



### Electrical Permit Application

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

### OFFICE USE ONLY

Date Received: <u>2-28-19</u>	Permit No.: <u>B2019-0789</u>
Date Issued: <u>2-28-19</u>	By: <u>MU</u>
Payment Type: <u>check</u>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: <u>9054</u>	Job address: <u>NW 178th Ave and NW 176th Ave</u>
City/State/ZIP: <u>Beaverton, OR</u>	Project name: <u>775 NW 178th Ave</u>
Suite/bldg./apt. no.:	Cross street/directions to job site: <u>NW corner of the intersection of 178th and 176th</u>
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of a new street light controller.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>NorthStar Electrical Contractors, Inc</u>	
Contact name: <u>Marilyn Achterman</u>	
Address: <u>11055 SW Clay Street</u>	
City/State/ZIP: <u>Sherwood, OR 97140</u>	
Phone: <u>(503) 612-0840</u>	Fax: <u>(503) 612-0891</u>
E-mail: <u>marilyn.achterman@northstarelect.com</u>	
CONTRACTOR	
Business name: <u>NorthStar Electrical Contractors, Inc</u>	
Address: <u>11055 SW Clay Street</u>	
City/State/ZIP: <u>Sherwood, OR 97140</u>	
Phone: <u>(503) 612-0840</u>	Fax: <u>(503) 612-0891</u>
E-mail: <u>see above</u>	CCB lic. no.: <u>90454</u>
Electrical lic. no.: <u>5853S</u>	City or metro lic.: <u>1911</u>
Supervising electrician signature, required: <u>Jesse Culp</u>	
Print name: <u>Jesse Culp</u>	Date: <u>02/22/19</u>
Authorized signature: <u>Jesse Culp</u>	
Print name: <u>Jesse Culp</u>	Date: <u>02/22/19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	1	115.83	115.83	2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>115.83</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>	

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

\* Number of inspections allowed per permit Form 870-1002 REV 10/17

**FAXED**  
 2-22-19



# Electrical 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: <u>2-28-19</u>	Permit No.: <u>B2019-0786</u>
Date Issued: <u>2-28-19</u>	By: <u>MW</u>
Payment Type: <u>Visa</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 5465 NW Western Ave.
City/State/ZIP: Portland, OR 97005	
Suite/bldg./apt. no.:	Project name: Ho Display Star
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Disconnect/reconnect 7.5 ton RTU.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: <u>02/11/19</u>
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: same as below	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Willamette HVAC, LLC	
Address: 3075 SW Century Blvd Suite 206	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 259-3200	Fax: (503) 848-2597
E-mail: mmalstrom@willamettehvac.com	CCB lic. no.: 56951
Electrical lic. no.: 34-346CRE	City or metro lic.: 7433
Supervising electrician signature, required: <u>Mike Sicard</u>	
Print name: Mike Sicard	Date: 02/11/19
Authorized signature: <u>Michael Malstrom</u>	
Print name: Michael Malstrom	Date: 02/11/19

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less		144.20		4
Ea. add'l 500 sq. ft. or portion		25.75		
Limited energy, residential (with above sq. ft.)		34.40		2
Limited energy, multi-family residential (with above sq. ft.)		67.95		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		85.80		2
201 amps to 400 amps		102.15		2
401 amps to 600 amps		169.90		2
601 amps to 1,000 amps		222.20		2
Over 1,000 amps or volts		511.35		2
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		67.95		2
201 amps to 400 amps		94.40		2
401 amps to 600 amps		136.40		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		3.15		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit	1	60.10	60.10	2
Each add'l branch circuit		3.15	3.15	
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		67.95		2
Utility reconnect		67.95		1
Pump or Irrigation circle		67.95		2
Sign or outline lighting		67.95		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		67.95		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		60.10		
Investigation fee				
Other:				
ELECTRICAL PERMIT FEES				
Subtotal			63.25	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			7.59	
<b>TOTAL PERMIT FEE</b>			<b>70.84</b>	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>2/20/2019</u>	Permit No: <u>152019.0778</u>
Date Issued:	<u>JA</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: 121389333-1	Job address: 11010 Southwest Teal Boulevard
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	
New Branch Circuit for junction box near mechanical room by the door	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Young Electric LLC	
Contact name: Jeremy Young	
Address: 9999 SW Wilshire St 221	
City/State/ZIP: Portland Oregon 97225	
Phone: 9718885086	Fax:
E-mail: hello@youngelectricco.com	
CONTRACTOR	
Business name: Young Electric LLC	
Address: 9999 SW Wilshire St 221	
City/State/ZIP: Portland Oregon 97225	
Phone: 9718885086	Fax:
E-mail: hello@youngelectricco.com	CCB lic. no.: 178887
Electrical lic. no.: 17887	City or metro lic. no.: 11760
Supervising electrician signature, required: <u>Dennis Young</u>	Verified by PDFfiller: 02/22/2019
Print name: Dennis Young	Date: 02/22/19
Authorized signature:	Date:
Print name:	Date:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps	
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings	
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy	
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Six or more residential units			
<input type="checkbox"/> Health-care facilities			
<input type="checkbox"/> Hazardous locations			
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit</b>			
<b>Includes attached garage</b>			
1,000 sq. ft. or less		194.64	0 4
Ea. add'l 500 sq. ft. or portion		34.77	0
Limited energy, residential (with above sq. ft.)		46.42	0 2
Limited energy, multi-family residential (with above sq. ft.)		91.72	0 2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		115.83	0 2
201 amps to 400 amps		137.89	0 2
401 amps to 600 amps		229.34	0 2
601 amps to 1,000 amps		299.93	0 2
Over 1,000 amps or volts		690.22	0 2
Utility reconnect		91.72	0 1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		91.72	0 2
201 amps to 400 amps		127.41	0 2
401 amps to 600 amps		184.11	0 2
601 amps to 1,000 amps		225.29	0 2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26	0 2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit	1	81.14	0 2
Each add'l branch circuit		4.26	0
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		91.72	0 2
Pump or irrigation circle		91.72	0 2
Sign or outline lighting		91.72	0 2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	0 2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		81.14	0
Investigation fee			
Other:			
<b>Electrical permit fees</b>			
<b>SUBTOTAL</b>			0
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			0
.12	<b>TOTAL PERMIT FEE</b>		<u>90.88</u>

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>2/26/2019</u>	Permit No: <u>B201-0761</u>
Date Issued:	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>4725 SW Lombard St</u>
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.: <u>Ste 106</u>	Project name: <u>Karver Sandwich Bar</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Sign Circuit</u>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Karver Sandwich Bar</u>	
Address: <u>4725 SW Lombard St Ste 106</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Hannah Sign Systems</u>	
Contact name: <u>Dave Lanphere</u>	
Address: <u>1660 SW Bertha Blvd</u>	
City/State/ZIP: <u>Portland, OR 97219</u>	
Phone: <u>(503) 946-8373</u>	Fax: <u>(503) 206-4900</u>
E-mail: <u>davel@hannahsignsystems.com</u>	
CONTRACTOR	
Business name: <u>Hannah Sign Systems</u>	
Address: <u>1660 SW Bertha Blvd</u>	
City/State/ZIP: <u>Portland, OR 97219</u>	
Phone: <u>(503) 946-8373</u>	Fax: <u>(503) 206-4900</u>
E-mail: <u>davel@hannahsignsystems.com</u>	CCB lic. no.: <u>203638</u>
Electrical lic. no.: <u>CLS34</u>	City or metro lic.: <u>11533</u>
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>Dave Demuth</u>	Date: <u>2-26-19</u>
Authorized signature: <u>[Signature]</u>	
Print name: <u>Dave Lanphere</u>	Date: <u>2-26-19</u>

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

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17 10273



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00188**

Approval Code: 817232 2/27/2019 4:23 pm

E-mailed To: office@youngelectricco.com

**PLAN REVIEW**

Please check all that apply:

- A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other
- Fire pumps
- Emergency systems
- Addition of a new motor load of 100 HP or more
- Six or more residential units in one structure
- Health care facilities
- Hazardous locations
- A service or feeder rated at 600 amps or more
- Buildings more than three stor
- Marinas and boat yards
- Floating buildings
- Commercial-use agricultural buildings
- Installation of a 150 KVA or larger seperately derived sys
- "A", "E", or "I-2" or "I-3"
- Recreational Vehicle Parks
- Supply voltage for more than 600 supply volts nominal

**FEE SCHEDULE**

Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

**TYPE OF WORK**

- New Construction  Addition/alteration/replacement

**CATEGORY OF CONSTRUCTION**

- 1 or 2 family dwelling  Multi-family  Commercial  Accessory

**JOB SITE INFORMATION AND LOCATION**

Job Address: 8880 SW FANWOOD LN

City/State/ZIP: BEAVERTON, OR 97008

Suite/bldg./apt.no.:

Project Name:

Cross Street/directions to job site:

Tax map/parcel no.: 1S127BD07300

**DESCRIPTION OF WORK**

Panel Change

**APPLICANT**

Name: Young Electric Office

Phone: 9718885081

Fax:

Email:

**CONTRACTOR**

Elec lic. no.: C353

CCB lic. no.: 178887

Business Name: YOUNG ELECTRIC LLC

Contact:

Address: 9999 SW WILSHIRE ST STE 221

City/State/ZIP: PORTLAND, OR 97225

Phone: 9718885081

Fax: 5036460960

Email: office@youngelectricco.com

Metro lic. no.:

City lic. no.:

Supervising Electrician's lic. no.:

Supervising Electrician's Name:

Number of inspections included in paid services:

Residential Service: 4  
 Reconnect Only: 1  
 All Other Services: 2

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

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

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

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

B2019-0777



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <u>2-27-19</u>	Permit No.: <u>B2019-0772</u>
Date Issued: <u>2-27-19</u>	By: <u>JK</u>
Payment Type: <u>VISA</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>7440 SW 78th AVE</u>
City/State/ZIP: <u>Beaverton OR</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Post wght.</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>SNAP Electric</u>	
Contact name: <u>Jeremy Smith</u>	
Address: <u>1511 WILLAMINA AVE</u>	
City/State/ZIP: <u>FOREST GROVE, OR 97114</u>	
Phone: <u>971-841-4694</u>	Fax:
E-mail: <u>office@nakespdx.com</u>	
CONTRACTOR	
Business name: <u>SNAP Electric</u>	
Address: <u>1511 WILLAMINA AVE</u>	
City/State/ZIP: <u>FOREST GROVE, OR 97114</u>	
Phone: <u>503-862-3561</u>	Fax:
E-mail: <u>office@nakespdx.com</u>	CCB lic. no.: <u>217636</u>
Electrical lic. no.: <u>C 1327</u>	City or metro lic.:
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>Andrew Sherman</u>	Date: <u>2/26/19</u>
Authorized signature: <u>[Signature]</u>	
Print name: <u>Thomas Sherman</u>	Date: <u>2/26/19</u>

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps	
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Addition of new motor load of 100HP or more			
<input type="checkbox"/> Six or more residential units			
<input type="checkbox"/> Health-care facilities			
<input type="checkbox"/> Hazardous locations			
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit</b>			
<b>Includes attached garage</b>			
1,000 sq. ft. or less		194.64	4
Ea. add'l 500 sq. ft. or portion		34.77	
Limited energy, residential (with above sq. ft.)		46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		115.83	2
201 amps to 400 amps		137.89	2
401 amps to 600 amps		229.34	2
601 amps to 1,000 amps		299.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
<b>Temporary services or feeders (installation, alteration, and/or relocation)</b>			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 600 amps		184.11	2
601 amps to 1,000 amps		225.29	2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26	2
B. Fee for branch circuits without service or feeder fee, first branch circuit	1	81.14	2
Each add'l branch circuit		4.26	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle		91.72	2
Sign or outline lighting		91.72	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		81.14	
Investigation fee			
Other:			
Electrical permit fees			
SUBTOTAL			81.14
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			9.74
TOTAL PERMIT FEE			90.88

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B79-1502 REV 10/17



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00187**

Approval Code: 05087A 2/26/2019 3:35 pm

E-mailed To: kaleoelectric@gmail.com

32019-0771

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 11975 SW 5TH ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115CA00901	
DESCRIPTION OF WORK	
3 branch circ	
APPLICANT	
Name: Kent Miguel	
Phone: 6033138887	Fax: 5036539041
Email:	
CONTRACTOR	
Elec lic. no.: C688	CCB lic. no.: 192539
Business Name: KALEO ELECTRIC LLC	
Contact:	
Address: PO BOX 86754	
City/State/ZIP: PORTLAND, OR 97286	
Phone: 5033410897	Fax: 5036539041
Email: nell@kaleoelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	2	\$4.26	\$8.52
Electrical Permit Fees			
Subtotal			\$89.66
State surcharge (12% of permit total)			\$10.76
<b>TOTAL PERMIT FEE</b>			<b>\$100.42</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00186**

Approval Code: 026006 2/26/2019 2:08 pm

E-mailed To: jesse.culp@northstarelect.com

B2019-0770

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 17835 NW WALKER RD	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Walke Road	
Cross Street/directions to Job site: NW Walker Road and NW 178th Ave	
Tax map/parcel no.: 1N131CA03600	
DESCRIPTION OF WORK	
Installation of new street light controller.	
APPLICANT	
Name: Marilyn Achterman	
Phone: 5036120840	Fax: 5036120891
Email:	
CONTRACTOR	
Elec lic. no.: 34-359C	CCB lic. no.: 90454
Business Name: NORTHSTAR ELECTRICAL CONTRACTORS INC	
Contact:	
Address: 11055 SW CLAY STREET	
City/State/ZIP: SHERWOOD, OR 97140	
Phone: 5036120840	Fax: 5036120891
Email: jesse.culp@northstarelect.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00184**

Approval Code: 003508 2/26/2019 7:01 am

E-mailed To: DENNISW@STONERGROUP.COM

B2019-0765

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 15500 SW BEAVERTON CREEK CT	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: APPLE OFFICE	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S108DC00600	
DESCRIPTION OF WORK	
TELECOM CABLING	
APPLICANT	
Name: ROSS PEIL	
Phone: 5037036992	Fax: 5036594968
Email:	
CONTRACTOR	
Elec lic. no.: 26-122C	CCB lic. no.: 44823
Business Name: STONER ELECTRIC INC	
Contact:	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: 5034626500	Fax: 5036594968
Email: DENNISW@STONERGROUP.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> Floating buildings
		<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Commercial-use agricultural buildings
		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Limited Energy</b>			
Stand-alone limited energy, commercial	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00185**

