

# Building Permit Application

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



RECEIVED  
 CITY OF BEAVERTON  
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: DEC 13 2018	Permit No.: B2018-5713
Date Issued: 2/28/2018	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction <b>SIGN WORK</b>	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>2725 SW CEDAR HILLS BLVD #130</b>	
City/State/ZIP:	
Suite/bldg./apt. no.: <b>130</b>	Project name: <b>WILD FIN</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>INSTALL (1) PROJECTING SIGN &amp; (1) BLADE SIGN</b>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <b>JAMES ANDERSON / WILD FIN</b>	
Address: <b>2725 SW CEDAR HILLS BLVD #130</b>	
City/State/ZIP:	
Phone: <b>541-817-2501</b>	Fax:
E-mail: <b>JAMESANDERSON@ME.COM</b>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>HANNA SIGN SYSTEMS</b>	
Contact name: <b>JOSE MARTINEZ</b>	
Address: <b>1660 SW BERTHA BLVD</b>	
City/State/ZIP: <b>BEAVERTON OR</b>	
Phone: <b>206-849-4209</b>	Fax:
E-mail: <b>JOSE@GRAPHICDISPLAYSIGN.COM</b>	
CONTRACTOR	
Business name: <b>HANNA SIGN SYSTEMS</b>	
Address: <b>1660 SW BERTHA BLVD</b>	
City/State/ZIP: <b>BEAVERTON OR</b>	
Phone: <b>503-946-8373</b>	Fax:
CCB lic.: <b>11533</b>	<b>203638</b>
Authorized signature:	Date: <b>12-3-18</b>
Print name: <b>JOSE MARTINEZ</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <b>\$ 30,000.00</b>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
<b>Feb. 2019</b>	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<b>391.96</b>
Amount received	
Date received:	

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

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

APPROVED

RECEIVED

ELECTRONIC SUBMITTAL  
SEE 1:/BLDG DIV WCG-8...



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

OFFICE USE ONLY	
Date Received: 12/26/2018	Permit No.: B2018-6065
Date Issued:	<i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15500 SW Beaverton Creek Ct.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 1st floor	Project name: Apple Beaverton
Cross street/directions to job site: SW 153rd Dr. and SW Beaverton Creek Ct.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TENANT IMPROVEMENT: 1 NEW CONFERENCE ROOM AND 6 MEETING ROOMS CONSTRUCTED WITH PREFAB INTERIOR METHOD. NEW FURNISHINGS; PAINT AND FLOORING REFRESH	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Apple, Inc.	
Address: 1 Apple Park Way	
City/State/ZIP: Cupertino, CA 95014	
Phone: (917) 239-9253	Fax:
E-mail: whitneyray@apple.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Apple, Inc.	
Contact name: Whitney Ray	
Address: 1 Apple Park Way	
City/State/ZIP: Cupertino, CA 95014	
Phone: (917) 239-9253	Fax:
E-mail: whitneyray@apple.com	
CONTRACTOR	
Business name: Swinerton Builders	
Address: 342 SW 2nd Ave	
City/State/ZIP: Portland OR 97204	
Phone: 503 224 6880	Fax: 503 224 - 6889
CCB lic.: 78483	

Authorized signature: <i>Jovana Gozic</i>	Date:
Print name: Ivana Gazic	12/21/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$450,000
Existing building area:	square feet 24,090
New building area:	square feet 24,090
Number of stories:	1
Type of construction:	III-B Existing Building
Occupancy groups:	ASSEMBLY A-3, BUSINESS B
Existing:	A-3, B
New:	A-3, B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application: 1/29/19	\$4,071.39
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2/28/2019	Permit No.: 52019-0780
Date Issued:	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4970 SW LOMBARD AVENUE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg /apt. no.:	Project name:
Cross street/directions to job site: JUST NORTH OF FIFTH ON LOMBARD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACE EXISTING WINDOW WITH SUNSHINE GLASS DOOR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: REED STAGER	
Address: 2040 NW GLASSBORO DRIVE	
City/State/ZIP: BEND, OR 97703	
Phone: 503-709-7778	Fax:
E-mail: REEDSTAGER@GMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SAME	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: DON HOLMES CONSTRUCTION	
Address: 6002 S. SCORCE ROAD	
City/State/ZIP: HUBBARD, OR 97032	
Phone: 503-951-0558	Fax:
CCB lic.: 75936	
Authorized signature: REED STAGER	
Print name: REED STAGER	Date: 2/26/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 1500.
Number of bedrooms:	2
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	177.14
Amount received	
Date received:	

