inc.</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <i>77160</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$29,600
Existing building area:	square feet 9426
New building area:	square feet 4815
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	Auto Parts Store
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 applicallon	
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date: <i>5/30/18</i>
Print name: <i>Mike Towle</i>	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-22-19	Permit No.: B2019-0284
Date Issued: 1/22/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3100 S.W. CEDAR HILLS BLVD.	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: Boost Mobile
Cross street/directions to job site: CEDAR HILL BLVD.	
Subdivision:	Lot no.: 37 & 38 IN BLOCK 9 CEDAR HILLS
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TENANT IMPROVEMENT	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: SEUNG C. SHIN	
Address: 11972 S.W. SAGEHEN ST.	
City/State/ZIP: BEAVERTON, OR 97007	
Phone: (503) 481-6260	Fax:
E-mail: CTWIRELESS999@HOT.MAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: BOOST MOBILE	
Contact name: HEE KWON	
Address: 11972 S.W. SAGEHEN ST.	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: (503) 740-5500	Fax:
E-mail: TICKLE HEE @GMAIL.COM	
CONTRACTOR	
Business name: WANKER PARK CONSTRUCTION	
Address: 1102 S.E. 104th AVE.	
City/State/ZIP: VANCOUVER, WA 98664	
Phone: (503) 358-8464	Fax:
CCB lic.: 128290 #128290	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$45,000.00
Existing building area:	5,000 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	VN
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	\$189.45
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: (503) 358-8464	

This permit application expires if a 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: 1-22-19	Permit No.: B2019-0276
Date Issued: 1-22-19	By: <i>KW</i>
	Payment Type: <i>Check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8865 SW MAVERICK TERRACE	
City/State/ZIP: BEAVERTON, OR. 97008	
Suite/bldg./apt. no.: 801-807 (3)	Project name: SERRENTO BLUFF
Cross street/directions to job site: APTS.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING TO DECKING, INSTALL 15 1/2 FELT UNDERLAYMENT, FLASHINGS RVO-38 VENTS, PARCO PREMIER 30YEAR SHINGLE.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: GREYSTAR	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> 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@INTERSTATE ROOFING.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: <i>Louis Ornelas</i>	Date: 1-16-2019
Print name: LOUIS ORNELAS	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	7346
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	\$330.32
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: 1-22-19	Permit No.: B2019-0275
Date Issued: 1-22-19	By: HUC
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8845 SW MAVERICK TERRACE	
City/State/ZIP: BEAVERTON, OR. 97008	
Suite/bldg./apt. no.: 901-908 (2)	Project name: SORRENTO BLUFF
Cross street/directions to job site: APTS.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING TO DECKING. INSTALL 15 LB FELT UNDERLAYMENT, FLASHINGS RVD-38 VENTS, PARCO PREMIER 30 YEAR SHINGLE.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: GREYSTAR	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> 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@INTERSTATE ROOFING.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: 1-16-2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	30,127
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	\$703.31
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: 1-22-19	Permit No.: 82019-0274
Date Issued: 1-22-19	By: MK
	Payment Type: CHECK

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8825 SW MAVERICK TERRACE	
City/State/ZIP: BEAVERTON, OR. 97008	
Suite/bldg./apt. no.: 1001-1012 (1)	Project name: SORRENTO BLUFF
Cross street/directions to job site: APTS.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING TO DECKING. INSTALL 15 1/8 FELT UNDERLAYMENT, FLASHINGS RVD-38 VENTS, PARCO PREMIER 30YEAR SHINGLE.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: GREYSTAR	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> 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@INTERSTATE ROOFING.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	Date: 1-16-2019
Print name: LOUIS ORNELAS	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	36,973
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	\$811.75
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



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

RECEIVED

OFFICE USE ONLY

Date Received: 10/12/2018	Permit No.: B2018-4674
Date Issued: 1-18-19	By: <i>JLK</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12230 SW Goose Lane	
City/State/ZIP: Beaverton, OR	
Subdivision: South Cooper Mtn	Lot no.: 153
Tax map/parcel no.:	
Cross street/directions to job site:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: <i>juls.call@lennar.com</i>	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

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

Valuation	\$335,997.20
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2652 square feet
Garage/carport area:	397 square feet
Covered porch area:	40 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	\$694.90
Amount received	
Date received:	

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

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: Juls Call	07/20/18

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8.9.9

Permit Application

Duplicate plan, 2652A Kirkland American,
as Lots 151 and 153 ALL Garage Right



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: 10/11/2018	Permit No.: B2018-4654
Date Issued: 1-18-19	By: MK
CITY OF BEAVERTON	
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12250 SW Goose Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 149
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

Authorized signature:

Print name: Juls Call	Date: 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	\$335,997.20
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2652 square feet
Garage/carport area:	397 square feet
Covered porch area:	40 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	694.90
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

Reouted 3/27/18 m4

REISSUE OF Tesla Terrace
Lot 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: 3/27/2018	Permit No: B2018-1308
Date Issued: 1-17-19	By: CW
Payment Type: Chuck	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12125 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision: Tesla Terrace	Lot no.: 10
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REISSUE OF TESLA TERRACE LOT 14 B2018-0997	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SAA	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229	
Phone: 503-716-6294	Fax:
Allison96@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature:	
Print name: Matt Fricke	Date:
Matt Fricke	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	190,144.35
Number of bedrooms:	4 219,176.57
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	1583 square feet
Garage/carport area:	220 square feet
Covered porch area:	0 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	472.61
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

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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: 3-12-18	Permit No.: B2018-1049
Date Issued: 1-17-18	By: CW
	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12127 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision: Tesla Terrace	Lot no.: 11
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Detached SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Westwood Homes LLC	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland OR 97229	
Phone: 503-713-6294 Fax:	
E-mail: Allison@westwoodhomesLLC.	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229	
Phone: (503-713-6294	Fax:
Allison@westwoodhomesLLC.	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature:	
Print name: Matt Fricke	Date:
Matt Fricke	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$190,144.35
Number of bedrooms:	4
Number of bathrooms:	4.5
Total number of floors:	3
New dwelling area:	1583 square feet
Garage/carport area:	220 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	\$945.22
Amount received	\$945.22
Date received:	3-12-18