Approval Code: 026832 2/26/2019 11:03 am

E-mailed To: license@rogersselectric.com

B2019-0763

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13700 NW SCIENCE PARK DR	
City/State/ZIP: BEAVERTON, OR 97229	
Suite/bldg./apt.no.:	
Project Name: The Home Depot 4001	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N133CA01000	
DESCRIPTION OF WORK	
Install Hera LED Lights in the Hedge Trimmers, Chainsaws, and Leaf Blowers bays.	
APPLICANT	
Name: PAUL HOWELL	
Phone: 770-772-3473	Fax: 866-592-9161
Email:	
CONTRACTOR	
Elec lic. no.: 37-727C	CCB lic. no.: 118038
Business Name: LIN R ROGERS ELECTRICAL CONTRACTORS INC	
Contact:	
Address: 2050 MARCONI DR STE 200	
City/State/ZIP: ALPHARETTA, GA 30005	
Phone: 7707723400	Fax: 7705214960
Email: license@rogersselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Health care facilities			<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Limited Energy</b>			
Stand-alone limited energy, commercial	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00183**

Approval Code: 815273 2/25/2019 4:37 pm

E-mailed To: horton@cherrycityelectric.com

B2019-0758

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14975 NW GREENBRIER PKWY	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.:	1N132DA00901
DESCRIPTION OF WORK	
(1) 200 amp or less service and (13) branch circuits for power to studio C vid wall receptacles.	
APPLICANT	
Name: Holly Orton	
Phone: 5035665600	Fax: 5035408147
Email:	
CONTRACTOR	
Elec lic. no.:	CCB lic. no.:
37-620C	91668
Business Name: MORROW MEADOWS CORP	
Contact:	
Address: 1596 22ND ST SE	
City/State/ZIP: SALEM, OR 97302	
Phone: 5035665600	Fax: 5035408147
Email: tthompson@cherrycityelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Branch circuits			
Branch circuits with service or feeder each circuit	13	\$4.26	\$55.38
Electrical Permit Fees			
Subtotal			\$171.21
State surcharge (12% of permit total)			\$20.55
<b>TOTAL PERMIT FEE</b>			<b>\$191.76</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00182**

Approval Code: 615294 2/25/2019 2:49 pm

E-mailed To: greg@cepdx.com

B2019-0756

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 5040 SW GRIFFITH DR	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: 201	
Project Name: C190257 - McCormack MD	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115BD95040	
DESCRIPTION OF WORK	
Install voice data cable for Comcast service in suite 201.	
APPLICANT	
Name: Greg Harmon	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-1054CLE	CCB lic. no.: 142457
Business Name: CAPITOL DATA & COMMUNICATIONS INC	
Contact:	
Address: 11401 NE MARX	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: RICHARDM@CPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00181**

Approval Code: 079325 2/25/2019 12:29 pm

E-mailed To: charlieo@wiremap.net

32019-0751

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 15500 SW BEAVERTON CREEK CT	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Apple - Beaverton	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S108DC00600	
DESCRIPTION OF WORK	
Installation of cabling, cameras, access control	
APPLICANT	
Name: Charlie Osburn	
Phone: 5416197313	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: CLE386	CCB lic. no.: 200227
Business Name: WIREMAP SYSTEMS LLC	
Contact:	
Address: 6450 RIDGE AVE NE	
City/State/ZIP: ALBANY, OR 97322	
Phone: 5416194302	Fax:
Email: CRAIG@WIREMAPSYSTEMS.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Limited Energy</b>			
Stand-alone limited energy, commercial	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

B2019-0750

**05350-BEL-19-00180**

Approval Code: 004446 2/25/2019 11:23 am

E-mailed To: sanderson@diversifiedus.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 1600 NW 173RD AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Five Oaks Middle School	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N1310000500	
DESCRIPTION OF WORK	
Class Room Audio / Video system install	
APPLICANT	
Name: One Diversified	
Phone: 7704471001	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: CLE527	CCB lic. no.: 213697
Business Name: ONE DIVERSIFIED LLC	
Contact:	
Address: 2975 NORTHWOODS PARKWAY	
City/State/ZIP: NORCROSS, GA 30071	
Phone: 7704471001	Fax:
Email:	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "1-2" or "1-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00179**

Approval Code: 905212 2/25/2019 7:21 am

E-mailed To: office@youngelectricco.com

B2019-0748

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 11010 SW TEAL BLVD	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S132DB00200	
DESCRIPTION OF WORK	
New conduit, wiring and grounding in the pool area. Relocate low voltage wiring in the office into the wall	
APPLICANT	
Name: Young Electric Office	
Phone: 9718885081	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C353	CCB lic. no.: 178887
Business Name: YOUNG ELECTRIC LLC	
Contact:	
Address: 9999 SW WILSHIRE ST STE 221	
City/State/ZIP: PORTLAND, OR 97225	
Phone: 9718885081	Fax: 5036460960
Email: office@youngelectricco.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> Floating buildings
		<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Commercial-use agricultural buildings
		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$85.40
State surcharge (12% of permit total)			\$10.25
<b>TOTAL PERMIT FEE</b>			<b>\$95.65</b>

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

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

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

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <u>2-22-19</u>	Permit No.: <u>B2019-0747</u>
Date Issued: <u>2-22-19</u>	By: <u>ML</u>
Payment Type: <u>Visa</u>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: <u>9039</u>	Job address: <u>Lynnfield Lane north of Walker Road</u>
City/State/ZIP: <u>Beaverton, OR</u>	
Sub/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>200 feet east of Lynnfield Lane on the private rd</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Installation of a new street light controller.</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>NorthStar Electrical Contractors, Inc</u>	
Contact name: <u>Marilyn Achterman</u>	
Address: <u>11055 SW Clay Street</u>	
City/State/ZIP: <u>Sherwood, OR 97140</u>	
Phone: <u>(503) 612-0840</u>	Fax: <u>(503) 612-0891</u>
E-mail: <u>marilyn.achterman@northstarelect.com</u>	
CONTRACTOR	
Business name: <u>NorthStar Electrical Contractors, Inc</u>	
Address: <u>11055 SW Clay Street</u>	
City/State/ZIP: <u>Sherwood, OR 97140</u>	
Phone: <u>(503) 612-0840</u>	Fax: <u>(503) 612-0891</u>
E-mail: <u>see above</u>	CCB lic. no.: <u>90454</u>
Electrical lic. no.: <u>5853S</u>	City or metro lic.: <u>1911</u>
Supervising electrician signature, required: <u>Jesse Culp</u>	
Print name: <u>Jesse Culp</u>	Date: <u>02/22/19</u>
Authorized signature: <u>Jesse Culp</u>	
Print name: <u>Jesse Culp</u>	Date: <u>02/22/19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	1	115.83	115.83	2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>115.83</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				13.98
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>	

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



# Renewable Electrical Energy Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. <b>B2019 0761</b>
Date Issued: <b>2/26/2019</b>	By: <b>W</b>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other: <b>Solar PV</b>	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>11225 Southwest Cindy Street, Beaverton, OR</b>
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

FEE SCHEDULE			
Number of inspections per item ( ) Renewable energy installation per system total	No. of Items	Cost Each	Total
5 kva or less (2)	1	81.14	
5.01 to 15 kva (2)		115.83	
15.01 to 25 kva (2)		137.89	
25.01 kva and over (2)		229.34	
Miscellaneous fees, hourly rate		80.00	
Each additional inspection (1) <small>(OAR 918-309-0070)</small>		81.14	
FEE TOTALS			Recalculate
Subtotal			0.00
<input type="checkbox"/> << Check box if plan review is required <b>Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee)</b>			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			<b>\$0.00</b>

DESCRIPTION OF WORK	
<b>Residential rooftop solar PV 3.6 kw</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: _____ Date: _____	
CONTRACTOR	
Business name: <b>Blue Raven Solar, LLC</b>	
Address: <b>1220 S 630 E #430</b>	
City/State/ZIP: <b>American Fork, UT 84003</b>	
Phone: <b>385-482-0045</b>	Fax:
E-mail: <b>permitting.department@blueravensolar.com</b>	CCB lic. no.: <b>210112</b>
Electrical lic. no.: <b>C1214</b>	City or metro lic.: <b>5869S</b>
Supervising electrician signature, required: <i>Samuel Collier</i>	
Print name: <b>Samuel Collier</b>	Date: <b>02/25/2019</b>
Authorized signature: <i>Jeff Lee</i>	
Print name: <b>Jeff Lee</b>	Date: <b>02/25/2019</b>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 Form B70-1005 REV 10/17

90-85



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>2/26/2019</u>	Permit No.: <u>B2019-0759</u>
Date Issued: <u>2/26/2019</u>	By: _____
Payment Type: _____	

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other: _____	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>14795 S.W. MURRAY SCROLLS DR.</u>
City/State/ZIP: <u>BEAVERTON, OR 97007 #109</u>	
Suite/bldg./apt. no.: <u>#109</u>	Project name: <u>ORTHOPEDIC FRACTURE SPECIALIST</u>
Cross street/directions to job site: _____	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>CONNECT 1 INSTANTLY ILLUMINATED WALL SIGN TO EXISTING ELECTRICAL.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>MURRAY SCROLLS LLC. By GRAMOR DEV.</u>	
Address: <u>19767 S.W. 72<sup>ND</sup> AVE. #100</u>	
City/State/ZIP: <u>TUALATIN, OR 97062</u>	
Phone:	Fax:
E-mail: _____	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>MEYER SIGN CO. OF OREGON</u>	
Contact name: <u>TONY MCCORMICK</u>	
Address: <u>15205 S.W. 74<sup>TH</sup> AVE.</u>	
City/State/ZIP: <u>TIBARO, OR 97224</u>	
Phone: <u>971-232-5021</u>	Fax: _____
E-mail: <u>PERMIT@MEYERSIGNCO.COM</u>	
CONTRACTOR	
Business name: <u>MEYER SIGN CO. OF OREGON</u>	
Address: <u>15205 S.W. 74<sup>TH</sup> AVE.</u>	
City/State/ZIP: <u>TIBARO, OR 97224</u>	
Phone: <u>971-232-5021</u>	Fax: _____
E-mail: <u>SAME AS ABOVE</u>	CCB lic. no.: <u>64014</u>
Electrical lic. no.: <u>20-190 CLS</u>	City or metro lic.: <u>1899</u>
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>TONY MCCORMICK</u>	Date: <u>2/24/19</u>
Authorized signature: <u>[Signature]</u>	
Print name: <u>TONY MCCORMICK</u>	Date: <u>2/24/19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
7,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting	1	91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL				0.00
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				0.00
TOTAL PERMIT FEE				<del>0.00</del>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17 10273



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>2-22-19</u>	Permit No.: <u>B2019-0739</u>
Date Issued:	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>17005 NW Cornell Rd</u>
City/State/ZIP: <u>Beaverton, OR 97006</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	
<u>Fire Alarm</u>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Margarita Factory</u>	
Address: <u>17005 NW Cornell Rd</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Point Monitor Corp.</u>	
Contact name: <u>Brooke Williams</u>	
Address: <u>5863 Lakeview Blvd #100</u>	
City/State/ZIP: <u>Lake Oswego, OR 97035</u>	
Phone: <u>(503) 627-0100</u>	Fax:
E-mail: <u>bwilliams@pointmonitor.com</u>	
CONTRACTOR	
Business name: <u>Point Monitor Corp.</u>	
Address: <u>5863 Lakeview Blvd #100</u>	
City/State/ZIP: <u>Lake Oswego, OR 97035</u>	
Phone: <u>(503) 627-0100</u>	Fax:
E-mail: <u>bwilliams@pointmonitor.com</u>	CCB lic. no.: <u>135901</u>
Electrical lic. no.: <u>34-508CLE</u>	City or metro lic.:
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>Ben Breit</u>	Date: <u>02/22/19</u>
Authorized signature: <u>[Signature]</u>	
Print name: <u>Ben Breit</u>	Date: <u>02/22/19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> Commercial-use agricultural buildings		
	<input type="checkbox"/> Recreational vehicle parks	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit (includes attached garage)</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:	1	91.72	91.72	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL			91.72	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			11.01	
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>	

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



# Electrical Permit Application

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

## OFFICE USE ONLY

Date Received: <u>2-22-19</u>	Permit No.: <u>B2019-0727</u>
Date Issued: <u>2-22-19</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>15900 SW Regatta Lane</u>
City/State/ZIP: <u>Beaverton, OR 98006</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>18/2 Low Voltage Wiring for ADDED PullStations, Heat Detector, Horn Strobes, and Smoke Detector</u>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Sniff Dog Hotel</u>	
Address: <u>15900 SW Regatta Lane</u>	
City/State/ZIP: <u>Beaverton, OR 98006</u>	
Phone: <u>(541) 953-9997</u>	Fax:
E-mail: <u>Casey Murry &lt;casey@sniffdoghotel.com&gt;</u>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>First Response Systems, Inc.</u>	
Contact name: <u>Tom Muniz</u>	
Address: <u>4970 SW Griffith Drive, Suite 100</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>(503) 207-5342</u>	Fax:
E-mail: <u>frs.manager@fr-inc.com</u>	
CONTRACTOR	
Business name: <u>First Response Systems, Inc.</u>	
Address: <u>4970 SW Griffith Drive, Suite 100</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>(503) 207-5342</u>	Fax:
E-mail: <u>frs.manager@fr-inc.com</u>	CCB lic. no.: <u>111713</u>
Electrical lic. no.: <u>26-956CLE</u>	City or metro lic.: <u>7690</u>
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>Corey Clawson</u>	Date: <u>02/20/19</u>
Authorized signature: <u>[Signature]</u>	
Print name: <u>Tom Muniz</u>	Date: <u>02/20/19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:	1	91.72	91.72	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>91.72</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/17



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00178**

Approval Code: 022527 2/22/2019 11:41 am

E-mailed To: license@rogersselectric.com

B2019-0734

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 3055 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Best Buy 451	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S1090000200	
DESCRIPTION OF WORK	
Disconnect/Reconnect power and/or add power if none is present	
APPLICANT	
Name: PAUL HOWELL	
Phone: 770-772-3473	Fax: 866-592-9161
Email:	
CONTRACTOR	
Elec lic. no.: 37-727C	CCB lic. no.: 118038
Business Name: LIN R ROGERS ELECTRICAL CONTRACTORS INC	
Contact:	
Address: 2050 MARCONI DR STE 200	
City/State/ZIP: ALPHARETTA, GA 30005	
Phone: 7707723400	Fax: 7705214960
Email: license@rogersselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of Inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Limited Energy</b>			
Stand-alone limited energy, commercial	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00177**

Approval Code: 036391 2/22/2019 9:04 am

E-mailed To: lmcumrphy@adt.com

B 2019-0736

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12220 SW 1ST ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: 200	
Project Name: PPCW 60403359	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115BC03000	
DESCRIPTION OF WORK	
Access control for PPCW 190228410	
APPLICANT	
Name: Lori McMurphy	
Phone: 503-469-7241	Fax: 503-469-7110
Email:	
CONTRACTOR	
Elec lic. no.: CLE317	CCB lic. no.: 196560
Business Name: ADT LLC	
Contact:	
Address: PO BOX 310702	
City/State/ZIP: BOCA RATON, FL 33431	
Phone: 5034697241	Fax: 5034697110
Email: srburdick@adt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00175**