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2-27-19	Permit No.: B2019-0773
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15021 2868 SW 153RD DRIVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.: 28	Project name: HALL LIGHTS
Cross street/directions to job site: SW MILLIKAN WAY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
SHEETROCK ENCLOSURES AROUND NEW LIGHTS	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: VANGUARD ELECTRIC, INC	
Contact name: CHAD STRANGE	
Address: 3800 MORRIS ST	
City/State/ZIP: NEWBERG, OR 97132	
Phone: 5035375006	Fax:
E-mail: VANGUARDELECTRIC@GMAIL.COM	
CONTRACTOR	
Business name: VANGUARD ELECTRIC, INC	
Address: 3800 MORRIS ST	
City/State/ZIP: NEWBERG, OR 97132	
Phone: 5035375006	Fax:
CCB lic.: 164865	
Authorized signature:	Date:
Print name:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1500
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$217.70
Amount received	
Date received:	

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2-27-19</u>	Permit No.: <u>B2019-0769</u>
Date Issued: <u>2-27-19</u>	By: <u>M/C</u>
Payment Type: <u>M/C</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>9755 SW Barnes Rd</u>	
City/State/ZIP: <u>Portland, OR 97225</u>	
Suite/bldg./apt. no.: <u>#280</u>	Project name: <u>Farmers Insurance</u>
Cross street/directions to job site: <u>Peterkort Centre Campus</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Minor Interior remodel</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Tina Beavers (Property Manager)</u>	
Address: <u>9755 SW Barnes Rd #620</u>	
City/State/ZIP: <u>Portland, OR 97225</u>	
Phone: <u>(503) 546-5632</u>	Fax:
E-mail: <u>tbeavers@peterkort.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Ankrom Moisan Architects</u>	
Contact name: <u>Lori Kellow</u>	
Address: <u>38 NW Davis St #300</u>	
City/State/ZIP: <u>Portland, OR 97209</u>	
Phone: <u>(503) 977-5222</u>	Fax:
E-mail: <u>lorik@ankrommoisan.com</u>	
CONTRACTOR	
Business name: <u>Denali Construction</u>	
Address: <u>PO Box 69</u>	
City/State/ZIP: <u>Canby, OR 97013</u>	
Phone: <u>(503) 849-4435</u>	Fax:
CCB lic.: <u>208947</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	18,000
Existing building area:	square feet 805
New building area:	square feet 805
Number of stories:	6
Type of construction:	Type II-A Sprinklered
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$867.66</u>
Amount received	<u>\$867.66</u>
Date received:	<u>2-27-19</u>

Authorized signature:	Date: <u>2/27/19</u>
Print name: <u>Lori Kellow</u>	<u>02/27/19</u>

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

# Building Permit Application

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



RECEIVED  
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: AUG 9 2018	Permit No: 2018 3648
Date Issued: 2/25/2019	By: [Signature]
PAYMENT SERVICE DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2350 SW Cedar Hills	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: William Walker
Cross street/directions to job site: Walker Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
installation of 99.860 kW photovoltaic roof mounted system	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo RD	
City/State/ZIP: Beaverton, OR 97003	
Phone: 503-356-4500	Fax:
E-mail: Megan_Finch@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: A&R Solar	
Contact name: Tina Kayser	
Address: 6800 NE 59th Place	
City/State/ZIP: Portland, OR 97218	
Phone: 503-420-8680	Fax:
E-mail: permits@a-rsolar.com	

CONTRACTOR	
Business name: A&R Solar	
Address: 6800 NE 59th Place	
City/State/ZIP: Portland OR 97218	
Phone: 503-420-8680	Fax:
CCB lic.: 207641	

Authorized signature: Tina Kayser	
Print name: Tina Kayser	Date: 08/08/18

Print name: Tina Kayser	Date: 08/08/18
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REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$62,102.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	62,102.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

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 Beaverton, OR 97076  
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 General Information (503) 526-2222  
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received:	Permit No: <b>2019-0498</b>
Date Issued: <b>FEB 4 2019</b>	By: <i>[Signature]</i>
<b>2-22-19</b>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>10750 SW Denny Rd</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.: <b>Building 04</b>	Project name: <b>Denny Rd - Building 04</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PSI to provide fire alarm system consisting of new AES FACP for sprinkler monitoring, sprinkler monitoring of wet system by others, and smoke detector, pull station and notification	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Performance Systems Integrated</b>	
Contact name: <b>Andres Ferrer</b>	
Address: <b>7324 SW Durham Rd</b>	
City/State/ZIP: <b>Portland, OR 97224</b>	
Phone: <b>(503) 641-2222</b>	Fax: <b>(503) 641-1464</b>
E-mail: <b>andresf@psintegrated.com</b>	
CONTRACTOR	
Business name: <b>Performance Systems Integrated</b>	
Address: <b>7324 SW Durham Rd</b>	
City/State/ZIP: <b>Portland, OR 97224</b>	
Phone: <b>(503) 641-2222</b>	Fax: <b>(503) 641-1464</b>
CCB lic.: <b>205924</b>	