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 1-18-19	Permit No.: B2019-0263
Date Issued: 1-18-19	By: HLC
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: DECK REPLACEMENT
JOB SITE INFORMATION AND LOCATION	
Job site address: 10835 SW FALCON CT.	
City/State/ZIP: BEAV, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACEMENT & EXPANSION OF (E) DECK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DAVE & ALI DRENNAN	
Address: (SAME)	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW ARCHITECTURE & DESIGN	
Contact name: JOHN MACKINNON	
Address: 515 NW SALZMAN RD., NO 722	
City/State/ZIP: PDX, OR	
Phone: 503 710 8551	Fax:
E-mail: nwarchitecture@gmail.com	
CONTRACTOR	
Business name: VULCAN DESIGN & CONSTRUCTION	
Address: 351 GRAND BLVD	
City/State/ZIP: VANCOUVER WA 98661	
Phone:	Fax:
CCB lic.: ORCCB # 212649	
Authorized signature: <i>John Mackinnon</i>	
Print name: JOHN MACKINNON	Date: 1-17-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 8,500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	1,045 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$421.62
Amount received	\$421.62
Date received:	1-18-19

This permit application expires if a 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: 12-7-18	Permit No.: B2018-5818
Date Issued: 1-18-19	By: JML
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13980 SW TY Hwy	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: PC Custom
Cross street/directions to job site: MURRAY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD 3 PENDANT HEADS IN PAINT BOOTH	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: FIRE EXTINGUISHER SERVICE CENTER	
Address: 3460 SW 209TH	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 503-693-3309	Fax:
CCB lic.: 69384	
Authorized signature: <i>[Signature]</i>	
Print name: SEAN FITZPATRICK	Date: 12-7-18

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
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	\$115.42
Amount received	\$115.42
Date received:	1-18-19

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-18-19	Permit No.: B2019-0249
Date Issued: 1-18-19	By: MK
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8932 SW 149th Place	
City/State/ZIP: Beaverton OR 97076	
Suite/bldg./apt. no.:	Project name: Therese Dizon
Cross street/directions to job site: S.W. Beard Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove bearing wall, & resupport as per structural engineers plan.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: McNinch Construction	
Contact name: Craig McNinch	
Address: 16828 S Pam Dr	
City/State/ZIP: Oregon City OR 97045	
Phone: 503 975 8789	Fax:
E-mail: craig.mcninch@msi.com	
CONTRACTOR	
Business name:	
Address: Same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 176766	
Authorized signature: <i>Craig McNinch</i>	
Print name: Craig McNinch	Date: 1/17/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$6,000
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	\$313.07
Amount received	\$313.07
Date received:	1-18-19

This permit application expires if a 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: 1-17-19	Permit No.: B2019-0239
Date Issued: 1-17-19	By: JW
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12040 SW Camden Ln	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: New Horizons
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Partial tear off and Re roof- torch down	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Fisher Roofing	
Contact name: Jesse Ceciliani	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Fisher Roofing	
Address: 13850 SW Galbreath Dr	
City/State/ZIP: Sherwood, OR 97140	
Phone: 503-625-2586	Fax:
CCB lic.: 45970	
Authorized signature:	Date: 1-17-2019
Print name: Jesse Ceciliani	Date: 1-17-2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	8000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$ 330.32
Amount received	
Date received:	

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 1/16/2019	Permit No. 152019-0208
Date Issued: 1/16/2019	BR
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5950 SW Main Ave.	
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	
Back Permit converting garage to living space, add 2 bedrooms, Bathroom, Laundry.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tao He	
Address: 5950 SW Main Ave.	
City/State/ZIP: Beaverton, OR, 97005	
Phone: (503) 890 3793	Fax:
E-mail: taohe.8388@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address: SAME AS OWNER	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address: SAME	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: <i>[Signature]</i>	
Print name: TAO HE	Date: 12/20/18

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	\$ 5000.00
Number of bedrooms:	2 adding
Number of bathrooms:	1 adding
Total number of floors:	
New dwelling area:	square feet
? Garage/carport area:	square feet
? Covered porch area:	square feet
? Deck area:	square feet
? Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 5000.00
Existing building area:	square feet
? New building area:	square feet
Number of stories:	1
? Type of construction:	
? Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	299.83
Amount received	
Date received:	

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

Chick-fil-A
Cedar Hills Blvd

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 3/26/2018	Permit No.: B 2018-1272
Date Issued: 7/16/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2940 Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Cedar Hills Chick-fil-A
Cross street/directions to job site: SW Jenkins Rd	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109AD01700 and 1S109AD02400	
DESCRIPTION OF WORK	
Demo of existing building and construction of a new commercial restaurant building.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Chick-fil-A, Inc	
Address: 5200 Buffington Rd	
City/State/ZIP: Atlanta, GA, 30349	
Phone: (303) 519-7206	Fax:
E-mail: steve.schwartz@cfacorp.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: 4G Development and Consulting, Inc	
Contact name: Carlos Arias	
Address: PO BOX 270571	
City/State/ZIP: San Diego, CA A92198	
Phone: (951) 970-9138	Fax:
E-mail: carias@4gdev.com	
CONTRACTOR	
Business name: TBD Engineered Structures Inc	
Address: 3330 E Louise Dr Ste 300	
City/State/ZIP: Meridian ID 83642	
Phone:	Fax:
CCB lic.:	
Authorized signature: <i>Carl Arias</i>	Date: 3/19/18
Print name: CARLOS ARIAS	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 48,444 x 163.92 = 7,944,076 < 100,000	
Existing building area:	square feet 9,426
New building area:	square feet 48,444
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	
Amount received	
Date received:	

Karlidden@Dowl.com

This permit application expires if a 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: 11-29-18	Permit No.: 182018-5652
Date Issued: 11-29-18	By: SO
Payment Type: check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.: 105	Project name: LA SEN BISTRO
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FIRE SPRINKLES	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW PRECISION DESIGN	
Contact name: DARIN BOUSKA	
Address: 22605 SW PINEHURST CT	
City/State/ZIP: SHELLWOOD OR 97140	
Phone: 503-680-6444	Fax:
E-mail:	
CONTRACTOR	
Business name: SprinkIt Fire Protection INC	
Address: P.O. Box 2227	
City/State/ZIP: Oregon City OR 97045	
Phone: 503-272-6650	Fax:
CCB lic.: 189022 211320	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	3,000
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	206.11
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: DARIN BOUSKA	