Approval Code: 012250 2/22/2019 8:05 am

E-mailed To: kerma@willametteelectric.com

B 2019-5740

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7475 SW OLESON RD	
City/State/ZIP: BEAVERTON, OR 97223	
Suite/bldg./apt.no.:	
Project Name: Garden Home Community Library	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S124DB01800	
DESCRIPTION OF WORK	
Tenant Improvement	
APPLICANT	
Name: Kerma Goss	
Phone: 503-624-3631	Fax: 503-624-2938
Email:	
CONTRACTOR	
Elec lic. no.: 34-283C	CCB lic. no.: 75059
Business Name: WILLAMETTE ELECTRIC INC	
Contact:	
Address: PO BOX 230547	
City/State/ZIP: TIGARD, OR 972810547	
Phone: 5036243631	Fax: 5036242938
Email: david@willametteelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	4	\$4.26	\$17.04
Electrical Permit Fees			
Subtotal			\$98.18
State surcharge (12% of permit total)			\$11.78
<b>TOTAL PERMIT FEE</b>			<b>\$109.96</b>

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

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

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

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



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

B2019-0742

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00176**

Approval Code: 06487D 2/22/2019 8:55 am

E-mailed To: twidwell@yahoo.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 3485 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: BuyBuy Baby	
Cross Street/directions to job site: Baseline	
Tax map/parcel no.: 1S1090000200	
DESCRIPTION OF WORK	
LV Alarm system	
APPLICANT	
Name: Tami Twidwell	
Phone: 5032969100	Fax: 5036727751
Email:	
CONTRACTOR	
Elec lic. no.: CLE236	CCB lic. no.: 190582
Business Name: SECURITY FIRST ALARM LLC	
Contact:	
Address: 515 NW SATLTZMAN RD #825	
City/State/ZIP: PORTLAND, OR 97229	
Phone: 5036719871	Fax: 5036727751
Email: rick@securityfirstalarm.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Limited Energy</b>			
Stand-alone limited energy, commercial	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00166**

Approval Code: 009345 2/20/2019 8:13 am

E-mailed To: nic@stumptownconstruction.com

B2019-0711

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8715 SW CURRY CT	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Blake	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S128AD02900	
DESCRIPTION OF WORK	
bathroom remodel. relocate vanity light, replace fan, new shower can	
APPLICANT	
Name: Nicolas Valentine	
Phone: 503-267-2081	Fax: 503-747-2306
Email:	
CONTRACTOR	
Elec lic. no.: C162	CCB lic. no.: 189013
Business Name: STUMPTOWN CONSTRUCTION INC	
Contact:	
Address: 4804 NE BETHANY BLVD STE 1-2 PMB #169	
City/State/ZIP: PORTLAND, OR 97229	
Phone: 5032672081	Fax: 503
Email: nic@portlandelectricco.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-626-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

132019-0710

**05350-BEL-19-00164**

Approval Code: 618265 2/20/2019 5:44 am

E-mailed To: barnsonelectric@gmail.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 875 NW 172ND PL	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: reground	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N131DB04800	
DESCRIPTION OF WORK	
reground service for plumbing replacement	
APPLICANT	
Name: DAVID LISTER	
Phone: 5037479067	Fax: 5035125140
Email:	
CONTRACTOR	
Elec lic. no.: C1120	CCB lic. no.: 206781
Business Name: BARNSON ELECTRIC INC	
Contact:	
Address: 17057 SW 123RD AVE	
City/State/ZIP: PORTLAND, OR 97224	
Phone: 5037479067	Fax: 5035125140
Email: dcal1974@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00165**

Approval Code: 085657 2/20/2019 6:56 am

E-mailed To: SNAPELECTRIC503@GMAIL.COM

*B2019-0707*

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 5510 SW DOVER LOOP	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: Jean	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S113DD01500	
DESCRIPTION OF WORK	
Add Hot Tub Circuit	
APPLICANT	
Name: Jeremy Smith	
Phone: 5038623561	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1327	CCB lic. no.: 217036
Business Name: SNAP ELECTRIC INC	
Contact:	
Address: 1511 WILLAMINA AVE	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5038623561	Fax:
Email: SNAPELECTRIC503@GMAIL.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Electrical Permit Fees			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

B2019-0713

05350-BEL-19-00167

Approval Code: 310221 2/20/2019 11:12 am

E-mailed To: cassieh@rcss.us

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 11350 SW DENNEY RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: BSD Vose ES Security System	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DB02000	
DESCRIPTION OF WORK	
Installation of devices and cabling for Access Control and Intrusion Detection Systems	
APPLICANT	
Name: Wezley Dodds	
Phone: 5039629732	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 34-174CLE	CCB lic. no.: 67147
Business Name: RFI ELECTRONICS INC OREGON	
Contact:	
Address: 25977 SW CANYON CREEK RD #E	
City/State/ZIP: WILSONVILLE, OR 97070	
Phone: 5036829900	Fax: 5036829500
Email: ginar@rfibt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of Inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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

B2019-0718



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00168**

Approval Code: 08343S 2/20/2019 4:56 pm

E-mailed To: mikeselectric@mikeselectric.biz

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4105 SW HOCKEN AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: 208	
Project Name: BLUESTONE & HOCKLEY	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116BA02700	
DESCRIPTION OF WORK	
PANEL CHANGE	
APPLICANT	
Name: Darryl Mollenhauer	
Phone: 5036496991	Fax: 5032967860
Email:	
CONTRACTOR	
Elec lic. no.: C643	CCB lic. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC	
Contact:	
Address: 11070 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036496991	Fax: 5036411902
Email: mikeselectric@mikeselectric.biz	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>2-22-19</u>	Permit No. <u>B2019-0732</u>
Date Issued: <u>2-22-19</u>	By: <u>HU</u>
	Payment Type: <u>VISA</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>13895 SW HARGIS Rd</u>
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.:	Project name: <u>POWER ON</u>
Cross street/directions to job site: <u>SW 139th AVE &amp; SW HARGIS Rd</u>	
Subdivision: <u>Hyland Hills #3</u>	Lot no.: <u>6</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>110V &amp; 220 VAC was turned off by city. It needs to be switched on again.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>ALY KHAN ESMAIL</u>	
Address: <u>16020 NW Blue Ridge Dr</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Phone: <u>(617) 676-8961</u>	Fax:
E-mail: <u>khanzman@gmail.com</u>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: <u>Aly Khan Esmail</u>	Date: <u>Feb 22, 2019</u>
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>0.0</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				<b>0.0</b>
<b>TOTAL PERMIT FEE</b>			<b>0.0</b>	

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00173**

Approval Code: 511234 2/21/2019 1:43 pm

E-mailed To: DARRELL@CEPDX.COM

B2019-0721

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9755 SW BARNES RD	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: FATCO Suite 410	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S102CA00400	
DESCRIPTION OF WORK	
9755 SW Barnes RD Suite 410 First American Title Co Add 2 lights and 2 outlets	
APPLICANT	
Name: Brian Elliott	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL ELECTRIC CO INC	
Contact:	
Address: 11401 NE MARX ST	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	1	\$4.26	\$4.26
Electrical Permit Fees			
Subtotal			\$85.40
State surcharge (12% of permit total)			\$10.25
<b>TOTAL PERMIT FEE</b>			<b>\$95.65</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00169**

Approval Code: 020610 2/20/2019 6:18 pm

E-mailed To: delsberry@4security.org

B2019-0719

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16305 NW BETHANY CT	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.: 109	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N132BC04900	
DESCRIPTION OF WORK	
Low Voltage - Door Access Add	
APPLICANT	
Name: Michael Elsberry	
Phone: 5034726439	Fax: 5034723570
Email:	
CONTRACTOR	
Elec lic. no.: 36-34CLE	CCB lic. no.: 65198
Business Name: A & E SAFE & ALARM CO	
Contact:	
Address: 835 NE HWY 99W	
City/State/ZIP: MCMINNVILLE, OR 97128	
Phone: 5034726439	Fax:
Email: MICHAEL@4SECURITY.ORG	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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

B 2019-0726



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00174**

Approval Code: 021147 2/21/2019 4:43 pm

E-mailed To: precisionwelectrical@yahoo.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14476 SW ARABIAN DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: REF / Schmidt	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S128CB08500	
DESCRIPTION OF WORK	
4-alter circuits 4-new circuits Master Bedroom 3- Bathrooms	
APPLICANT	
Name: Kevin Riggs	
Phone: 503-880-2754	Fax: 503-594-2873
Email:	
CONTRACTOR	
Elec lic. no.: C47	CCB lic. no.: 163318
Business Name: PRECISION NW ELECTRICAL CONTRACTORS LLC	
Contact:	
Address: 14842 SE REGNER TERRACE	
City/State/ZIP: BORING, OR 97009	
Phone: 5038802754	Fax: 5036581615
Email: PRECISIONWELECTRICAL@YAHOO.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "1-2" or "1-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	7	\$4.26	\$29.82
Electrical Permit Fees			
Subtotal			\$110.96
State surcharge (12% of permit total)			\$13.32
<b>TOTAL PERMIT FEE</b>			<b>\$124.28</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00172**

Approval Code: 067328 2/21/2019 12:25 pm

E-mailed To: kenc@kecelectric.com

**PLAN REVIEW**

- Please check all that apply:
- A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other
  - Fire pumps
  - Emergency systems
  - Addition of a new motor load of 100 HP or more
  - Six or more residential units in one structure
  - Health care facilities
  - Hazardous locations
  - A service or feeder rated at 600 amps or more
  - Buildings more than three stor
  - Marinas and boat yards
  - Floating buildings
  - Commercial-use agricultural buildings
  - Installation of a 150 KVA or larger seperately derived sys
  - "A", "E", or "I-2" or "I-3"
  - Recreational Vehicle Parks
  - Supply voltage for more than 600 supply volts nominal

**FEE SCHEDULE**

Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$85.40
State surcharge (12% of permit total)			\$10.25
<b>TOTAL PERMIT FEE</b>			<b>\$95.65</b>

**TYPE OF WORK**

- New Construction  Addition/alteration/replacement

**CATEGORY OF CONSTRUCTION**

- 1 or 2 family dwelling  Multi-family  Commercial  Accessory

**JOB SITE INFORMATION AND LOCATION**

Job Address: 16100 NW CORNELL RD

City/State/ZIP: BEAVERTON, OR 97006

Suite/bldg./apt.no.: 210

Project Name: Best in Class

Cross Street/directions to job site:

Tax map/parcel no.: 1N132BC05200

**DESCRIPTION OF WORK**

2-Branch Circuits

**APPLICANT**

Name: Kenneth Conway

Phone: 503-439-0904

Fax: 503-640-3838

Email:

**CONTRACTOR**

Elec lic. no.: 34-426C

CCB lic. no.: 99267

Business Name: KEC ELECTRIC INC

Contact:

Address: 761 SW BAILY AVE

City/State/ZIP: HILLSBORO, OR 97123

Phone: 5034390904

Fax: 5036403838

Email: kenc@kecelectric.com

Metro lic. no.:

City lic. no.:

Supervising Electrician's lic. no.:

Supervising Electrician's Name:

Number of inspections included in paid services:

Residential Service: 4

Reconnect Only: 1

All Other Services: 2

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00171**

Approval Code: 076929 2/21/2019 12:22 pm

E-mailed To: kenc@kecelectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4650 SW GRIFFITH DR	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Bella Institute	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115BD05401	
DESCRIPTION OF WORK	
12-Branch circuits	
APPLICANT	
Name: Kenneth Conway	
Phone: 503-439-0904	Fax: 503-640-3838
Email:	
CONTRACTOR	
Elec lic. no.: 34-426C	CCB lic. no.: 99267
Business Name: KEC ELECTRIC INC	
Contact:	
Address: 761 SW BAILY AVE	
City/State/ZIP: HILLSBORO, OR 97123	
Phone: 5034390904	Fax: 5036403838
Email: kenc@kecelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	11	\$4.26	\$46.86
<b>Electrical Permit Fees</b>			
Subtotal			\$128.00
State surcharge (12% of permit total)			\$15.36
<b>TOTAL PERMIT FEE</b>			<b>\$143.36</b>

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

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

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

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



**City Of Beaverton**

12725 SW Milikan Way  
Beaverton, OR 97076  
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00170**

Approval Code: 211252 2/21/2019 10:25 am

E-mailed To: tim@jarmer.com

B2019-0723

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16300 SW ESTUARY DR	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S105BC02900	
DESCRIPTION OF WORK	
CONNECT AMAZON HUB POWER	
APPLICANT	
Name: Tim Jarmer	
Phone: 5032465381	Fax: 5032448037
Email:	
CONTRACTOR	
Elec lic. no.: 26-144C	CCB lic. no.: 6924
Business Name: JARMER ELECTRIC INC	
Contact:	
Address: 5105 SW 45TH AVE #200	
City/State/ZIP: PORTLAND, OR 97221	
Phone: 5032465381	Fax: 5032448037
Email: SUEK@JARMER.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
		<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>2-20-19</u>	Permit No.: <u>B2019-0703</u>
Date Issued: <u>2-21-19</u>	By: <u>JUK</u>
	Payment Type: <u>VISA</u>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: <u>4115M</u>	Job address: <u>2905 SW CEDAR HILLS</u>
City/State/ZIP: <u>BEAVERTON OR 97005</u>	<u>BLVD</u>
Suite/bldg./apt. no.: <u>100</u>	Project name: <u>SPECTACLE</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>151090000200</u>	
DESCRIPTION OF WORK	
<u>MOUNT (2) ILLUMINATED WALL SIGNS</u>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>SPECTACLE</u>	
Address: <u>2905 SW CEDAR HILLS BL #100</u>	
City/State/ZIP: <u>BEAVERTON OR 97005</u>	
Phone: <u>503 719 5179</u>	Fax:
E-mail: <u>dranderson@spectaclepdx.com</u>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: <u>N/A</u>	Date:
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>SECURITY SIGNS, INC</u>	
Contact name: <u>CYNDI STOCKS</u>	
Address: <u>2424 SE HOLGATE BLVD</u>	
City/State/ZIP: <u>PORTLAND, OR 97202</u>	
Phone: <u>(503) 546-7102</u>	Fax: <u>(503) 230-1861</u>
E-mail: <u>permits@securitysigns.com</u>	
CONTRACTOR	
Business name: <u>SECURITY SIGNS, INC</u>	
Address: <u>2424 SE HOLGATE BLVD</u>	
City/State/ZIP: <u>PORTLAND, OR 97202</u>	
Phone: <u>(503) 546-7102</u>	Fax: <u>(503) 230-1861</u>
E-mail: <u>permits@securitysigns.com</u>	CCB lic. no.: <u>122809</u>
Electrical lic. no.: <u>26-560CLS</u>	City or metro lic.: <u>2561</u>
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>MARC LINDQUIST, 383 SIG</u>	Date: <u>01/23/19</u>
Authorized signature: <u>Cyndi Stocks</u>	
Print name: <u>CYNDI STOCKS</u>	Date: <u>01/23/19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy	<input type="checkbox"/> Recreational vehicle parks
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
Residential single- or multi-family dwelling unit includes attached garage				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
Services or feeders installation, alteration, and/or relocation				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
Temporary services or feeders installation, alteration, and/or relocation				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
Branch circuits - new, alteration, or extension, per panel				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
Miscellaneous (service or feeder not included)				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting	<u>2</u>	91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
Each additional inspection over allowable in any of the above				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL				0.00
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				0.00
TOTAL PERMIT FEE				<u>5205.45</u>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B20-1002 REV 10/17