BUILDING SERVICES DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$2,720.56</b>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<b>206.11</b>
Amount received	
Date received:	

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

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: <b>Katie Harbaugh</b>	<b>02/04/19</b>

# Building Permit Application



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

**RECEIVED**

OFFICE USE ONLY	
Date Received: FEB 4 2019	Permit No: 2019-0491
Date Issued: 2-22-19	By: [Signature]
Payment Type:	

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10750 SW Denny Rd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Building 01	Project name: Denny Rd - Building 01
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PSI to provide fire alarm system consisting of new AES FACP for sprinkler monitoring, sprinkler monitoring of wet system by others, and smoke detector, pull station and notification	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Performance Systems Integrated	
Contact name: Andres Ferrer	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
E-mail: andresf@psintegrated.com	
CONTRACTOR	
Business name: Performance Systems Integrated	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
CCB lic.: 205924	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,720.56
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	20611
Amount received	
Date received:	

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

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

Form B70-1001

REV 2/14

Authorized signature: [Signature]	Date:
Print name: Katie Harbaugh	02/04/19

# Building Permit Application

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

**RECEIVED**



OFFICE USE ONLY		
Date Received: <b>FEB 4 2019</b>	Permit No: <b>B2019-0492</b>	
Date Issued: <b>2-26-19</b>	By: <i>[Signature]</i>	
BUILDING SERVICES DIVISION		Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>10750 SW Denny Rd</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.: <b>Building 02</b>	Project name: <b>Denny Rd - Building 02</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PSI to provide fire alarm system consisting of new AES FACP for sprinkler monitoring, sprinkler monitoring of wet system by others, and smoke detector, pull station and notification	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Performance Systems Integrated</b>	
Contact name: <b>Andres Ferrer</b>	
Address: <b>7324 SW Durham Rd</b>	
City/State/ZIP: <b>Portland, OR 97224</b>	
Phone: <b>(503) 641-2222</b>	Fax: <b>(503) 641-1464</b>
E-mail: <b>andresf@psintegrated.com</b>	
CONTRACTOR	
Business name: <b>Performance Systems Integrated</b>	
Address: <b>7324 SW Durham Rd</b>	
City/State/ZIP: <b>Portland, OR 97224</b>	
Phone: <b>(503) 641-2222</b>	Fax: <b>(503) 641-1464</b>
CCB lic.: <b>205924</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$2,720.56</b>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<b>206.11</b>
Amount received	
Date received:	

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

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: <b>Katie Harbaugh</b>	<b>02/04/19</b>

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: <i>2/26/2019</i>	Permit No: <i>132019-0760</i>
Date Issued: <i>2/26/2019</i>	Payment Type: <i>3309</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11225 Southwest Cindy Street, Beaverton, Oregon, 97008, U	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 3.6	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Karen Dewitt	
Address: 11225 Southwest Cindy Street, Beaverton, Oreg	
City/State/ZIP:	
Phone: 5033145490	Fax:
E-mail: karendnd@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$8,241.49
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<i>128.80</i>
Amount received	
Date received:	

Authorized signature: <i>Jeff Lee</i>	Date:
Print name: Jeff Lee	02/25/2019

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

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

B-2018-6055 8,233.80  
 & 2,583.80  
 SW 2018-0289  
 5,650.82

**Building Permit Application**

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



OFFICE USE ONLY	
Date Received: 2/26/2019	Permit No: 2018-6055
Date Issued: 2/26/2019	BY: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11750 SW Barnes Rd	
City/State/ZIP: Portland, Oregon 97225	
Suite/bldg./apt. no.: 240	Project name: Wellness Center
Cross street/directions to job site: Barnes Rd just past NW 117th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New TF on building (Walls, Slectrock, counters, drop ceiling, ADA Bathrooms, Fire door front doors throughout)	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mark Gabriel (Advanced Wellness Center LLC)	
Address: 11750 SW Barnes rd Suite 240	
City/State/ZIP: Portland, OR 97225	
Phone: 503-389-5545	Fax: 888-847-1238
E-mail: admin@thewellnesscenter.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Design Dynamics Construction	
Contact name: Joe Murphy	
Address: 14070 SW 112th Ave	
City/State/ZIP: Tigard, Oregon 97224	
Phone: 971-400-9159	Fax:
E-mail: jimurphy579phd@yahoo.com	
CONTRACTOR	
Business name: Design Dynamics Construction LLC	
Address: 14070 SW 112th Ave	
City/State/ZIP: Tigard, Oregon 97224	
Phone: 971-400-9159	Fax:
CCB lic.: 222620	