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <i>12-11-18</i>	Permit No.: <i>B2018-5884</i>
Date Issued: <i>1/16/2019</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>7279 SW CANYON LN.</i>	
City/State/ZIP: <i>Portland, OR 97225</i>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <i>off canyon rd</i>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>remodel, repair damage of an accessory dwelling unit</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Carla Ralston</i>	
Address: <i>7279 SW Canyon Ln.</i>	
City/State/ZIP: <i>Portland 97225</i>	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: <i>Jack Loback</i>	
Address: <i>4594 NE 35th Pl</i>	
City/State/ZIP: <i>Portland 97211</i>	
Phone: <i>503 282 6002</i>	Fax:
E-mail: <i>JackLoback593@gmail.com</i>	
CONTRACTOR	
Business name: <i>Evergreen Renovations</i>	
Address:	
City/State/ZIP:	
Phone: <i>503. 5735. 5650</i>	Fax:
CCB lic.: <i>186486</i>	
Authorized signature: <i>[Signature]</i>	
Print name: <i>Jack Loback</i>	Date: <i>12.10.18</i>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>8,000</i>
Number of bedrooms:	<i>0</i>
Number of bathrooms:	<i>1</i>
Total number of floors:	
New dwelling area:	<i>0</i> square feet
Garage/carport area:	<i>0</i> square feet
Covered porch area:	<i>0</i> square feet
Deck area:	<i>0</i> square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<i>\$124.43</i>
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-15-19	Permit No.: 82019-0191
Date Issued: 1-15-19	By: JAL
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4525 SW WATSON AVE	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: LANG
Cross street/directions to job site: FARMINGTON	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RE-ROOF	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAW TOOTH ROOFING	
Address: 5230 NE 109TH AVE PAS	
City/State/ZIP: FULTON OR 97220	
Phone: 503-258-8017	Fax:
CCB lic.: 170692	
Authorized signature:	
Print name: GOTTINGMAN	Date: 1-15-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 9,350.00	
Existing building area: 1700	square feet
New building area: 0	square feet
Number of stories: 1	
Type of construction: REMODEL	
Occupancy groups:	
Existing: 1	
New: 1	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$367.80
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...

Permit Application



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

RECEIVED

OFFICE USE ONLY

Date Received: JAN 02 2019	Permit No. B2019-0014
Date Issued: 1/14/2019	BY <i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: WildFin American Grill
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FIRE SPRINKLERS FOR TENANT IMPROVEMENT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: WildFin American Grill	
Address: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 805-4952	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Delta Fire, Inc.	
Contact name: Melissa Boughton	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, Oregon 97224	
Phone: (503) 620-4020	Fax: (503) 620-1058
E-mail:	
CONTRACTOR	
Business name: Delta Fire, Inc.	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, Oregon 97224	
Phone: (503) 620-4020	Fax: (503) 620-1058
CCB lic.: 64174	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	36057.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	Ord.Group 1
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES!	
Please refer to fee schedule	
Fees due upon application	290.15
Amount received	
Date received:	

Authorized signature: *Melissa Boughton*

Print name: _____ Date: _____

This permit application expires if a 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

10/31



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: 10/31/2018	Permit No. B2018-5100
Date Issued: 1-14-19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8300 SW Birchwood Rd	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Graugnard, Sharon
Cross street/directions to job site: Laurelwood cross street.	
Subdivision: N/A	Lot no.: 8
Tax map/parcel no.: 1S112CC07100	
DESCRIPTION OF WORK	
Finish Basement to code for habitable spaces	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sharon Graugnard	
Address: 8300 SW Birchwood Rd	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 704-7018	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Spruce Box Construction	
Contact name: Robbie Hollister	
Address: 9300 SW Burnham St	
City/State/ZIP: Portland, OR 97223	
Phone:	Fax:
E-mail: Kim@sprucebox.net	
CONTRACTOR	
Business name: Spruce Box Construction	
Address: 9033 SW Burnham ST	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 530-8205	Fax:
CCB lic.: 209538	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 15,000	
Number of bedrooms: 2	
Number of bathrooms: 2	
Total number of floors: 2	
New dwelling area: 440	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:	

Authorized signature:

Print name: Charles P. Fall	Date: 1/14/19
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This permit application expires if a 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



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: 12/19/2018 Permit No.: B2018-6018
Date Issued: 1-14-19 By: *JK*
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: 14045 SW Kentucky Place
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: Project name: Naughton Remodel

Cross street/directions to job site: SW Tennessee Lane

Subdivision: Sorrento Ridge No. 6 Lot no.: 7200

Tax map/parcel no.: 1S1W28

DESCRIPTION OF WORK

Kitchen remodel (approx. 800 square feet)

- PROPERTY OWNER TENANT

Name: Tracy Naughton
Address: 14045 SW Kentucky Place
City/State/ZIP: Beaverton, OR 97008

Phone: (503) 616-0966 Fax:

E-mail: dantracynaughton@gmail.com

- APPLICANT CONTACT PERSON

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

CONTRACTOR

Business name: Big Al's Construction
Address: 16712 S Howards Mill Road
City/State/ZIP: Beavercreek, OR 97004
Phone: (503) 267-3668 Fax:
COB no.: 70385

Authorized signature: *Tracy Naughton*

Print name: Tracy Naughton Date: 12/18/18

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	\$110,000
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	square feet N/A
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	\$696.88
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

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: 12-21-18	Permit No.: 32018-6056
Date Issued: 1-14-19	By: WK
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8905 SW Nimbus Ave, Suite 400	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 400	Project name: NVOICEPAY
Cross street/directions to job site: SW Nimbus Ave. and SW Gemini Dr.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add (6), Relocate (7), and Delete (8) sprinkler to accommodate new tenant remodel.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Lincoln Properties Company	
Address: 1211 SW 5th Ave, Suite 700	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 673-2805	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> 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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 \$3,150.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	4.00
Type of construction:	5B
Occupancy groups:	
Existing: B	
New: B	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$232.37
Amount received	232.37
Date received:	12-26-18