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 2-20-19	Permit No.: B2019-0701
Date Issued: 2-20-19	By: ML
Payment Type: VISA	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 15900 SW Regatta Ln
City/State/ZIP: Beaverton OR 97006	Project name: Sniff Dog Hotel
Suite/bldg./apt. no.:	Cross street/directions to job site:
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Low voltage work	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Sniff Dog Hotel	Address: 15900 SW Regatta Ln
City/State/ZIP: Beaverton, OR 97006	Phone: 541-953-9997
E-mail:	Fax:
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Quadrant Systems	Contact name: Diane Schlottmann
Address: 437 SE MLK Blvd	City/State/ZIP: Portland, OR 97214
Phone: 503-234-5558	Fax:
E-mail: dschlottmann@quadrantsystems.net	
CONTRACTOR	
Business name: Quadrant Systems	Address: 437 SE MLK Blvd
City/State/ZIP: Portland, OR 97214	Phone: 503-234-5558
E-mail: dschlottmann@quadrantsystems.net	Fax: 96806
Electrical lic. no.: 6111EA	City or metro lic.:
Supervising electrician signature, required: <i>Spencer Corbett</i>	
Print name: Spencer Corbett	Date: 2/20/19
Authorized signature: Diane Schlottmann	
Print name: Diane Schlottmann	Date: 2/20/19

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps	
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy	<input type="checkbox"/> Recreational vehicle parks
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations		
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit includes attached garage</b>			
1,000 sq. ft. or less		194.64	4
Ea. add'l 500 sq. ft. or portion		34.77	
Limited energy, residential (with above sq. ft.)		46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		115.83	2
201 amps to 400 amps		137.89	2
401 amps to 600 amps		229.34	2
601 amps to 1,000 amps		299.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 600 amps		184.11	2
601 amps to 1,000 amps		225.29	2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14	2
Each add'l branch circuit		4.26	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle		91.72	2
Sign or outline lighting		91.72	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:	1	91.72	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		81.14	
Investigation fee			
Other:			
Electrical permit fees			
<b>SUBTOTAL</b>			0.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			\$102.78

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



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

B 2019-6700

## Commercial Electrical Authorization To Begin Work

**05350-BEL-19-00163**

Approval Code: 019972 2/19/2019 4:41 pm

E-mailed To: delsberry@4security.org

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13520 SW HYLAND PARK CT	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Hyland Hills HOA	
Cross Street/directions to job site: Site Address is 13505 SW Hyland Hills	
Tax map/parcel no.:	1S121CA15300
DESCRIPTION OF WORK	
Low Voltage - Access	
APPLICANT	
Name: Michael Elsberry	
Phone: 5034726439	Fax: 5034723570
Email:	
CONTRACTOR	
Elec lic. no.: 36-34CLE	CCB lic. no.: 65198
Business Name: A & E SAFE & ALARM CO	
Contact:	
Address: 835 NE HWY 99W	
City/State/ZIP: MCMINNVILLE, OR 97128	
Phone: 5034726439	Fax:
Email: MICHAEL@4SECURITY.ORG	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities	<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00162**

Approval Code: 519190 2/19/2019 1:09 pm

E-mailed To: Peter@cepdx.com

B 2019-0699

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8905 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: 160	
Project Name: C190168 - NW Hardwoods CC	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AC01000	
DESCRIPTION OF WORK	
Install Voice Data Cable For Comcast Service.	
APPLICANT	
Name: Peter Bledso	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-1054CLE	CCB lic. no.: 142457
Business Name: CAPITOL DATA & COMMUNICATIONS INC	
Contact:	
Address: 11401 NE MARX	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: RICHARDM@CPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "1-2" or "1-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00161**

Approval Code: 09484G 2/19/2019 9:53 am

E-mailed To: jc@greenboxmechanical.com

B2019-0696

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7720 SW HILLCREST PL	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Gaunt	
Cross Street/directions to job site:	
Tax map/parcel no.:	1S122CC00611
DESCRIPTION OF WORK	
HOT TUB CIRCUIT	
APPLICANT	
Name: JC Kootnekoff	
Phone: 5032220555	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1271	CCB lic. no.: 214076
Business Name: GREEN PROPERTY CONCEPTS LLC	
Contact:	
Address: 3265 NW 29TH AVE	
City/State/ZIP: PORTLAND, OR 97210	
Phone: 5035550222	Fax:
Email: jc@greenpropertyconcepts.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00160**

Approval Code: 019964 2/19/2019 9:00 am

E-mailed To: klwild@msn.com

B7019-0695

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12825 SW DALE CIR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 200 amp Panel Change	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121AA02109	
DESCRIPTION OF WORK	
Replace 200 amp split bus Panel with new 200 Amp main breaker panel, ground service.	
APPLICANT	
Name: KURT WILDGRUBE	
Phone: 5037247535	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1362	CCB lic. no.: 219435
Business Name: KURT LEWIS WILDGRUBE	
Contact:	
Address: 14220 SW WILSON DR	
City/State/ZIP: BEAVERTON, OR 97008	
Phone: 5037247535	Fax:
Email: klwild@msn.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations		
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more		
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor		
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards		
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings		
	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys		
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"		
	<input type="checkbox"/> Recreational Vehicle Parks		
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00159**

Approval Code: 097370 2/19/2019 8:34 am

E-mailed To: lmcumrphy@adt.com

B2019-0694

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12424 SW BROADWAY ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Bootleggers Whiskey Bar 402860859	
Cross Street/directions to job site:	
Tax map/parcel no.:	1S115BB04800
DESCRIPTION OF WORK	
Low voltage burglar alarm and CCTV for Bootleggers Whiskey Bar 98843670	
APPLICANT	
Name: Lori McMurphy	
Phone: 503-469-7241	Fax: 503-469-7110
Email:	
CONTRACTOR	
Elec lic. no.: CLE317	CCB lic. no.: 196560
Business Name: ADT LLC	
Contact:	
Address: PO BOX 310702	
City/State/ZIP: BOCA RATON, FL 33431	
Phone: 5034697241	Fax: 5034697110
Email: srburdick@adt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	2	\$91.72	\$183.44
<b>Electrical Permit Fees</b>			
Subtotal			\$183.44
State surcharge (12% of permit total)			\$22.01
<b>TOTAL PERMIT FEE</b>			<b>\$205.45</b>

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00157**

Approval Code: 191652 2/18/2019 5:16 pm

E-mailed To: RAPDIESEL1@YAHOO.COM

B 2019-0678

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12925 SW HACKAMORE CT	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.:	1S128AD01300
DESCRIPTION OF WORK	
change 200 amp panel	
APPLICANT	
Name: Rory Petty	
Phone: 5036614972	Fax: 5039120814
Email:	
CONTRACTOR	
Elec lic. no.: C850	CCB lic. no.: 196075
Business Name: R P ELECTRIC LLC	
Contact:	
Address: 20582 SE HELZER WAY	
City/State/ZIP: DAMASCUS, OR 97089	
Phone: 5036614972	Fax: 5039120814
Email: RAPDIESEL1@YAHOO.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00154**

Approval Code: 08523G 2/18/2019 7:49 am

E-mailed To: adam.fox@melectric.com

B2019-0683

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12550 SW 2ND ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: WACO Beaverton Clinic	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116AD05400	
DESCRIPTION OF WORK	
Re work existing power and switches for reception area modifications.	
APPLICANT	
Name: Adam Fox	
Phone: 5036455323	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 34-618C	CCB lic. no.: 153480
Business Name: MILESTONE INVESTMENT CO LLC	
Contact:	
Address: 1960 NE 25TH AVE STE 33	
City/State/ZIP: HILLSBORO, OR 97124	
Phone: 5036455323	Fax: 5036904843
Email: adam.fox@melectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	2	\$4.26	\$8.52
Electrical Permit Fees			
Subtotal			\$89.66
State surcharge (12% of permit total)			\$10.76
<b>TOTAL PERMIT FEE</b>			<b>\$100.42</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00158**

Approval Code: 019131 2/19/2019 6:16 am

E-mailed To: license@irogerselectric.com

B2019-0693

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4401 SW 110TH AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.:	1S115AA08000
DESCRIPTION OF WORK	
Install Hera LED Lights in the Hedge Trimmers, Chainsaws, and Leaf Blowers bays	
APPLICANT	
Name: PAUL HOWELL	
Phone: 770-772-3473	Fax: 866-592-9161
Email:	
CONTRACTOR	
Elec lic. no.: 37-727C	CCB lic. no.: 118038
Business Name: LIN R ROGERS ELECTRICAL CONTRACTORS INC	
Contact:	
Address: 2050 MARCONI DR STE 200	
City/State/ZIP: ALPHARETTA, GA 30005	
Phone: 7707723400	Fax: 7705214960
Email: license@irogerselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00155**

Approval Code: 018471 2/18/2019 9:19 am

E-mailed To: license@lrogerelectric.com

B 2019-0692

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13700 NW SCIENCE PARK DR	
City/State/ZIP: BEAVERTON, OR 97229	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.:	1N133CA01000
DESCRIPTION OF WORK	
disconnect and remove any lighting inside the bay as well as any wiring on the beams or uprights	
APPLICANT	
Name: PAUL HOWELL	
Phone: 770-772-3473	Fax: 866-592-9161
Email:	
CONTRACTOR	
Elec lic. no.: 37-727C	CCB lic. no.: 118038
Business Name: LIN R ROGERS ELECTRICAL CONTRACTORS INC	
Contact:	
Address: 2050 MARCONI DR STE 200	
City/State/ZIP: ALPHARETTA, GA 30005	
Phone: 7707723400	Fax: 7705214960
Email: license@lrogerelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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



# Renewable Electrical Energy Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. <b>B 2019-0680</b>
Date Issued: <i>Alison</i>	<i>Alison</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other: <b>Solar PV</b>	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>16040 Southwest Nora Rd, Beaverton, Oreg</b>
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

FEE SCHEDULE			
Number of inspections per item ( ) Renewable energy installation per system total	No. of Items	Cost Each	Total
5 kva or less (2)		81.14	
5.01 to 15 kva (2)	1	115.83	
15.01 to 25 kva (2)		137.89	
25.01 kva and over (2)		229.34	
Miscellaneous fees, hourly rate		80.00	
Each additional inspection (1) <small>(OAR 918-309-0070)</small>		81.14	
FEE TOTALS			Recalculate
Subtotal			0.00
<input type="checkbox"/> << Check box if plan review is required <b>Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee)</b>			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			<b>\$0.00</b>

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

Form B70-1005

REV 10/17

DESCRIPTION OF WORK	
<b>Residential rooftop solar PV 5.4 kw</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: _____ Date: _____	
CONTRACTOR	
Business name: <b>Blue Raven Solar, LLC</b>	
Address: <b>1220 S 630 E #430</b>	
City/State/ZIP: <b>American Fork, UT 84003</b>	
Phone: <b>385-482-0045</b>	Fax:
E-mail: <b>permitting.department@blueravensolar.com</b>	CCB lic. no.: <b>210112</b>
Electrical lic. no.: <b>C1214</b>	City or metro lic.: <b>5869S</b>
Supervising electrician signature, required: <i>Samuel Collier</i>	
Print name: <b>Samuel Collier</b>	Date: <b>02/08/2019</b>
Authorized signature: <i>Jeff Lee</i>	
Print name: <b>Jeff Lee</b>	Date: <b>02/08/2019</b>



**City Of Beaverton**  
 12726 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00156**

Approval Code: 587477 2/18/2019 2:03 pm

E-mailed To: chance@duncanelectric.org

B2019-0675

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 15201 NW GREENBRIER PKWY	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.: C	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N132AC00300	
DESCRIPTION OF WORK	
Wire for laser, demo old laser add 2 e-stops	
APPLICANT	
Name: Chance Stock	
Phone: 5037509945	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 37-880C	CCB lic. no.: 142387
Business Name: CORY MICHAEL DUNCAN	
Contact:	
Address: 1212 SE 385TH AVE	
City/State/ZIP: WASHOUGAL, WA 98671	
Phone: 3603350299	Fax: 3603350669
Email: dunc72@aol.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addillon of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00153**

Approval Code: 050731 2/15/2019 3:07 pm

E-mailed To: icandc@comcast.net

B2019-0661

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4145 SW WATSON AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: 300	
Project Name: Pioneer Pacific College	
Cross Street/directions to job site: SW Millikan Way	
Tax map/parcel no.: 1S116AA80033	
DESCRIPTION OF WORK	
Moves, changes and additions to existing data network cabling.	
APPLICANT	
Name: Melissa Michaels	
Phone: 9712169204	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: CLE327	CCB lic. no.: 197771
Business Name: MELISSA MICHELLE MICHAELS	
Contact:	
Address: 3425 SW 121ST AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 9712169204	Fax:
Email: icandc@comcast.net	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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



# Renewable Electrical Energy Permit Application

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

OFFICE USE ONLY	
Date Received: 2-15-19	Permit No.: B2019-0649
Date Issued: 2-15-19	By: <i>ML</i>
Payment Type: <i>check</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other: <b>Solar PV</b>	
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"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 5770 Southwest Alger Avenue, Beaverton, OR
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Residential rooftop solar PV 4.43kw</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	CCB lic. no.: 210112
Electrical lic. no.: C1214	City or metro lic.: 5869S
Supervising electrician signature, required: <i>Samuel Collier</i>	
Print name: Samuel Collier	Date: 02/12/2019
Authorized signature: <i>Jeff Lee</i>	
Print name: Jeff Lee	Date: 02/12/2019

FEE SCHEDULE			
Number of inspections per item ( ) Renewable energy installation per system total	No. of Items	Cost Each	Total
5 kva or less (2)	1	81.14	
5.01 to 15 kva (2)		115.83	
15.01 to 25 kva (2)		137.89	
25.01 kva and over (2)		229.34	
Miscellaneous fees, hourly rate		80.00	
Each additional inspection (1) <small>(OAR 918-309-0070)</small>		81.14	
FEE TOTALS			Recalculate
Subtotal			0.00
<input type="checkbox"/> << Check box if plan review is required <b>Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee)</b>			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