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

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,583.80
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 2/26/2019
Print name: Joe Murphy	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2/24/2019</u>	Permit No: <u>B 2019-0753</u>
Date Issued: <u>2/26/2019</u>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>8125 SW CASCADE SQ. AVE</u>	
City/State/ZIP: <u>BEAVERTON OR 97008</u>	
Suite/bldg./apt. no.: <u>604</u>	Project name: <u>SUITE 604 TI</u>
Cross street/directions to job site: <u>SW HALL BLVD.</u>	
Subdivision: <u>S127A D00102</u>	Lot no.: <u>180</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK <sup>(2)</sup>	
<b>TENANT IMPROVMENTS TO ADD <del>(4)</del> NEW OFFICES AND <del>(4)</del> CONFERENCE ROOMS AND A BREAK ROOM TO SUITE <del>606</del> 604</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>HARSCH INV. PROPERTIES</u>	
Address: <u>1430 SW BROADWAY</u>	
City/State/ZIP: <u>PORTLAND OR 97201</u>	
Phone: <u>503 242-2900</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>INK BUILT</u>	
Contact name: <u>MELINDA RETALLACK</u>	
Address: <u>2808 NE MLK JR BLVD. STE G</u>	
City/State/ZIP: <u>PORTLAND OR 97212</u>	
Phone: <u>503-701-5277</u>	Fax:
E-mail: <u>mel@inkbuilt.com</u>	
CONTRACTOR	
Business name: <u>PACIFIC CREST STRUCTURES</u>	
Address: <u>17750 SW UPPER BOONES FERRY RD #190</u>	
City/State/ZIP: <u>DURHAM OR 97224</u>	
Phone: <u>503-968-7509</u>	Fax:
CCB lic.: <u>66915</u>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$10,000</b>
Existing building area:	<u>96,620</u> square feet
New building area:	<u>0</u> square feet
Number of stories:	<u>6</u>
Type of construction:	<u>1B</u>
Occupancy groups:	
Existing:	<u>B M S</u>
New:	<u>N/A</u>

**NOTICE**

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>917.21</u>
Amount received	
Date received:	

Authorized signature:	Date: <b>02/21/2019</b>
Print name: <u>MELINDA RETALLACK</u>	

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

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

Form B70-1001 2 def. REV 2/14

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2-22-19	Permit No.: B2019-0738
Date issued:	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17005 NW Cornell Rd.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Margarita Factory
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Extend circuit from FACP to new kitchen hood suppression system.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Margarita Factory	
Address: 17005 NW Cornell Rd.	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$121.28
Amount received:	
Date received:	