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

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

Authorized signature:	Date: 12/18/18
Print name: Joseph Plattner	

Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: NOV 13 2018	Permit No.: B2018-5370
Date Issued: 1-14-19	By: [Signature]
BUILDING SERVICES DIVISION	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14115 SW WINDHAMMER CRT	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Dubane
Cross street/directions to job site: N on 141 st to WINDHAMMER - go left	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
2 nd FLOOR ADDITION. NO EXCAVATION.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kep Dubane	
Address: 14115 SW WINDHAMMER CRT	
City/State/ZIP: Beaverton, OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SLS CUSTOM HOMES + REMODEL INC	
Contact name: Steve Stolze	
Address: PO 1093	
City/State/ZIP: MOUNTAIN OR 97062	
Phone: 503 691-9878	Fax: 503 692-7983
E-mail: STEVE@SLSHOMES.COM	
CONTRACTOR	
Business name:	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CGB lic.: 91577	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	* 200K
Number of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 1695
Garage/carport area:	625 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:	

Authorized signature: [Signature]	Date: 11/12/18
Print name: Steve Stolze	

This permit application expires if a 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: 1-14-19	Permit No.: B2019-0161
Date Issued: 1-14-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD.	
City/State/ZIP: PORTLAND, OR, 97223	
Suite/bldg./apt. no.: 'M'	Project name: SCOTTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING (3 LAYERS) TO DECKING. INSTALL 15/18 FELT UNDERLAYMENT, FLASHINGS PVC-38 VENTS, GAF NATURAL SHADOW 40 YEAR SHINGLES	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOUIS ORNELAS	
Address: 15065 SW 24TH 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 24TH 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:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	16,457
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	\$498.96
Amount received	
Date received:	

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

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

Building Permit Application

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: 1-14-19	Permit No.: B2019-0160
Date Issued: 1-14-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD.	
City/State/ZIP: PORTLAND, OR, 97223	
Suite/bldg./apt. no.: 6	Project name: SCOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING (2 LAYERS) TO DECKING. INSTALL 15/18 FELT UNDERLAYMENT, FLASHINGS AND 38 VENTS, GAF NATURAL SHADOW 40 YEAR SHINGLES	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOUIS 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:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 16,321	
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	\$498.96
Amount received	
Date received:	

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

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

Building Permit Application



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: 1-14-19	Permit No.: B2019-0159
Date Issued: 1-14-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDENTHORN RD.	
City/State/ZIP: PORTLAND, OR, 97223	
Suite/bldg./apt. no.: 'K'	Project name: SKOTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING (2 LAYERS) TO DECKING, INSTALL 15/18 FELT UNDERLAYMENT, FLASHINGS AND 32 VENTS, GAF NATURAL SHADOW 40 YEAR SHINGLES	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> 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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	13,358
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:	

Authorized signature: [Signature]	Date:
Print name: LOUIS ORNELAS	

This permit application expires if a 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: 1-14-19	Permit No.: B2019-0158
Date Issued: 1-14-19	By: <i>[Signature]</i>
	Payment Type: <i>check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDENTHORN RD.	
City/State/ZIP: PORTLAND, OR, 97223	
Suite/bldg./apt. no.: 'C'	Project name: SCOTTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING (2 LAYERS) TO DECKING. INSTALL 15/18 FELT UNDERLAYMENT, FLASHINGS, PVC-38 VENTS, GAF NATURAL SHADOW 40 YEAR SHINGLES	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOUIS 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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	20,343
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	\$573.91
Amount received	
Date received:	

Authorized signature: <i>Louis Ornelas</i>	Date:
Print name: LOUIS ORNELAS	

This permit application expires if a 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: 1-14-19	Permit No.: B2019-0157
Date Issued: 1-14-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD.	
City/State/ZIP: PORTLAND, OR, 97223	
Suite/bldg./apt. no.: 'B'	Project name: SCOTTSBORO SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING (2 LAYERS) TO DECKING. INSTALL 15/18 FELT UNDERLAYMENT, FLASHINGS AND 3 VENTS, GAF NATURAL SHADOW 40 YEAR SHINGLES	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOUIS 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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	13,986
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	\$4412.75
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: LOUIS ORNELAS	

This permit application expires if a 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: 1-14-19	Permit No. B2019-0156
Date Issued: 1-14-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7700 SW GARDEN HOME RD.	
City/State/ZIP: PORTLAND, OR, 97223	
Suite/bldg./apt. no.: A	Project name: SKOTSBORG SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING (2 LAYERS) TO DECKING. INSTALL 15/18 FELT UNDERLAYMENT, FLASHINGS AND 38 UNITS, GAF NATURAL SHADOW 40 YEAR SHINGLES	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AFFINITY	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> 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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 16,457	
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	\$498.96
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: LOUIS ORNELAS	

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

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

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received:	Permit No. 182018-5027
Date Issued: OCT 26 2018	By: <i>[Signature]</i>
1-11-19	Payment Type: Check

Rounded 10/6/19

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13575 SW Whitworth Ct	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Menlo Estates
Cross street/directions to job site: SW Whitworth Ct & SW Menlo Dr	
Subdivision: Menlo Estates	Lot no.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction of Home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: K5 Urban Properties & Management	
Address: PO Box 25332	
City/State/ZIP: Portland, OR 97298	
Phone: (503) 954-3435	Fax: (503) 297-7524
E-mail: kristine@hasson.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bella Terra Homes	
Contact name: Chris McGeehee	
Address: PO Box 52571	
City/State/ZIP: Portland, OR 97298	
Phone: (503) 292-9344	Fax: (503) 297-7524
E-mail: chris@bellaterrahome.net	
CONTRACTOR	
Business name: Bella Terra Homes	
Address: PO Box 52571	
City/State/ZIP: Portland, OR 97298	
Phone: (503) 292-9344	Fax: (503) 297-7524
CCB lic.: 154309	
Authorized signature: <i>[Signature]</i>	Date:
Print name: Chris McGeehee	10/23/20

BUILDING SERVICE DIVISION	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	482,028.83
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet 3747
Garage/carport area:	square feet 624
Covered porch area:	square feet
Deck area:	square feet 468
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	1,840.50
Amount received	
Date received:	

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

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

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.: B2019-0034
Date issued: 1-11-19	By: <i>ML</i>
	Payment Type: <i>check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4505 SW WATSON AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.:	Project name: EX-NOVO
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
WALK-IN COOLER	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: BULLDOG MECH INC	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: BULLDOG MECH., INC.	
Address: 3307 NE 39TH ST.	
City/State/ZIP: VANCOUVER, WA 98661	
Phone: 360-901-2610	Fax:
CCB lic.: 152993	
Authorized signature: <i>[Signature]</i>	Date: 1-11-19
Print name: ROLLAND N	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	14,700
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	\$753.73
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

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: 1-10-19	Permit No.: B2019-0121
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: BLDG B 11635 SW CENTER ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: BROOKSHIRE MEADOWS
Cross street/directions to job site: CANYON RD TO SW 114th N TO SW CENTER ST.	