Form B70-1005

REV 10/17



# Renewable Electrical Energy Permit Application

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

OFFICE USE ONLY	
Date Received: 2-15-19	Permit No.: B2019-0047
Date Issued: 2-15-19	By: JLC
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other: Solar PV	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 9650 SW Duncan Ln, Beaverton, Oregon, 97008
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Residential rooftop solar PV 10.2kw	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: _____ Date: _____	

CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	CCB lic. no.: 210112
Electrical lic. no.: C1214	City or metro lic.: 5869S
Supervising electrician signature, required: <i>Samuel Collier</i>	
Print name: Samuel Collier	Date: 02/12/2019
Authorized signature: <i>Jeff Lee</i>	
Print name: Jeff Lee	Date: 02/12/2019

FEE SCHEDULE			
Number of inspections per item ( ) Renewable energy installation per system total	No. of Items	Cost Each	Total
5 kva or less (2)		81.14	
5.01 to 15 kva (2)	1	115.83	
15.01 to 25 kva (2)		137.89	
25.01 kva and over (2)		229.34	
Miscellaneous fees, hourly rate		80.00	
Each additional inspection (1) (OAR 818-309-0070)		81.14	
FEE TOTALS			Recalculate
Subtotal			0.00
<input type="checkbox"/> << Check box if plan review is required <b>Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee)</b>			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00152**

Approval Code: 115171 2/15/2019 9:17 am

E-mailed To: corey@willametteelectric.com

B2019-0052

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9000 SW GEMINI DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: VSP 9000	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127DA00800	
DESCRIPTION OF WORK	
Demo a few walls. Tie switching together so lighting functions properly to show vacancy to potential customers.	
APPLICANT	
Name: Corey Bozich	
Phone: 9712191046	Fax: 5036242938
Email:	
CONTRACTOR	
Elec lic. no.: 34-283C	CCB lic. no.: 75059
Business Name: WILLAMETTE ELECTRIC INC	
Contact:	
Address: PO BOX 230547	
City/State/ZIP: TIGARD, OR 972810547	
Phone: 5036243631	Fax: 5036242938
Email: david@willametteelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	2	\$4.26	\$8.52
<b>Electrical Permit Fees</b>			
Subtotal			\$89.66
State surcharge (12% of permit total)			\$10.76
<b>TOTAL PERMIT FEE</b>			<b>\$100.42</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00151**

Approval Code: 30190G 2/14/2019 10:02 pm

E-mailed To: GenesisElectricNW@Gmail.com

B2019-0051

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14045 SW KENTUCKY PL	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Blg A1	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S128BC07200	
DESCRIPTION OF WORK	
Kitchen, Dining, and family room remodel. New LED can lights, pendants, and appliances.	
APPLICANT	
Name: KEITH CIMINSKI	
Phone: 5033038056	Fax: 5033038605
Email:	
CONTRACTOR	
Elec lic. no.: C692	CCB lic. no.: 192658
Business Name: GENESIS ELECTRIC NW LLC	
Contact:	
Address: 16379 TRAIL VIEW DR	
City/State/ZIP: OREGON CITY, OR 97045	
Phone: 5033038056	Fax: 5033038605
Email: GENESISELECTRICNW@GMAIL.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	7	\$4.26	\$29.82
<b>Electrical Permit Fees</b>			
Subtotal			\$110.96
State surcharge (12% of permit total)			\$13.32
<b>TOTAL PERMIT FEE</b>			<b>\$124.28</b>

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

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

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

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

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...

**Application**

Day / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2455 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**OFFICE USE ONLY**

Date Received: 7/9/2018	Permit No.: B2018-0763
Date Issued: 2-15-19	By: <i>JK</i>
	Payment Type: <i>check</i>

<b>TYPE OF WORK</b>	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job no.:	Job address: 2350 SW CEDAR HILLS BLVD
City/State/ZIP: Beaverton, Or. 97005	
Suite/bldg./apt. no.:	Project name: William Walker ES
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S110BB00600	
<b>DESCRIPTION OF WORK</b>	
Install electrical for new elementary school	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>CONTRACTOR</b>	
Business name: AC&E Electric	
Address: 3535 Del Webb Ave. NE Suite 100	
City/State/ZIP: Salem, Ore. 97301	
Phone: (503) 363-2301	Fax: (503) 363-2302
E-mail: jeff@acandeelectric.com	CCB lic. no.: 591
Electrical lic. no.: 24-1C	City or metro lic.: 8944
Supervising electrician signature, required: <i>Kenny Gates</i>	
Print name: Kenny Gates	Date: 07/09/18
Authorized signature:	
Print name:	Date:

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

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

\* Number of inspections allowed per permit.  
Form B70-1002 REV 10/17



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00150**

Approval Code: 069827 2/14/2019 3:43 pm

E-mailed To: DENNISW@STONERGROUP.COM

B2019-0642

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 964 NW 170TH DR	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: MUELLER	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N131DB00200	
DESCRIPTION OF WORK	
WIRE FOR RECESSED CANS IN BASEMENT	
APPLICANT	
Name: ETHAN RINIER	
Phone: 9714006774	Fax: 5036594968
Email:	
CONTRACTOR	
Elec lic. no.: 26-122C	CCB lic. no.: 44823
Business Name: STONER ELECTRIC INC	
Contact:	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: 5034626500	Fax: 5036594968
Email: DENNISW@STONERGROUP.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00149**

Approval Code: 057625 2/14/2019 10:02 am

B2019-0635

E-mailed To: ashli.elsperman@iesci.net

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6220 SW 112TH AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 80250 - Timbers Clock	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122AB04901	
DESCRIPTION OF WORK	
Install new outdoor clock	
APPLICANT	
Name: Jorge Algeciras	
Phone: 5036481900	Fax: 5036709572
Email:	
CONTRACTOR	
Elec lic. no.: C448	CCB lic. no.: 182452
Business Name: IES COMMERCIAL INC	
Contact:	
Address: 16135 SW 74TH AVE	
City/State/ZIP: PORTLAND, OR 97224	
Phone: 5036481900	Fax: 5036709572
Email: cathy.herinckx@ies-co.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Electrical Permit Fees			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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

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



## Electrical 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: 2-7-19 Permit No.: R2019-0538  
 Date Issued: 2-14-19 By: NK  
 Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<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 no.: \_\_\_\_\_ Job address: 10010 SW Steeplechase Cir,

City/State/ZIP: Beaverton, OR 97008

Suite/bldg./apt. no.: \_\_\_\_\_ Project name: davis

Cross street/directions to job site: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot no.: \_\_\_\_\_

Tax map/parcel no.: \_\_\_\_\_

#### DESCRIPTION OF WORK

Energy Storage System

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
--	---------------------------------

Name: Matthew Davis

Address: 10010 SW Steeplechase Cir,

City/State/ZIP: Beaverton, OR 97008

Phone: 503 894 6903 Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
---	---

Business name: TESLA Energy

Contact name: Melissa Farias

Address: 6132 NE 112th Ave,

City/State/ZIP: Portland OR 97220

Phone: 503 894 6903 Fax: \_\_\_\_\_

E-mail: AFarias@TESLA.com

#### CONTRACTOR

Business name: TESLA Energy

Address: 6132 NE 112Th Ave,

City/State/ZIP: Portland OR 97220

Phone: 503 894 6903 Fax: \_\_\_\_\_

E-mail: AFarias@TESLA.com CCB lic. no.: 180498

Electrical lic. no.: C562 City or metro lic.: 1032

Supervising electrician signature, required: Namg

Print name: Nicholas Armstrong Date: 2.6.18

Authorized signature: Melissa

Print name: Melissa Farias Date: 2.6.18

#### PLAN REVIEW

Please check all that apply:

<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
	<input type="checkbox"/> Recreational vehicle parks

#### FEE SCHEDULE

Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less		152.85		4
Ea. add'l 500 sq. ft. or portion		27.30		
Limited energy, residential (with above sq. ft.)		36.46		2
Limited energy, multi-family residential (with above sq. ft.)		72.03		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	1	90.95	90.95	2
201 amps to 400 amps		108.28		2
401 amps to 600 amps		180.09		2
601 amps to 1,000 amps		235.53		2
Over 1,000 amps or volts		542.03		2
Utility reconnect		72.03		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		72.03		2
201 amps to 400 amps		100.06		2
401 amps to 600 amps		144.58		2
601 amps to 1,000 amps		144.58		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit	3	3.34		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		63.71		2
Each add'l branch circuit		3.34		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		72.03		2
Pump or irrigation circle		72.03		2
Sign or outline lighting		72.03	0.00	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		67.95		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		63.71		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			0.00	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			0.00	
<b>TOTAL PERMIT FEE</b>			<u>\$144.00</u>	

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 2/14/2019	Permit No: 152019-0634
Date Issued: 2/14/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 4970 SW LOMBARD AVE
City/State/ZIP: BEAVERTON, OR 97005	Project name:
Suite/bldg./apt. no.:	Cross street/directions to job site: 5th
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TURN ON POWER, OFF 6 MONTHS +	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: REED STAGER	
Address: 2040 NW GLASSBORO DRIVE	
City/State/ZIP: BEAVERTON OR 97005	
Phone: 503-709-7779	Fax:
E-mail: REEDSTAGER@GMAIL.COM	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: [Signature]	Date: 2/14/19
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00148**

Approval Code: 613163 2/13/2019 2:36 pm

E-mailed To: courtneyg@adkelectricinc.com

B2019-0629

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14300 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: V9056	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121BB16800	
DESCRIPTION OF WORK	
Add 1- 30 amp 208v single phase outlet for ICEE machine	
APPLICANT	
Name: Ryder Immel	
Phone: 3605465155	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 37-934C	CCB lic. no.: 148882
Business Name: ADK ELECTRIC INC	
Contact:	
Address: PO BOX 2676	
City/State/ZIP: BATTLE GROUND, WA 98604	
Phone: 3606660153	Fax: 3605766975
Email: marissae@ADKELECTRICINC.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00147**

Approval Code: 000074 2/13/2019 10:19 am

E-mailed To: ashli.elsperman@iesci.net

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12872 SW Canyon Rd	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: 80247 - Donut King Sign	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116AA08700	
DESCRIPTION OF WORK	
Job address: 12872 SW Canyon Rd Connect power to new sign for Donut King	
APPLICANT	
Name: Corey Baysinger	
Phone: 5036481900	Fax: 5036709572
Email:	
CONTRACTOR	
Elec lic. no.: C448	CCB lic. no.: 182452
Business Name: IES COMMERCIAL INC	
Contact:	
Address: 16135 SW 74TH AVE	
City/State/ZIP: PORTLAND, OR 97224	
Phone: 5036481900	Fax: 5036709572
Email: cathy.herinckx@ies-co.com	
Metro lic. no.:	Clty lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stories <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Sign or outline lighting	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00146**

Approval Code: 072229 2/13/2019 9:57 am

E-mailed To: ashli.elsperman@iesci.net

B2019-0625

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: 140	
Project Name: 80246 - LaBelle Nails Sign	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116AA08700	
DESCRIPTION OF WORK	
Job address: 2725 SW Cedar Hills Blvd Connect power to new sign for LaBelle Nails	
APPLICANT	
Name: Corey Baysinger	
Phone: 5036481900	Fax: 5036709572
Email:	
CONTRACTOR	
Elec lic. no.: C448	CCB lic. no.: 182452
Business Name: IES COMMERCIAL INC	
Contact:	
Address: 16135 SW 74TH AVE	
City/State/ZIP: PORTLAND, OR 97224	
Phone: 5036481900	Fax: 5036709572
Email: cathy.herinckx@ies-co.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Sign or outline lighting	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
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City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00145**

Approval Code: 061629 2/13/2019 9:07 am

E-mailed To: lmcumphy@adt.com

B2019-0624

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9923 SW ARCTIC DR	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Function Dynamics 201116677	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S114CA15903	
DESCRIPTION OF WORK	
Low voltage burglar alarm for Function Dynamics 98753751	
APPLICANT	
Name: Lori McMurphy	
Phone: 503-469-7241	Fax: 503-469-7110
Email:	
CONTRACTOR	
Elec lic. no.: CLE317	CCB lic. no.: 196560
Business Name: ADT LLC	
Contact:	
Address: PO BOX 310702	
City/State/ZIP: BOCA RATON, FL 33431	
Phone: 5034697241	Fax: 5034697110
Email: srburdick@adt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of Inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stories <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived system <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Miscellaneous			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
Electrical Permit Fees			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: 2/13/2019	Permit No: 152019-0613
Date Issued: [Signature]	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<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 checked="" type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 14220 SW Teal
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 35A-D	Project name: Sterling Pt.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
service: replace 4 pack meter base.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Squires Elec., Inc.	
Contact name: Andrew	
Address: 2203 NE ML King Blvd.	
City/State/ZIP: Portland OR 97212	
Phone: 503.252.1609	Fax: 503.253.5831
E-mail: Andrew@SquiresElectric.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.: 135085
Electrical lic. no.: 26-11016	City or metro lic.:
Supervising electrician signature, required:	
Print name: Joe Squires	Date: 2/12/19
Authorized signature:	
Print name: Joe Squires	Date: 2/12/19

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less		185.37		4
Ea. add'l 500 sq. ft. or portion		33.11		
Limited energy, residential (with above sq. ft.)		44.21		2
Limited energy, multi-family residential (with above sq. ft.)		87.35		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	4	110.31	441.24	2
201 amps to 400 amps		131.32		2
401 amps to 600 amps		218.42		2
601 amps to 1,000 amps		285.65		2
Over 1,000 amps or volts		657.35		2
Utility reconnect		87.35		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		87.35		2
201 amps to 400 amps		121.34		2
401 amps to 600 amps		175.34		2
601 amps to 1,000 amps		214.56		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.06		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		77.28		2
Each add'l branch circuit		4.06		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		87.35		2
Pump or irrigation circle		87.35		2
Sign or outline lighting		87.35	0.00	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		87.35		2
<b>Each additional inspection over allowed in any of the above</b>				
Per inspection		77.28		
Investigation fee				
Other:				
<b>Electrical permit fees</b>				
SUBTOTAL			441.24	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			52.95	
TOTAL PERMIT FEE			494.19	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/16



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00144**

Approval Code: 05529S 2/12/2019 12:38 pm

E-mailed To: mikeselectric@mikeselectric.biz

B2019-0611

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6211 SW ERICKSON AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: MCCULLOCH	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121AB08000	
DESCRIPTION OF WORK	
REPLACING ALUMINUM WIRING 8 CIRCUITS, MICROWAVE CIRCUIT, UPSTAIRS BATHROOM CIRCUIT.	
APPLICANT	
Name: Darryl Mollenhauer	
Phone: 5036496991	Fax: 5032967860
Email:	
CONTRACTOR	
Elec lic. no.: C643	CCB lic. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC	
Contact:	
Address: 11070 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036496991	Fax: 5036411902
Email: mikeselectric@mikeselectric.biz	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> Floating buildings
		<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Commercial-use agricultural buildings
		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	9	\$4.26	\$38.34
Electrical Permit Fees			
Subtotal			\$119.48
State surcharge (12% of permit total)			\$14.34
<b>TOTAL PERMIT FEE</b>			<b>\$133.82</b>