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

DESCRIPTION OF WORK	
REMOVE & REPLACE CONCRETE SLAB @ ENTRY PER ENGINEERED SPECS. REMOVE & REPLACE HANDRAILS PER ENGINEER DRAWINGS & SPECS	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SS-PLLC	
Address: 11595 SW CENTER ST	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 503-644-7723	Fax:
E-mail: KIMBERBATES@HOTMAIL.COM	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: IBI CONSTRUCTION	
Contact name: PAT HENRY	
Address: 15240 SE 82ND DR.	
City/State/ZIP: CLACKAMAS, OR 97015	
Phone: 503-806-3556	Fax:
E-mail: PAT.HENRY@ibii.com	

CONTRACTOR	
Business name: IBI	
Address: 15240 SE 82ND DR.	
City/State/ZIP: CLACKAMAS, OR 97015	
Phone: 503-646-5376	Fax: 800-717-8132
CCB lic.: 218936	

Authorized signature:	Print name: JOHN ALLEN	Date: 1-8-19
	JOHN.ALLEN@ibii.com	503-803-6311

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 3000⁰⁰	
Existing building area:	3400 square feet
New building area:	3400 square feet
Number of stories:	2 & 3
Type of construction:	WOOD FRAME
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	\$298.01
Amount received	
Date received:	

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

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

Form B70-1001
REV 2/14



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 1-10-19	Permit No.: B2019-0119
Date Issued: 1-10-19	By: MK
	Payment Type:
I&2 family: Simple	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15195 NW Greenbrier Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Sage Software
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm System Like-For-Like Replacement	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Performance System Integration	
Contact name: Andres Ferrer	
Address: 7324 SW Durham Road	
City/State/ZIP: Portland, OR 97224	
Phone: () 503-641-2222	Fax: () 503-641-1461
E-mail: andresf@psintegrated.com	
CONTRACTOR	
Business name: Performance System Integration	
Address: 7324 SW Durham Road	
City/State/ZIP: Portland, OR 97224	
Phone: () 503-641-2222	Fax: () 503-641-1461
CCB lic.: 205924	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 62,001.57	
Existing building area:	square feet
New building area:	square feet
Number of stories: 3	
Type of construction:	
Occupancy groups: B	
Existing: Yes	
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	\$1,428.67
Amount received	
Date received:	

Authorized signature: 

Print name: Andres Ferrer	Date: 1/10/2019
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This permit application expires if a 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: 1/10/2019	Permit No.: B2019-0115
Date Issued:	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5525 SW MENLO DRIVE	
City/State/ZIP: BEAVERTON, OR, 97005	
Suite/bldg./apt. no.:	Project name: WESTSIDE CHURCH
Cross street/directions to job site: OF CHRIST	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING TO DECKING, INSTALL TIGER PAW SYNTHETIC WOOD OR LAYMENT FLASHINGS VENTS, GAF TIMBERLINE LIFETIME ROOFING, GAF 60 MIL ON FLAT AREAS.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: WESTSIDE CHURCH OF CHRIST	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> 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: <i>Louis Ornelas</i>
Print name: LOUIS ORNELAS
Date: 1-9-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	91,574
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	1,377.71
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

APPROVED

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

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

OFFICE USE ONLY

Date Received: 12-7-18	Permit No.: B2018-5836
Date Issued: 1-9-19	By: <i>JK</i>
	Payment Type: <i>MC</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1065 SW Beaverton Hillsdale HWY	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Chick Fil A Walk-in cooler
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of walk-in cooler and freezer.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chick Fil A	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Arctic Commercial Refrigeration LLC	
Contact name: Rick McDonald	
Address: 4768N 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: Portland OR 97203	
Phone: (503) 307-6432	Fax:
CCB Lic.: 174257	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2500
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Rick McDonald	12/05/18

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

7/24



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: 1/23/2018	Permit No: 2018-3286
Date Issued: 1-9-19	By: JK
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5170 S.W. Angel St	
City/State/ZIP: Beaverton Oregon 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 7th	
Subdivision:	Lot no.:
Tax map/parcel no.: 15116 DA02800	
DESCRIPTION OF WORK	
Restore interior add staircase to basement and 2nd 2nd floor install Bathroom in 4th Master Bedroom 2nd floor	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Rufus Aylwin	
Address: 9770 S.W. Grabhorn Rd	
City/State/ZIP: Beaverton, Oregon 97007	
Phone: 503-998-7662	Fax:
E-mail: rufus@arktek.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Aylwin Construction	
Address: 3144 S.E. Tualatin Valley Highway	
City/State/ZIP: Hillsboro, Oregon 97123	
Phone: 503-998-7663	Fax:
CCB lic.: 201656	

Authorized signature:	Date: 8/17/18
Print name: Rufus Aylwin	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,000.00
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	square feet 400
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	1058.62
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>1/8/2019</u>	Permit No.: <u>B2019-0083</u>
Date Issued:	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>13850 SW Scholls Ferry Rd. #101</u>	
City/State/ZIP: <u>BEAVERTON, OR. 97007</u>	
Suite/bldg./apt. no.: <u>101</u>	Project name: <u>KNOX</u>
Cross street/directions to job site: <u>DAVIS Rd.</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>ADD NEW WALL AND NEW DOOR.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>LINDA KNOX</u>	
Address: <u>13850 SW Scholls Ferry Rd.</u>	
City/State/ZIP: <u>BEAVERTON, OR. 97007</u>	
Phone: <u>303 815 5496</u>	Fax: <u>NA</u>
E-mail: <u>knoxlinda@hotmail.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>RICHARD PARKER CONTRACTOR LLC</u>	
Contact name: <u>RICK PARKER</u>	
Address: <u>6944 SE Eileen Lane</u>	
City/State/ZIP: <u>Hillsboro, OR. 97123</u>	
Phone: <u>503 347 7087</u>	Fax:
E-mail: <u>rickenparkercontractor@gmail.com</u>	
CONTRACTOR	
Business name: <u>RICHARD PARKER CONTRACTOR LLC</u>	
Address: <u>6944 SE Eileen Lane</u>	
City/State/ZIP: <u>Hillsboro, OR. 97123</u>	
Phone: <u>503 347 7087</u>	Fax:
CCB lic.: <u>201132</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>10,000</u>
Number of bedrooms:	<u>3</u>
Number of bathrooms:	<u>2 1/2</u>
Total number of floors:	<u>3</u>
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:	<u>3</u>
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature:	Date:
<u>[Signature]</u>	<u>1-7-19</u>
Print name: <u>RICHARD PARKER</u>	

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 12/10/2018	Permit No.: 52018-5860
Date Issued: 1.7.2019	By: SO
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11260 SW Jade View Way	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Banding-31083
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S129 CB17200	
DESCRIPTION OF WORK	
Encapsulate crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Staci & Robert Blanding	
Address: 11260 SW Jade View Way	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Terra Firma 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@terrafirmas.com	
CONTRACTOR	
Business name: Terra Firma Foundation Systems	
Address: 7910 SW Hunziker St.	
City/State/ZIP: Tigard, OR 97223	
Phone: (541) 492-2435	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,210
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	287.02
Amount received	
Date received:	

Authorized signature:

Print name: Heather Rogers	Date: 12.10.18
----------------------------	----------------

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

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: 1-7-2019	Permit No.: B2019-0058
Date Issued: 1-7-2019	By: 60
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11645 SW BEAVERTON HILLSIDE HWY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: PORTLAND LUMBER DEMO
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
DEMO OF INTERNAL WALLS (NON-BEARING) + MEZANINE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: RANDALL MCGILL	
Address: 11745 SW BEAVERTON HILLSIDE HWY	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 503-574-2608	Fax:
E-mail: rmcgill@mcgillmercist.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: JOSEPH HUGHES CONSTRUCTION	
Contact name: CARTER MEERS	
Address: 11125 SW BARBON BLVD	
City/State/ZIP: PORTLAND, OR 97219	
Phone: 503-936-1384	Fax:
E-mail: cmeers@jhc-companies.com	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 158061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 18,000	
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	867.66
Amount received	867.66
Date received:	1-7-19

Authorized signature:	Date: 1/7/19
Print name: CARTER MEERS	

This permit application expires if a 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: 1.7.2019	Permit No.: B2019-0057
Date Issued: 1.7.2019	By: SO
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10355 SW 141ST	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE 2 EXISTING SIDE BY SIDE WINDOWS REPLACE 2 PIECE HEADER W/ NEW 1 PIECE HEADER - INSTALL NEW SINGLE WINDOW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: MARY JANOWSKI & KARL MEYER	
Address: 10355 SW 141ST	
City/State/ZIP: BEAVERTON OR 97008	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: FERRINGTON CONST. INC.	
Address: P.O. BOX 776	
City/State/ZIP: BOZING OR 97009	
Phone: 503-631-4431	Fax: SAME
CCB lic.: 155152	
Authorized signature: <i>[Signature]</i>	
Print name: RUSS FERRINGTON	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	2764 ⁰⁰
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	234.92
Amount received	234.92
Date received:	1.7.2019

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

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



Building Permit Application

City of Beaverton

PO Box 4755, Beaverton, OR 97076

Phone (503) 526-2403; Fax: (503) 526-2550

Internet address: www.beavertonoregon.gov

OFFICE USE ONLY

Date Received: 12.12.18	Permit No.: B2018-5913
Date Issued: 1.7.2019	By: 66
	Payment Type: Visa
I&2 family: Simple	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 9685 SW Harvest Court	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: YMCA Beaverton HOOP
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Elevator Shunt Trip Addition	

<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON

Business name: Performance System Integration	
Contact name: Andres Ferrer	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: () 503-641-2222	Fax: () 503-641-1461
E-mail: andresf@psintegrated.com	

CONTRACTOR	
Business name: Performance System Integration	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: () 503-641-2222	Fax: () 503-641-1461
CCB lic.: 205924	

Authorized signature: 	Date: 12/11/2018
Print name: Andres Ferrer	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	

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

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

Valuation \$9,628.92	
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	389.98
Amount received	389.98
Date received:	12.12.18

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

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

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

Building Permit Application

8/10



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: 8-10-18	Permit No.: B2018-3689
Date Issued: 1-7-19	By: SO
Payment Type: Visa	

Rowland 8/10/18

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12875 SW Barlow Rd	
City/State/ZIP: Beaverton Or 97008	
Suite/bldg./apt. no.:	Project name: Smethers addition
Cross street/directions to job site: East of 130th on Barlow	
Subdivision: Highland	Lot no.:
Tax map/parcel no.: 1S121A005-800	
DESCRIPTION OF WORK	
Addition to master bedroom and expand master bathroom. New covered porch	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Smethers	
Address: 12875 Sw Barlow rd	
City/State/ZIP: Beaverton Or 97008	
Phone: (503) 830-4400	Fax:
E-mail: davidjennsmethers@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Same as owner above	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: TBD	
Address: Same as owner	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000
Number of bedrooms:	3
Number of bathrooms:	1.5
Total number of floors:	1
New dwelling area:	square feet 144
Garage/carport area:	square feet
Covered porch area:	square feet 120
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	\$212.13
Amount received	\$212.13
Date received:	8-10-18

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

Authorized signature:	Date:
Print name: David Smethers	08/10/18

9/13



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:	9/13/2018	Permit No: B2018-4224
Date Issued:	1-7-19	By: MK
		Payment Type: Check