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00143**

Approval Code: 112152 2/12/2019 9:25 am

E-mailed To: office@youngelectricco.com

B2019-0606

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13235 SW WHISTLING WAY	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121AC13600	
DESCRIPTION OF WORK	
Bathroom remodel	
APPLICANT	
Name: Young Electric Office	
Phone: 9718885081	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C353	CCB lic. no.: 178887
Business Name: YOUNG ELECTRIC LLC	
Contact:	
Address: 9999 SW WILSHIRE ST STE 221	
City/State/ZIP: PORTLAND, OR 97225	
Phone: 9718885081	Fax: 5036460960
Email: office@youngelectricco.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$85.40
State surcharge (12% of permit total)			\$10.25
<b>TOTAL PERMIT FEE</b>			<b>\$95.65</b>

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

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 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00142**

Approval Code: 041902 2/11/2019 1:41 pm

E-mailed To: lmcumrphy@adt.com

B 2019-0600

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: 115	
Project Name: Tuft & Needle 402854642	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116AA08700	
DESCRIPTION OF WORK	
2725 SW Cedar Hills Blvd - Low voltage burglar alarm for Tuft & Needle 98780689	
APPLICANT	
Name: Lori McMurphy	
Phone: 503-469-7241	Fax: 503-469-7110
Email:	
CONTRACTOR	
Elec lic. no.: CLE317	CCB lic. no.: 196560
Business Name: ADT LLC	
Contact:	
Address: PO BOX 310702	
City/State/ZIP: BOCA RATON, FL 33431	
Phone: 5034697241	Fax: 5034697110
Email: srburdick@adt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00141**

Approval Code: 411170 2/11/2019 12:07 pm

E-mailed To: kandice@nwsteele.com

B2019-0598

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7769 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 26D	
Cross Street/directions to job site:	
Tax map/parcel no.:	1S122DD00300
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Electrical Permit Fees			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00140**

Approval Code: 111185 2/11/2019 9:58 am

E-mailed To: kandice@nwsteele.com

32019-0597

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8175 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 11E	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AA00700	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00139**

Approval Code: 111183 2/11/2019 9:38 am

E-mailed To: kandice@nwsteele.com

B2019-05915

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8175 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 11D	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AA00700	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> Floating buildings
		<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Commercial-use agricultural buildings
		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00138**

Approval Code: 111143 2/11/2019 9:34 am

E-mailed To: kandice@nwsteele.com

B2019-0594

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8185 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 11C	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AA00700	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Electrical Permit Fees			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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



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

B2019-0592

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00137**

Approval Code: 084400 2/11/2019 8:44 am

E-mailed To: LISA-POSITIVEENERGY@COMCAST.NET

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2415 SW 84TH AVE	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: Reed - Bathroom Remodel	
Cross Street/directions to job site: SW Schiller Road	
Tax map/parcel no.: 1S112BB06300	
DESCRIPTION OF WORK	
Bathroom remodel	
APPLICANT	
Name: Positive Energy Electrical Contractors LLC	
Phone: 3608854479	Fax: 3603261918
Email:	
CONTRACTOR	
Elec lic. no.: C486	CCB lic. no.: 185788
Business Name: POSITIVE ENERGY ELECTRICAL CONTRACTORS LLC	
Contact:	
Address: PO BOX 871543	
City/State/ZIP: VANCOUVER, WA 98687	
Phone: 3608854479	Fax: 3603261918
Email: LISA-POSITIVEENERGY@COMCAST.NET	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$85.40
State surcharge (12% of permit total)			\$10.25
<b>TOTAL PERMIT FEE</b>			<b>\$95.65</b>

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00136**

Approval Code: 010796 2/10/2019 5:36 pm

E-mailed To: precisionwelectrical@yahoo.com

B2019-0580

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16505 NW BETHANY CT	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.: 100	
Project Name: Sage LLC	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N131AD02300	
DESCRIPTION OF WORK	
200 amp 480 volt 3 phase panel 1- circuit ironer 1- compressor 1- Altered circuit (2) outlets by new compressor location	
APPLICANT	
Name: Kevin Riggs	
Phone: 503-880-2754	Fax: 503-594-2873
Email:	
CONTRACTOR	
Elec lic. no.: C47	CCB lic. no.: 163318
Business Name: PRECISION NW ELECTRICAL CONTRACTORS LLC	
Contact:	
Address: 14842 SE REGNER TERRACE	
City/State/ZIP: BORING, OR 97009	
Phone: 5038802754	Fax: 5036581615
Email: PRECISIONNWELECTRICAL@YAHOO.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	<input type="checkbox"/> Commercial-use agricultural buildings
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Branch circuits			
Branch circuits with service or feeder each circuit	3	\$4.26	\$12.78
Electrical Permit Fees			
Subtotal			\$128.61
State surcharge (12% of permit total)			\$15.43
<b>TOTAL PERMIT FEE</b>			<b>\$144.04</b>

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

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

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

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <u>2-11-19</u>	Permit No.: <u>B2019-0590</u>
Date Issued: <u>2-11-19</u>	By: <u>MUZ</u>
Payment Type: <u>VISA</u>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>14280 SW Allen Blvd</u>
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>AT&amp;T</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>2 Sign Circuits</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>AT&amp;T</u>	
Address: <u>14280 SW Allen Blvd</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Hannah Sign Systems</u>	
Contact name: <u>Dave Lanphere</u>	
Address: <u>1660 SW Bertha Blvd</u>	
City/State/ZIP: <u>Portland, OR 97219</u>	
Phone: <u>(503) 946-8373</u>	Fax: <u>(503) 206-4900</u>
E-mail: <u>davel@hannahsignsystems.com</u>	
CONTRACTOR	
Business name: <u>Hannah Sign Systems</u>	
Address: <u>1660 SW Bertha Blvd</u>	
City/State/ZIP: <u>Portland, OR 97219</u>	
Phone: <u>(503) 946-8373</u>	Fax: <u>(503) 206-4900</u>
E-mail: <u>davel@hannahsignsystems.com</u>	OCB lic. no.: <u>203638</u>
Electrical lic. no.: <u>CLS34</u>	City or metro lic.: <u>11533</u>
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>Dave Demuth</u>	Date: <u>02/11/19</u>
Authorized signature: <u>[Signature]</u>	
Print name: <u>Dave Lanphere</u>	Date: <u>02/11/19</u>

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps	
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings	
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 160 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy	
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Six or more residential units			
<input type="checkbox"/> Health-care facilities			
<input type="checkbox"/> Hazardous locations			
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit includes attached garage</b>			
1,000 sq. ft. or less		194.64	4
Ea. add'l 500 sq. ft. or portion		34.77	
Limited energy, residential (with above sq. ft.)		46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		115.83	2
201 amps to 400 amps		137.89	2
401 amps to 600 amps		229.34	2
601 amps to 1,000 amps		299.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 600 amps		184.11	2
601 amps to 1,000 amps		225.29	2
<b>Branch circuits - new, alteration, or extension, per panel:</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14	2
Each add'l branch circuit		4.26	
<b>Miscellaneous (service or feeder not included):</b>			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle		91.72	2
Sign or outline lighting	2	91.72	183.44
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		81.14	
Investigation fee			
Other:			
Electrical permit fees			
<b>SUBTOTAL</b>			<b>183.44</b>
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			22.01
<b>TOTAL PERMIT FEE</b>			<b>\$205.45</b>

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



# Electrical Permit Application

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2550

Fax: (503) 526-2222

www.beavertonoregon.gov

## OFFICE USE ONLY

Date Received: 11-1-18

Permit No.: B2018-5159

Date Issued: 2-11-19

By: MK

Payment Type: Check

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

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 17343 SW Harrier Lane
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 140
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:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: 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: Lite-Rite Electric, Inc	
Address: 28820 SW Burkhalter Rd.	
City/State/ZIP: Hillsboro, Oregon, 97123	
Phone: (503) 705-9808	Fax:
E-mail: literiteelectric@gmail.com	CCB lic. no.: 89854
Electrical lic. no.: 34-358C	City or metro lic.: 2643
Supervising electrician signature, required: <i>John W. Buck</i>	
Print name: JOHN W. BUCK	Date: 09/14/18
Authorized signature: <i>John W. Buck</i>	
Print name: JOHN W. BUCK	Date: 09/14/18

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less	1	194.64		4
Ea. add'l 500 sq. ft. or portion	37	34.77		
Limited energy, residential (with above sq. ft.)	1	46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle-		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:	1	91.72	91.72	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
<b>Electrical permit fees</b>				
<b>SUBTOTAL</b>			0.00	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			0.00	
<b>TOTAL PERMIT FEE</b>			<b>\$414.08</b>	

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 12-27-18	Permit No.: 82018-6086
Date Issued: 2/11/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: 609	Job address: 14605 SW Weir Rd.
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Southwest Bible Church
Cross street/directions to job site: Murray	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New 29,750 sf Addition to existing church	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: South West Bible Church	
Address: 14605 SW Weir Rd	
City/State/ZIP: Beaverton, OR	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Willamette Electric, Inc.	
Address: PO Box 230547	
City/State/ZIP: Tigard, OR 97281	
Phone: (503) 624-3631	Fax: (503) 624-2938
E-mail: david@willametteelectric.	CCB lic. no.: 75059
Electrical lic. no.: 4226S	City or metro lic.:
Supervising electrician signature, required: _____	
Print name: David Fife	Date: 12/27/18
Authorized signature: _____	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:		<input checked="" type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input checked="" type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
Includes attached garage				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	6	115.83	694.98	2
201 amps to 400 amps	1	137.89	137.89	2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts	1	690.22	690.22	2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit	75	4.26	319.50	2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>1,842.59</b>	
Plan review (25% of permit fee)			460.65	
State surcharge (12% of permit fee)			221.11	
<b>TOTAL PERMIT FEE</b>			<b>\$2,444.47</b>	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/17



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

**Residential Electrical Authorization To Begin Work**

B2019-0552

**05350-BEL-19-00117**

Approval Code: 805768 2/7/2019 3:29 pm

E-mailed To: sang.huynh@pakalowvolt.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13585 SW Whitworth	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: 100	
Project Name: Bella Terra	
Cross Street/directions to job site: Allen and Menlo	
Tax map/parcel no.: 1S116AA08700	
DESCRIPTION OF WORK	
13585 SW Whitworth Ct. Audio, Structured, and Security	
APPLICANT	
Name: Sang Huynh	
Phone: 5033677092	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: CLE434	CCB lic. no.: 209955
Business Name: PAKA LOW VOLT LLC	
Contact:	
Address: 1103 SE 191ST AVE	
City/State/ZIP: VANCOUVER, WA 98683	
Phone: 5033677092	Fax:
Email: sang.huynh@pakalowvolt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00130**

Approval Code: 218040 2/8/2019 10:04 am

E-mailed To: permits@global4security.com

B2019-0555

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 3100 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: CT Wireless	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109DA04700	
DESCRIPTION OF WORK	
Security alarm install	
APPLICANT	
Name: KIRK TIPP	
Phone: 5037520215	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 26-711CLE	CCB lic. no.: 69705
Business Name: GLOBAL SECURITY & COMMUNICATION INC	
Contact:	
Address: 3212 MAIN ST	
City/State/ZIP: VANCOUVER, WA 98663	
Phone: 3606931900	Fax: 0000000000
Email: permits@global4security.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Limited Energy</b>			
Stand-alone limited energy, commercial	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00119**

Approval Code: 02893G 2/7/2019 8:44 pm

E-mailed To: dmatiyevskiy@gmail.com

B2019-0554

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14280 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: AT&T	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121BB16800	
DESCRIPTION OF WORK	
Install low voltage alarm system	
APPLICANT	
Name: danil matiyevskiy	
Phone: 5039970026	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: CLE409	CCB lic. no.: 206104
Business Name: DM FIRE & SECURITY LLC	
Contact:	
Address: 16442 WAYNE DR	
City/State/ZIP: OREGON CITY, OR 97045	
Phone: 5039970026	Fax:
Email: dmatiyevskiy@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00129**

Approval Code: 218000 2/8/2019 10:00 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7737 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 31A	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122E000300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Rose Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Electrical Permit Fees			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00132**

Approval Code: 218081 2/8/2019 10:18 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7737 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 31C	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00133**

Approval Code: 218032 2/8/2019 10:23 am

E-mailed To: kandice@nwsteele.com

B 2019-0560

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7737 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 31D	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards	
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings	
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00135**

Approval Code: 218053 2/8/2019 10:35 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7737 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 31D	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of Inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Electrical Permit Fees			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00131**

Approval Code: 218041 2/8/2019 10:14 am

E-mailed To: kandice@nwsteele.com

B2019-0557

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7737 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 31B	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00134**

Approval Code: 218062 2/8/2019 10:26 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7693 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 32M	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of Inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	2	\$115.83	\$231.66
<b>Electrical Permit Fees</b>			
Subtotal			\$231.66
State surcharge (12% of permit total)			\$27.80
<b>TOTAL PERMIT FEE</b>			<b>\$259.46</b>

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

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

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

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

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8020 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 13B	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AA00700	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Marinas and boat yards	
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings	
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks	
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Electrical Permit Fees			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2642  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00121**

Approval Code: 118041 2/8/2019 9:14 am

E-mailed To: kandice@nwsteele.com

B 2019-0564

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8101 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 11M	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AA00700	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Marinas and boat yards	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
<input type="checkbox"/> Six or more residential units in one structure			
<input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00128**

Approval Code: 118074 2/8/2019 9:47 am

E-mailed To: kandice@nwsteele.com

B2019-0563

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7783 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 26K	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Marine and boat yards	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00120**

Approval Code: 118001 2/8/2019 9:10 am

E-mailed To: kandice@nwsteele.com

B2019-0566

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8115 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 11K	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AA00700	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of Inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00123**

Approval Code: 118092 2/8/2019 9:29 am

E-mailed To: kandice@nwsteele.com

B 2019-0567

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7763 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 26E	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00124**

Approval Code: 118013 2/8/2019 9:31 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7767 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 26F	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00125**

Approval Code: 118043 2/8/2019 9:34 am

E-mailed To: kandice@nwsteele.com

B2019-0569

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7771 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 26G	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00126**

Approval Code: 118073 2/8/2019 9:37 am

E-mailed To: kandice@nwsteele.com

B 2019-0570

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7775 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 26H	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00127**

Approval Code: 118004 2/8/2019 9:40 am

E-mailed To: kandice@nwsteele.com

B2019-0571

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7779 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 26J	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel Replacement	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
		<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Electrical Permit Fees			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00118**