Routed 9/19/18

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5075 SW FAIRMONT DR	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: CARSON PROJECT
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
CONVERT EXISTING CARPORT TO FINISHED GARAGE/LIVING	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BENJAMIN CARSON	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: FOOTPRINTS CONSTRUCTION	
Contact name: JAMES FORSTER	
Address: 10746 SE HWY 212	
City/State/ZIP: CLACKAMAS OR 97015	
Phone: 503 320 5584	Fax:
E-mail: JAMES@CHOOSEFOOTPRINTS.COM	
CONTRACTOR	
Business name: GAME T	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 184210	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	126,623.05
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	1069 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	976.93
Amount received	
Date received:	

Authorized signature:

Print name: JAMES FORSTER Date: 9/13/2018

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

Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: DEC 17 2018	Permit No: 52018-5973
Date Issued: 1-4-19	By: <i>HL</i>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9300 SW Gemini Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: BiAmp
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Notification Devices	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: BiAmp	
Address: 9300 SW Gemini Drive	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

BUILDING SERVICES DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3,294
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	232.37
Amount received	
Date received:	

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

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

Authorized signature: <i>Ben Breit</i>	
Print name: Ben Breit	Date: 12/14/18

RECEIVED



Building Permit Application

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

OFFICE USE ONLY
Date Received: OCT 19 2018
Permit No.: B2018. 4846
Date Issued: 1.3.2019
By: 50
BUILDING SERVICES DIVISION
Payment Type: Visa

Revised? no 11/9/18

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: 9745 SW LOOKOUT TERRACE
City/State/ZIP: BEAVERTON OR
Suite/bldg./apt. no.:
Project name: LOOKOUT
Cross street/directions to job site:
Subdivision:
Lot no.:
Tax map/parcel no.:
DESCRIPTION OF WORK
REPLACE EXISTING DECKS W/ NEW FOOTPRINTS & 56 FT AREA TO REMAIN THE SAME.
PROPERTY OWNER
TENANT
Name: Kimberly Patterson
Address: 9745
City/State/ZIP:
Phone:
Fax:
E-mail:
APPLICANT
CONTACT PERSON
Business name: WDL CONSULTING LLC
Contact name: Hurtados Custom Remodeling LLC
Address: P.O. Box 1781
City/State/ZIP: Beaverton OR 97075
Phone:
Fax:
E-mail: DFPOZ11@GMAIL.COM
503.467-6220 CONTRACTOR
Business name: Hurtados Custom Remodeling LLC
Address: PO BOX 1781
City/State/ZIP: BEAVERTON OR 97075
Phone: 503 467-6220
Fax:
CCB lic: 212140

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees* are based on the value of the work performed.
Indicate 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: 2 Story
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: 6x12 EA FLOOR square feet
Other structure area: square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Permit fees* are based on the value of the work performed.
Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation \$12,000
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 197.30
Amount received
Date received:

Authorized signature:
Print name: DF POZ 11 @ GMAIL.COM
Date: 12/19/18

Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No: 152019-0022
Date Issued: 1/3/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 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	
Add/Relocate (9) fire sprinklers	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Hyder Graphics	
Address: 10865 SW 5th St, Suite 100	
City/State/ZIP: Beaverton, OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Viking Automatic Sprinkler Co	
Contact name: Grant Laine	
Address: 3245 NW Front Ave	
City/State/ZIP: Portland OR 97210	
Phone: (503) 227-1171	Fax:
E-mail: grant.laine@vikingsprinkler.net	
CONTRACTOR	
Business name: Viking Automatic Sprinkler Co	
Address: 3245 NW Front Ave	
City/State/ZIP: Portland OR 97210	
Phone: (503) 227-1171	Fax:
CCB lic.: 64837	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	4,050
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 1/3/19
Print name: DAVE BATEMAN	

This permit application expires if a 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 4756
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 12-27-18	Permit No.: B2018-6084
Date Issued: 1.3.2019	By: SO
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7910 SW Nimbus Ave.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: BLDG 8 RTU Replace
Cross street/directions to job site: Hall	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Upgrade roof framing for replacement of existing HVAC RTU	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Properties	
Address: 8275 SW Cirrus Dr.	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 643-7552	Fax:
E-mail: markn@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TEAM Construction LLC	
Contact name: J. B. Skopil	
Address: 6701 NE 42nd St.	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 699-1477	Fax:
E-mail: jskopil@teamconstruction.com	
CONTRACTOR	
Business name: TEAM Construction LLC	
Address: 6701 NE 42nd St.	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 699-1477	Fax:
CCB lic.: 173213	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$750.00
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	N/A
Type of construction:	N/A
Occupancy groups:	N/A
Existing:	N/A
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$48.85
Amount received	78.16
Date received:	1.3.2019

Authorized signature:	
Print name:	Date: 12/26/18

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: 12-20-18	Permit No.: B2018-6038
Date Issued: 1/2/2019	By: <i>[Signature]</i>
Payment Type: check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2905 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 100	Project name: Spectacle Beaverton
Cross street/directions to job site: SW Jenkins	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Modify existing sprinkler system for new tenant.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Spectacle Beaverton	
Address: 2905 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton OR 97005	
Phone: (360) 921-6821	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Basic Fire Protection Inc.	
Contact name: Uwe Parth	
Address: 8135 NE MLK Jr Blvd	
City/State/ZIP: Portland OR 97211	
Phone: (503) 285-1855	Fax:
E-mail: uwe@basicfire.com	
CONTRACTOR	
Business name: Basic Fire Protection Inc.	
Address: 8135 NE MLK Jr Blvd	
City/State/ZIP: Portland, OR 97211	
Phone: (503) 285-1855	Fax:
CCB lic.: 48641	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 2340
New building area:	square feet
Number of stories:	1
Type of construction:	VB
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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	311.17
Amount received	311.17
Date received:	12-20-18

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: Uwe Parth	12/20/18

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



OFFICE USE ONLY	
Date Received: 1-2-2019	Permit No.: B2018-6099
Date Issued: 1-2-2019	By: JS
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12770 SW Walker Road	
City/State/ZIP: Beaverton, OR. 97005	
Suite/bldg./apt. no.:	Project name: Former Sunset Lanes
Cross street/directions to job site: SW Walker Rd and SW Cedar Hills Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building demolition, 33,500sf former bowling alley.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Center Developments Oreg II, LLC	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 696-0837	Fax: (360) 696-9723
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: James E. John Construction Co., Inc.	
Contact name: Marc Naffziger	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 696-0837	Fax: (360) 696-9723
E-mail: mn@jejohn.com	
CONTRACTOR	
Business name: Same as Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: (6326)	
Authorized signature:	
Print name: Marc Naffziger	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	\$180,000.00
Existing building area:	square feet 33,000
New building area:	square feet TBD
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	2173.24
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: 1.2.2019	Permit No.: B2018-6102
Date Issued: 12.2019	By: SO
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12715 SW Jenkins Road	
City/State/ZIP: Beaverton, OR. 97005	
Suite/bldg./apt. no.:	Project name: Former retail
Cross street/directions to job site: SW Jenkins Rd and SW Cedar Hills Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building demolition, 5,000sf former retail space.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Center Developments Oreg II, LLC	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 696-0837	Fax: (360) 696-9723
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: James E. John Construction Co., Inc.	
Contact name: Marc Naffziger	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 696-0837	Fax: (360) 696-9723
E-mail: mn@jejohn.com	
CONTRACTOR	
Business name: Same as Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 63261	
Authorized signature:	
Print name: Marc Naffziger	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	\$50,000.00
Existing building area:	square feet 5,000
New building area:	square feet TBD
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	898.62
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-2-2019	Permit No.: B2018-6100
Date Issued: 1-2-2019	By: 60
Payment Type: check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12720 SW Walker Road	
City/State/ZIP: Beaverton, OR. 97005	
Suite/bldg./apt. no.:	Project name: Former restaurant
Cross street/directions to job site: SW Walker Rd and SW Cedar Hills Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building demolition, 1,500sf former restaurant.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Center Developments Oreg II, LLC	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 696-0837	Fax: (360) 696-9723
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: James E. John Construction Co., Inc.	
Contact name: Marc Naffziger	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 696-0837	Fax: (360) 696-9723
E-mail: mn@jejohn.com	
CONTRACTOR	
Business name: Same as Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 63261	
Authorized signature:	
Print name: Marc Naffziger	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	\$30,000.00
Existing building area:	square feet 1,500
New building area:	square feet TBD
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	627.13
Amount received	
Date received:	

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

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

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: 1.2.2019	Permit No.: B2018-6103
Date Issued: 1.2.2019	By: SO
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2595 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR. 97005	
Suite/bldg./apt. no.:	Project name: Former Office Depot
Cross street/directions to job site: SW Walker Rd and SW Cedar Hills Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building demolition, 23,500sf former retail space.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Center Developments Oreg II, LLC	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 696-0837	Fax: (360) 696-9723
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: James E. John Construction Co., Inc.	
Contact name: Marc Naffziger	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 696-0837	Fax: (360) 696-9723
E-mail: mn@jejohn.com	
CONTRACTOR	
Business name: Same as Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 63261	
Authorized signature:	
Print name: Marc Naffziger	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	\$120,000.00
Existing building area:	square feet 23,000
New building area:	square feet TBD
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	1655.04
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

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: 1.2.2019	Permit No.: B2019-0009
Date Issued: 1.2.2019	By: SO
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10600 SW Taylor St.	
City/State/ZIP: Portland, Or 97225	
Suite/bldg./apt. no.: 201	Project name: Devereaux Glen
Cross street/directions to job site: Valeria View Drive & Taylor St.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install new shower, modify joist for new drain.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Kennedy Restoration	
Contact name: Chris Warden	
Address: 315 SE 7th Ave	
City/State/ZIP: Portland, Or 97214	
Phone: (971) 940-9511	Fax:
E-mail: chrisw@kennedyres.com	
CONTRACTOR	
Business name: Kennedy Restoration	
Address: 315 SE 7th Ave	
City/State/ZIP: Portland, Or 97214	
Phone: (503) 234-0509	Fax: (503) 234-4479
CCB lic.: 3402	

Authorized signature:

Print name: Chris Warden	Date: 01/02/19
------------------------------------	--------------------------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 500.00
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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$ 133.62
Amount received	133.62
Date received:	1.2.2019

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 12-12-18	Permit No.: B2018-5711
Date Issued: 1-2-2019	By: SO
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 105	Project name: La Sen Bistro
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Notification Devices	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: La Sen Bistro	
Address: 2725 SW Cedar Hills Blvd, Suite 105	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	
Authorized signature:	
Print name: Ben Breit	Date: 12/12/18

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	\$3,506
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	232.37
Amount received	232.37
Date received:	12-12-18

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

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

Building Permit Application

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

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

RECEIVED

OFFICE USE ONLY

Date Received: 12/11/2018
 Date Issued: 1/2/2019
 Permit No.: B2018-5891
 By: *TK*
 Payment Type: *Check*

CITY OF BEAVERTON BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation 3366
 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

TYPE OF WORK

New construction
 Addition/alteration/replacement
 Demolition
 Other:

CATEGORY OF CONSTRUCTION

1- and 2-family dwelling
 Accessory building
 Master builder
 Commercial/Industrial
 Multi-family
 Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 3370 SW Cedar Hills Blvd.
 City/State/ZIP: Beaverton, OR 97005
 Suite/bldg./apt. no.:
 Project name: WellHaven Pet Health
 Cross street/directions to job site: East side of street between SW Hall Blvd and SW Fairfield St.

Subdivision:
 Lot no.:

Tax map/parcel no.: 1S109DA03501

DESCRIPTION OF WORK

Replacement of awning along NW Elevation with metal canopy.

PROPERTY OWNER
 TENANT

Name: PM Financial Services, LLC
 Address: 9980 SW Riverwood Lane
 City/State/ZIP: Tigard, OR 97224
 Phone: (503) 620-3447
 Fax:
 E-mail: sdpetruzelli@comcast.net

APPLICANT
 CONTACT PERSON

Business name: AdArt
 Contact name: David Wade
 Address: 700 Parker Square Suite #205
 City/State/ZIP: Flower Mound TX 75028
 Phone: (469) 444-6106
 Fax:
 E-mail: david.wade@adart.com

CONTRACTOR

Business name: Advanced Electric Signs, Inc.
 Address: 1550 Down River Drive
 City/State/ZIP: Woodland, WA 98674
 Phone: (360) 225-6826
 Fax: (360) 225-8299
 CCB lic.: 105405 37-841 CLS 00004029

Authorized signature: *David Wade*
 Print name: DAVID WADE
 Date: 12/10/18