Approval Code: 99023G 2/7/2019 4:12 pm

E-mailed To: vanguardelectric@gmail.com

B 2019-0593

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2868 SW 153RD DR	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.: 201	
Project Name: LaSalle-*BUILDING 28*	
Cross Street/directions to job site: *BUILDING 28*	
Tax map/parcel no.: 1S1080000107	
DESCRIPTION OF WORK	
*BUILDING 28* Convert 4 inch can light to 6 inch can light in this building.	
APPLICANT	
Name: Christopher Strange	
Phone: 503-537-5006	Fax: 503-537-5019
Email:	
CONTRACTOR	
Elec lic. no.: 36-104C	CCB lic. no.: 164865
Business Name: VANGUARD ELECTRIC INC	
Contact:	
Address: 3800 MORRIS ST	
City/State/ZIP: NEWBERG, OR 97132	
Phone: 5035375006	Fax: 5035375019
Email: vanguardelectric@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	3	\$4.26	\$12.78
<b>Electrical Permit Fees</b>			
Subtotal			\$93.92
State surcharge (12% of permit total)			\$11.27
<b>TOTAL PERMIT FEE</b>			<b>\$105.19</b>

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

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

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>2-8-19</u>	Permit No.: <u>B2019-0570</u>
Date Issued: <u>2-8-19</u>	By: <u>MUC</u>
Payment Type: <u>VISA</u>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: 851568	Job address: 10750 SW 5th St
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: NW Natural cell box CKT.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
20 AMP CKT. to Single phase disconnect for new NW Natural Cell Box	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Bimbo Foods	
Address: 10750 SW 5th St	
City/State/ZIP: Beaverton OR 97005	
Phone: (971) 724-4906	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Noel Winn	
Address:	
City/State/ZIP:	
Phone: (503) 969-3548	Fax:
E-mail: noelw1@qpsisbest.com	
CONTRACTOR	
Business name: CETI	
Address: 2240 NE Griffin Oaks St. Suite 300	
City/State/ZIP: Hillsboro OR 97124	
Phone: (503) 640-4326	Fax: (503) 640-6547
E-mail: paulf1@qpsisbest.com	CCB lic. no.: 144433
Electrical lic. no.: 37-905C	City or metro lic.: 6754
Supervising electrician signature, required: <u>Paul Franklin</u>	
Print name: Paul Franklin	Date: 2/6/19
Authorized signature: <u>Paul Franklin</u>	
Print name: Paul Franklin	Date: 2/6/19

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit	1	81.14	81.14	2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>81.14</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>	

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received	Permit No. <b>B2017-2496</b>
Date Issued <b>2-8-19</b>	By: <b>TW</b>
	Payment Type: <b>Check</b>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
	<input type="checkbox"/> Other
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>15552 SW Thrush Ln.</b>
City/State/ZIP: <b>BEAVERTON OR</b>	
State/bldg./apt no.:	Project name: <b>RUSSELL</b>
Cross street/directions to job site:	
Subdivision: <b>WESTMONT</b>	Lot no.: <b>89</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NEW SINGLE FAMILY RESIDENCE</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>DR HORTON INC</b>	
Address: <b>4380 SW MACADAM AVE</b>	
City/State/ZIP: <b>PORTLAND OR 97239</b>	
Phone: <b>5032224151</b>	Fax:
E-mail: <b>MAGRISMER@DRHORTON.COM</b>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>SAME AS ABOVE</b>	
Contact name: <b>MARK GRISMER</b>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>Power Line Electric, Inc</b>	
Address: <b>8403 SE Sherrett St</b>	
City/State/ZIP: <b>Portland, OR 97266</b>	
Phone: <b>(971) 645-3807</b>	Fax:
E-mail: <b>PowerLineElectric@yahoo.com</b>	CCB lic no.: <b>205976</b>
Electrical lic no.: <b>C1099</b>	City or metro lic.: <b>11838</b>
Supervising electrician signature, required: <b>Alan Brown</b>	
Print name: <b>Alan Brown</b>	Date: <b>2/8/19</b>
Authorized signature:	
Print name:	
Date:	

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy	<input type="checkbox"/> Recreational vehicle parks
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations		
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit includes attached garage</b>			
1,000 sq. ft. or less	1	168.52	4
Each add'l 500 sq. ft. or portion	5	30.10	
Limited energy, residential (with above sq. ft.)	1	40.19	2
Limited energy, multi-family residential (with above sq. ft.)		79.41	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		100.28	2
201 amps to 400 amps		119.38	2
401 amps to 600 amps		198.56	2
601 amps to 1,000 amps		259.68	2
Over 1,000 amps or volts		597.59	2
Utility reconnect		79.41	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		79.41	2
201 amps to 400 amps		110.31	2
401 amps to 600 amps		159.40	2
601 amps to 1,000 amps		195.05	2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit		3.69	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		70.25	2
Each add'l branch circuit		3.69	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		79.41	2
Pump or irrigation circle		79.41	2
Sign or outline lighting		79.41	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		79.41	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		70.25	
Investigation fee			
Other:			
Electrical permit fees			
SUBTOTAL			0.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			<b>2464.70</b>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00113**

Approval Code: 807053 2/7/2019 6:35 am

E-mailed To: DARRELL@CEPDX.COM

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9755 SW BARNES RD	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: Wooster Really	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S102CA00400	
DESCRIPTION OF WORK	
9755 SW Barnes Suite 270 small tenant improvement electrical and fire alarm wiring	
APPLICANT	
Name: Brian Elliott	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL ELECTRIC CO INC	
Contact:	
Address: 11401 NE MARX ST	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	3	\$4.26	\$12.78
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$185.64
State surcharge (12% of permit total)			\$22.28
<b>TOTAL PERMIT FEE</b>			<b>\$207.92</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00112**

Approval Code: 02759D 2/6/2019 6:31 pm

E-mailed To: service.first@comcast.net

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4810 SW WESTERN AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: The Pub	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115AD00100	
DESCRIPTION OF WORK	
Install a 100 amp sub-panel in the loft to power heaters and condenser's. Panel JH, fed from Panel J	
APPLICANT	
Name: Michael McAuley	
Phone: 5032587203	Fax: 5036556317
Email:	
CONTRACTOR	
Elec lic. no.: C165	CCB lic. no.: 161271
Business Name: MICHAEL PATRICK MCAULEY	
Contact:	
Address: 17413 WAKE ROBIN CIR	
City/State/ZIP: OREGON CITY, OR 970454503	
Phone: 5032587203	Fax: 5036556317 FAX
Email: M_MC_AULEY@MSN.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	8	\$4.26	\$34.08
Electrical Permit Fees			
Subtotal			\$115.22
State surcharge (12% of permit total)			\$13.83
<b>TOTAL PERMIT FEE</b>			<b>\$129.05</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00114**

Approval Code: 807034 2/7/2019 6:43 am

E-mailed To: TROY@CENTURYELECTRIC.NET

B2019-0544

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7515 SW 101ST AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S123CC00800	
DESCRIPTION OF WORK	
Demo the Zinsco panel in the laundry room, relocate circuits to the main panel.	
APPLICANT	
Name: troy jerman	
Phone: 5032418020	Fax: 5032447041
Email:	
CONTRACTOR	
Elec lic. no.: 5-51C	CCB lic. no.: 146978
Business Name: CENTURY ELECTRIC LLC	
Contact:	
Address: PO BOX 10646	
City/State/ZIP: PORTLAND, OR 97296	
Phone: 5032418020	Fax: 5032447041
Email: TROY@CENTURYELECTRIC.NET	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	3	\$4.26	\$12.78
<b>Electrical Permit Fees</b>			
Subtotal			\$93.92
State surcharge (12% of permit total)			\$11.27
<b>TOTAL PERMIT FEE</b>			<b>\$105.19</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00115**

Approval Code: 069376 2/7/2019 9:40 am

E-mailed To: ashli.elsperman@iesci.net

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6220 SW 112TH AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 80240 - Timbers	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122AB04901	
DESCRIPTION OF WORK	
Install (1) CATV cable on mezzanine	
APPLICANT	
Name: Jorge Algeciras	
Phone: 5036481900	Fax: 5036709572
Email:	
CONTRACTOR	
Elec lic. no.: C448	CCB lic. no.: 182452
Business Name: IES COMMERCIAL INC	
Contact:	
Address: 16135 SW 74TH AVE	
City/State/ZIP: PORTLAND, OR 97224	
Phone: 5036481900	Fax: 5036709572
Email: cathy.herinckx@ies-co.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Miscellaneous			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
Electrical Permit Fees			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00116**

Approval Code: 07325G 2/7/2019 11:42 am

E-mailed To: pmast@hillsboroelectric.com

B2019-05418

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4505 SW WATSON AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116AD00600	
DESCRIPTION OF WORK	
1 branch Circuit for water heater	
APPLICANT	
Name: Joey Vitacco	
Phone: 5034399666	Fax: 5036013680
Email:	
CONTRACTOR	
Elec lic. no.: 34-499C	CCB lic. no.: 134481
Business Name: HILLSBORO ELECTRIC LLC	
Contact:	
Address: 21185 NW EVERGREEN PKWY STE 110	
City/State/ZIP: HILLSBORO, OR 971247127	
Phone: 5034399666	Fax: 5036013680
Email: marlene@hillsboroelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00110**

Approval Code: 06781G 2/6/2019 3:15 pm

E-mailed To: rod@northlanddesignandbuild.com

B2019-0534

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 986 NW SILVERADO DR	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N132CB03900	
DESCRIPTION OF WORK	
Alter wiring in kitchen - 8 branch circuits	
APPLICANT	
Name: Rod Loewer	
Phone: 5033806251	Fax: 5032002283
Email:	
CONTRACTOR	
Elec lic. no.: 36-120C	CCB lic. no.: 159713
Business Name: CARTON ELECTRIC INC	
Contact:	
Address: PO BOX 860	
City/State/ZIP: AMITY, OR 97101	
Phone: 5034351600	Fax: 5038350539
Email: cartonelectric@frontier.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
<b>Please check all that apply:</b>	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	7	\$4.26	\$29.82
<b>Electrical Permit Fees</b>			
Subtotal			\$110.96
State surcharge (12% of permit total)			\$13.32
<b>TOTAL PERMIT FEE</b>			<b>\$124.28</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00111**

Approval Code: 084911 2/6/2019 4:56 pm

E-mailed To: pcsteve20@frontier.com

B2019.0537

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2475 SW 83RD AVE	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S112BB04200	
DESCRIPTION OF WORK	
Kitchen remodel and misc items in basement to refeed living room power found that did not meet code	
APPLICANT	
Name: Steve Peppmeier	
Phone: 5035370890	Fax: 5035386033
Email:	
CONTRACTOR	
Elec. lic. no.: 36-114C	CCB lic. no.: 187490
Business Name: PC ELECTRIC INC	
Contact:	
Address: PO BOX 517	
City/State/ZIP: NEWBERG, OR 97132	
Phone: 5035370890	Fax: 5035386033
Email: pcsteve20@frontier.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Commercial Only:	1
Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	9	\$4.26	\$38.34
Electrical Permit Fees			
Subtotal			\$119.48
State surcharge (12% of permit total)			\$14.34
<b>TOTAL PERMIT FEE</b>			<b>\$133.82</b>

on receipt and approval by your local jurisdiction, your permit will be e-mailed or faxed this same business day, with instructions on how to schedule your inspection.

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

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

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



# Electrical Permit Application

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

## OFFICE USE ONLY

Date Received: 2-6-19	Permit No.: B2019-0523
Date Issued: 2-6-19	By: [Signature]
Payment Type: Visa	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: A470	Job address: 4545 SW Angel Ave
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: 113	Project name: Dita Barber
Cross street/directions to job site: SW 15th & SW Angel Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Led Cabinet Blade Sign	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Sean Sandita	
Address: 4545 SW Angel Ave Ste. 113	
City/State/ZIP: Beaverton OR 97005	
Phone: 415-283-7896	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Vision Signs	
Contact name: Tom Pham	
Address: 16127 NE Thompson St	
City/State/ZIP: Portland OR 97230	
Phone: 503-442-1195	Fax:
E-mail: Tom@VSigns.com	
CONTRACTOR	
Business name: Vision Signs	
Address: 16127 NE Thompson St	
City/State/ZIP: Portland OR 97230	
Phone: 503-442-1195	Fax:
E-mail: Tom@VSigns.com	CCB lic. no.: 170289
Electrical lic. no.: OLSUS	City or metro lic.: 12338
Supervising electrician signature, required: [Signature]	
Print name: Tom Pham	Date: 2/5/19
Authorized signature: [Signature]	
Print name: Tom Pham	Date: 2/5/19

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy	<input type="checkbox"/> Recreational vehicle parks
<input type="checkbox"/> Six or more residential units		<input type="checkbox"/> Health-care facilities		
<input type="checkbox"/> Hazardous locations		<input type="checkbox"/> Hazardous locations		
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
Includes attached garage				
1,000 sq. ft. or less		185.37		4
Ea. add'l 500 sq. ft. or portion		33.11		
Limited energy, residential (with above sq. ft.)		44.21		2
Limited energy, multi-family residential (with above sq. ft.)		87.35		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		110.31		2
201 amps to 400 amps		131.32		2
401 amps to 600 amps		218.42		2
601 amps to 1,000 amps		285.65		2
Over 1,000 amps or volts		657.35		2
Utility reconnect		87.35		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		87.35		2
201 amps to 400 amps		121.34		2
401 amps to 600 amps.		175.34		2
601 amps to 1,000 amps		214.56		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.06		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		77.28		2
Each add'l branch circuit		4.06		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		87.35		2
Pump or irrigation circle		87.35		2
Sign or outline lighting	1	87.35		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		87.35		2
Each additional inspection over allowable in any of the above				
Per inspection		77.28		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL				
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				
<b>TOTAL PERMIT FEE</b>				<b>\$102.73</b>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/16



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00109**

Approval Code: 08763G 2/5/2019 9:09 am

E-mailed To: pmast@hillsboroelectric.com

B 2019-0518

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12620 SW FARMINGTON RD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116AD00600	
DESCRIPTION OF WORK	
Doing 1- 200amp feeder and 6- circuits	
APPLICANT	
Name: Joey Vitacco	
Phone: 5034399666	Fax: 5036013680
Email:	
CONTRACTOR	
Elec lic. no.: 34-499C	CCB lic. no.: 134481
Business Name: HILLSBORO ELECTRIC LLC	
Contact:	
Address: 21185 NW EVERGREEN PKWY STE 110	
City/State/ZIP: HILLSBORO, OR 971247127	
Phone: 5034399666	Fax: 5036013680
Email: marlene@hillsboroelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch clrcuits with service or feeder each circuit	6	\$4.26	\$25.56
<b>Electrical Permit Fees</b>			
Subtotal			\$141.39
State surcharge (12% of permit total)			\$16.97
<b>TOTAL PERMIT FEE</b>			<b>\$158.36</b>

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

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

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

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



# Electrical Permit Application

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

## OFFICE USE ONLY

Date Received: <u>2-5-19</u>	Permit No.: <u>B2019-0515</u>
Date Issued: <u>2-5-19</u>	By: <u>ML</u>
Payment Type: <u>Visa</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>15180 SW COPPER LT</u>
City/State/ZIP: <u>Beaverton</u>	
Suite/bldg./apt no.:	Project name: <u>Vigos MB</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>MOVING Existing Lights + Plugs</u> <u>MAJOR DATA RENEWAL</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>RANDY + Sunny Vigos</u>	
Address: <u>15180 SW COPPER LT</u>	
City/State/ZIP: <u>Beaverton</u>	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>BRITTANY HOMES</u>	
Contact name: <u>JEFF LUCASOFF</u>	
Address: <u>22275 SW Scholls-Sherwood Rd.</u>	
City/State/ZIP: <u>Sherwood OR 97140</u>	
Phone: <u>503-399-4326</u>	Fax:
E-mail: <u>JEFF@BRITTANYHOMESINC.COM</u>	
CONTRACTOR	
Business name: <u>A.B. Electric</u>	
Address: <u>PO Box 606</u>	
City/State/ZIP: <u>North Plains, OR 97133</u>	
Phone: <u>503-314-7174</u>	Fax:
E-mail: <u>abelectricco@msn.com</u>	CCB lic. no.: <u>955</u>
Electrical lic. no.: <u>34-35C</u>	City or metro lic.:
Supervising electrician signature, required: _____	
Print name: <u>Craig Schlottmann</u>	Date: <u>2/5/19</u>
Authorized signature: _____	
Print name:	Date: <u>2/5/19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks	
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		1
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL				
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				
<b>TOTAL PERMIT FEE</b>				<b>\$95.65</b>

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



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

B 2019-0495  
**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00102**

Approval Code: 005842 2/1/2019 6:28 pm

E-mailed To: Andrew@squireselectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8625 SW SCHOLLS FERRY RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Barlandia TI	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S126BC00200	
DESCRIPTION OF WORK	
2 circuits: counter top plug and dryer	
APPLICANT	
Name: Andrew Cohen	
Phone: 5032521609	Fax: 5032535831
Email:	
CONTRACTOR	
Elec lic. no.: 26-1101C	CCB lic. no.: 135085
Business Name: SQUIRES ELECTRIC INC	
Contact:	
Address: 2203 NE MARTIN LUTHER KING JR BLVD	
City/State/ZIP: PORTLAND, OR 97212	
Phone: 5032521609	Fax: 5032535831
Email: office@squireselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	1	\$4.26	\$4.26
Electrical Permit Fees			
Subtotal			\$85.40
State surcharge (12% of permit total)			\$10.25
<b>TOTAL PERMIT FEE</b>			<b>\$95.65</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00103**

Approval Code: 002147 2/2/2019 2:00 pm

E-mailed To: pi.electric@yahoo.com

B 2019. 0496

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 15095 SW GIBRALTAR CT	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: EricN	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S129AB01700	
DESCRIPTION OF WORK	
bathroom remodel, relocated plugs and lights	
APPLICANT	
Name: Petrica Isai	
Phone: 503-453-9786	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C684	CCB lic. no.: 178790
Business Name: PI ELECTRIC LLC	
Contact:	
Address: 2250 SE & 87TH AVE	
City/State/ZIP: PORTLAND, OR 97216	
Phone: 5034539786	Fax:
Email: DANA7PETRICA@YAHOO.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$85.40
State surcharge (12% of permit total)			\$10.25
<b>TOTAL PERMIT FEE</b>			<b>\$95.65</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

B2019-0497

05350-BEL-19-00104

Approval Code: 07502G 2/4/2019 7:40 am

E-mailed To: OFFICE@ERICOLSONELECTRICINC.COM

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7810 SW CALAVERAS CT	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: WEYBRIGHT	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S120DD02000	
DESCRIPTION OF WORK	
150 AMP PANEL REPLACEMENT	
APPLICANT	
Name: ERIC OLSON	
Phone: 3602581849	Fax: 3606932980
Email:	
CONTRACTOR	
Elec lic. no.: 37-1053C	CCB lic. no.: 179408
Business Name: ERIC OLSON ELECTRIC INC	
Contact:	
Address: 10013 NE HAZEL DELL AVE #432	
City/State/ZIP: VANCOUVER, WA 98685	
Phone: 3606094901	Fax: 3606932980
Email: ericolsonelectric@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys
	<input type="checkbox"/> "A", "E", or "1-2" or "1-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Electrical Permit Fees</b>			
Subtotal			\$115.83
State surcharge (12% of permit total)			\$13.90
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00105**

Approval Code: 06600A 2/4/2019 8:25 am

E-mailed To: kaleoelectric@gmail.com

B 2019-0501

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 5325 SW ELM AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Tom Radcliffe - ELM AVE	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S114CA11000	
DESCRIPTION OF WORK	
Additional electrical; upgrades	
APPLICANT	
Name: Kent Miguel	
Phone: 6033138887	Fax: 5036539041
Email:	
CONTRACTOR	
Elec lic. no.: C688	CCB lic. no.: 192539
Business Name: KALEO ELECTRIC LLC	
Contact:	
Address: PO BOX 86754	
City/State/ZIP: PORTLAND, OR 97286	
Phone: 5033410897	Fax: 5036539041
Email: nell@kaleoelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	3	\$4.26	\$12.78
<b>Electrical Permit Fees</b>			
Subtotal			\$93.92
State surcharge (12% of permit total)			\$11.27
<b>TOTAL PERMIT FEE</b>			<b>\$105.19</b>

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

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

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

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

**City Of Beaverton**12726 SW Millikan Way  
Beaverton, OR 97076  
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work****05350-BEL-19-00106**

Approval Code: 016211 2/4/2019 1:21 pm

E-mailed To: kathy.kelley@ecpowerslife.com

B2019-0503

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6585 SW FALLBROOK PL	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 718011-16 TT&L Sheet Metal	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S123BD01800	
DESCRIPTION OF WORK	
(1) service/feeder and (4) branch circuits for new machine	
APPLICANT	
Name: Kathy Kelley	
Phone: 5032243511	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 26-45C	CCB lic. no.: 49737
Business Name: EC COMPANY	
Contact:	
Address: PO BOX 10286	
City/State/ZIP: PORTLAND, OR 97296	
Phone: 5032243511	Fax: 5032953012
Email: cindyb@e-c-co.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations		
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Buildings more than three stor		
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Marinas and boat yards		
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys		
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"		
	<input type="checkbox"/> Recreational Vehicle Parks		
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Branch circuits			
Branch circuits with service or feeder each circuit	4	\$4.26	\$17.04
Electrical Permit Fees			
Subtotal			\$132.87
State surcharge (12% of permit total)			\$15.94
<b>TOTAL PERMIT FEE</b>			<b>\$148.81</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00107**

Approval Code: 514063 2/4/2019 1:36 pm

E-mailed To: info@unitedelect.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13000 SW 2ND ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: BHS Concession & Restroom Building	
Cross Street/directions to job site: SW Erickson Ave & SW 2nd Street	
Tax map/parcel no.: 1S116AD10900	
DESCRIPTION OF WORK	
Electrical labor & material for Beaverton High School field concession stand addition.	
APPLICANT	
Name: Chad Mehner	
Phone: 3609843589	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C936	CCB lic. no.: 199299
Business Name: UNITED ELECTRIC LLC	
Contact:	
Address: PO BOX 829	
City/State/ZIP: BATTLE GROUND, WA 98604	
Phone: 3609533599	Fax:
Email: info@unitedelect.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	3	\$115.83	\$347.49
Branch circuits			
Branch circuits with service or feeder each circuit	29	\$4.26	\$123.54
Electrical Permit Fees			
Subtotal			\$471.03
State surcharge (12% of permit total)			\$56.52
<b>TOTAL PERMIT FEE</b>			<b>\$527.55</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00108**

Approval Code: 094184 2/4/2019 1:58 pm

E-mailed To: ashli.elsperman@iesci.net

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 15450 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: 31E610940N	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S108DB00700	
DESCRIPTION OF WORK	
BC5 Hayward Conf Center Provide branch power for new water heater in kitchen.	
APPLICANT	
Name: Nick Badger	
Phone: 5037530781	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C448	CCB lic. no.: 182452
Business Name: IES COMMERCIAL INC	
Contact:	
Address: 16135 SW 74TH AVE	
City/State/ZIP: PORTLAND, OR 97224	
Phone: 5036481900	Fax: 5036709572
Email: cathy.herinckx@ies-co.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Electrical Permit Fees</b>			
Subtotal			\$81.14
State surcharge (12% of permit total)			\$9.74
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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

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

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



# Electrical Permit Application

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

Clear Form

OFFICE USE ONLY	
Date Received: 2-4-19	Permit No.: B2019-0482
Date Issued: 2-4-19	By: MK
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<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"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 14465 SW HARGIS RD
City/State/ZIP: BEAVERTON OR, 97008-7414	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPL. EXISTING METER BASE METER MAIN INSTALLATION 200A	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: MILAN, ANNA MULAVKA	
Address: 14465 SW HARGIS RD	
City/State/ZIP: BEAVERTON OR 97008-7414	
Phone: 503 701 4722	Fax:
E-mail: mmulavka@comcast.net	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date: 2.4.19
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks	
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	1	115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees	Calculate Fees			
SUBTOTAL			0.00	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			0.00	
<b>TOTAL PERMIT FEE</b>			<b>\$129.73</b>	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/17



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

B2019-0475  
**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00097**

Approval Code: 06639G 2/1/2019 11:08 am

E-mailed To: paul@timberlineelectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input checked="" type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 18300 NW WALKER RD	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Unit 10 D	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N131CB01500	
DESCRIPTION OF WORK	
Upgrade switches, lights, add microwave circuit	
APPLICANT	
Name: Timberline Contractors	
Phone: 503-459-4089	Fax: 503-245-4227
Email:	
CONTRACTOR	
Elec lic. no.: 26-1211C	CCB lic. no.: 160037
Business Name: TIMBERLINE ELECTRICAL CONTRACTORS INC	
Contact:	
Address: PO BOX 918	
City/State/ZIP: LAKE OSWEGO, OR 97034	
Phone: 5034594089	Fax: 5032544227
Email: pat@timberlineelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Marine and boat yards	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	3	\$4.26	\$12.78
<b>Electrical Permit Fees</b>			
Subtotal			\$93.92
State surcharge (12% of permit total)			\$11.27
<b>TOTAL PERMIT FEE</b>			<b>\$105.19</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00098**

Approval Code: 04952G 2/1/2019 12:55 pm

E-mailed To: paul@timberlineelectric.com

82019-0476

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 18300 NW WALKER RD	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Unit 14 D	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N131CB01500	
DESCRIPTION OF WORK	
Upgrade switched, lights, receptacles and add circuit for microwave	
APPLICANT	
Name: Timberline Contractors	
Phone: 503-459-4089	Fax: 503-245-4227
Email:	
CONTRACTOR	
Elec lic. no.: 26-1211C	CCB lic. no.: 160037
Business Name: TIMBERLINE ELECTRICAL CONTRACTORS INC	
Contact:	
Address: PO BOX 918	
City/State/ZIP: LAKE OSWEGO, OR 97034	
Phone: 5034594089	Fax: 5032544227
Email: pat@timberlineelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Marinas and boat yards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> Six or more residential units in one structure			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	3	\$4.26	\$12.78
<b>Electrical Permit Fees</b>			
Subtotal			\$93.92
State surcharge (12% of permit total)			\$11.27
<b>TOTAL PERMIT FEE</b>			<b>\$105.19</b>

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

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

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

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



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

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00099

Approval Code: 06334S 2/1/2019 1:45 pm

E-mailed To: mikeselectric@mikeselectric.biz

32019-0477

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6590 SW FALLBROOK PL	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Allied Power Products	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S123BD01700	
DESCRIPTION OF WORK	
EXTERIOR LIGHTS, PAINT BOOTH POWER, PULL-DOWN REEL, QUAD STYLE,	
APPLICANT	
Name: DARRYL MOLLENHAUER	
Phone: 5036496991	Fax: 5036411902
Email:	
CONTRACTOR	
Elec lic. no.: C643	CCB lic. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC	
Contact:	
Address: 11070 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036496991	Fax: 5036411902
Email: mikeselectric@mikeselectric.biz	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW	
Please check all that apply:	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings
	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
	<input type="checkbox"/> Recreational Vehicle Parks
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	3	\$4.26	\$12.78
<b>Electrical Permit Fees</b>			
Subtotal			\$93.92
State surcharge (12% of permit total)			\$11.27
<b>TOTAL PERMIT FEE</b>			<b>\$105.19</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00100**

Approval Code: 611062 2/1/2019 2:26 pm

E-mailed To: keith@boonesferryelectric.com

32019-0479

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14623 SW TEAL BLVD	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: 310919 Joe's Burger	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S132AD00300	
DESCRIPTION OF WORK	
TI	
APPLICANT	
Name: Keith Fleschner	
Phone: 5036824936	Fax: 5036827946
Email:	
CONTRACTOR	
Elec lic. no.: 3-223C	CCB lic. no.: 88482
Business Name: BOONES FERRY ELECTRIC INC	
Contact:	
Address: PO BOX 628	
City/State/ZIP: WILSONVILLE, OR 97070	
Phone: 5036824936	Fax: 5036827946
Email: angle@boonesferryelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder.	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	25	\$4.26	\$106.50
<b>Electrical Permit Fees</b>			
Subtotal			\$187.64
State surcharge (12% of permit total)			\$22.52
<b>TOTAL PERMIT FEE</b>			<b>\$210.16</b>

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00101**

Approval Code: 088920 2/1/2019 3:06 pm

E-mailed To: breeanne@accurateelectricunlimited.com

B2019-0480

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9685 SW HARVEST CT	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Beaverton Hoop	
Cross Street/directions to job site: SW Arctic and SW Harvest	
Tax map/parcel no.: 1S114CD00200	
DESCRIPTION OF WORK	
LED retrofit in gyms and exterior.	
APPLICANT	
Name: Devan Hinshaw	
Phone: 3608693450	Fax: 3605673320
Email:	
CONTRACTOR	
Elec lic. no.: C638	CCB lic. no.: 191346
Business Name: ACCURATE ELECTRIC UNLIMITED INC	
Contact:	
Address: PO BOX 871866	
City/State/ZIP: VANCOUVER, WA 98687	
Phone: 3605673330	Fax: 3605673320
Email: MARIE@ACCURATEELECTRICUNLIMITED.C	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	5	\$4.26	\$21.30
<b>Electrical Permit Fees</b>			
Subtotal			\$102.44
State surcharge (12% of permit total)			\$12.29
<b>TOTAL PERMIT FEE</b>			<b>\$114.73</b>

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

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

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

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