Authorized signature:	Date:
Ben Breit	02/22/19

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2-22-19</u>	Permit No.: <u>B2019-0728</u>
Date Issued: <u>2-22-19</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>15900 SW Regatta Lane</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Suite/bldg./apt. no.:	Project name: <u>Sniff Dog Hotel</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Replacing Fire Alarm Panel and Adding Pull Stations, Heat Detector, Horn Strobes, and Replacing/Adding Smoke Detectors in the Venue Area</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@sniffdoghotel.com</u>	
<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 Girffith 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 Girffith Drive, Suite 100</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>(503) 207-5342</u>	Fax:
CCB lic.: <u>111713</u>	
Authorized signature: <u>[Signature]</u>	
Print name: <u>Tom Muniz</u>	Date: <u>2-22-19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$2,995.00</u>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$206.11</u>
Amount received	<u>\$206.11</u>
Date received:	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <i>2/16/2019</i>	Permit No. <i>152019-525</i>
Date Issued: <i>2/25/2019</i>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>17840 NW FIELDSTONE DR.</i>	
City/State/ZIP: <i>BEAVERTON, OR 97006</i>	
Suite/bldg./apt. no.:	Project name: <i>1835 TIPLER</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>INTERIOR RENOVATION TO AN EXIST. HOME. KITCHEN REMODEL w/ DEMO OF EXIST. WALLS. NEW BEAMS TO EXPAND KITCHEN, DINING &amp; LIVING.</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>SAMANTHA &amp; ERIC TIPLER</i>	
Address: <i>17840 NW FIELDSTONE DR.</i>	
City/State/ZIP: <i>BEAVERTON, OR 97006</i>	
Phone: <i>541.641.9855</i>	Fax:
E-mail: <i>I DRIVEN FORWARD @ HOTMAIL.COM</i>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>IBI BUILDING CONSULTANTS</i>	
Contact name: <i>MARSHALL ATMORE</i>	
Address: <i>15246 SE 82ND DR.</i>	
City/State/ZIP: <i>CLACKAMAS, OR 97015</i>	
Phone: <i>503 914 6597</i>	Fax:
E-mail: <i>MARSHALL@IBI11.COM</i>	
CONTRACTOR	
Business name: <i>IBI CONSTRUCTION</i>	
Address: <i>15246 SE 82ND DR.</i>	
City/State/ZIP: <i>CLACKAMAS, OR 97015</i>	
Phone: <i>503 828 0028</i>	Fax:
CCB lic.: <i>32734</i>	
Authorized signature: <i>[Signature]</i>	Date: <i>2.1.19</i>
Print name: <i>MARSHALL ATMORE</i>	Date: <i>2.1.19</i>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: <i>15,000</i>	
Number of bedrooms: <i>3</i>	
Number of bathrooms: <i>2</i>	
Total number of floors: <i>2</i>	
New dwelling area: <i>0</i>	square feet
Garage/carport area: <i>500</i>	square feet
Covered porch area: <i>0</i>	square feet
Deck area: <i>0</i>	square feet
Other structure area: <i>0</i>	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<i>175.59</i>
Amount received	
Date received:	

503 451-4544 - Jim Clegnon

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>2-8-19</u>	Permit No.: <u>B2019-0583</u>
Date Issued: <u>2/25/2019</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>13955 SW Millikan Way</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>2FILM LINE 8</u>
Cross street/directions to job site: <u>Between 141st and SW Hocken on SW Millikan</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>R2088984</u>	
DESCRIPTION OF WORK	
Equipment Install: 2Film Line 8 work cell; 5 pieces of equipment	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Nike</u>	
Address: <u>1 Bowerman Drive</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Nike, Air M.I.</u>	
Contact name: <u>Nick Pisciotto</u>	
Address:	
City/State/ZIP:	
Phone: <u>(503) 206-2899</u>	Fax:
E-mail: <u>nick.pisciotto@nike.com</u>	
CONTRACTOR	
Business name: <u>Omega Morgan</u>	
Address: <u>23810 NW Huffman St</u>	
City/State/ZIP: <u>Hillsboro, OR, 97005</u>	
Phone: <u>(503) 647-7474</u>	Fax:
CCB lic.: <u>127213</u>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$5,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$373.96</u>
Amount received	
Date received:	

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

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

Authorized signature:	Date: <u>2/8/19</u>
Print name: <u>Nick Pisciotto</u> 	

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <b>2-8-19</b>	Permit No.: <b>B2019-0584</b>
Date Issued: <b>2/25/2019</b>	By: _____
Payment Type: _____	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>13955 SW Millikan Way</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>2FILM LINE 6</b>
Cross street/directions to job site: <b>Between 141st and SW Hocken on SW Millikan</b>	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>R2088984</b>	
DESCRIPTION OF WORK	
Equipment Install: 2Film Line 6 work cell; 5 pieces of equipment	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <b>Nike</b>	
Address: <b>1 Bowerman Drive</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Nike, Air M.I.</b>	
Contact name: <b>Nick Pisciotto</b>	
Address:	
City/State/ZIP:	
Phone: <b>(503) 206-2899</b>	Fax:
E-mail: <b>nick.pisciotto@nike.com</b>	
CONTRACTOR	
Business name: <b>Omega Morgan</b>	
Address: <b>23810 NW Huffman St</b>	
City/State/ZIP: <b>Hillsboro, OR, 97005</b>	
Phone: <b>(503) 647-7474</b>	Fax:
CCB lic.: <b>127213</b>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$5,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<b>\$373.96</b>
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: <b>Nick Pisciotto</b>	

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: <b>2-8-19</b>	Permit No.: <b>B2019-0585</b>
Date Issued: <b>2/25/2019</b>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>13955 SW Millikan Way</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>2FILM LINE 7</b>
Cross street/directions to job site: <b>Between 141st and SW Hocken on SW Millikan</b>	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>R2088984</b>	
DESCRIPTION OF WORK	
Equipment Install: 2Film Line 7 work cell; 5 pieces of equipment	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <b>Nike</b>	
Address: <b>1 Bowerman Drive</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Nike, Air M.I.</b>	
Contact name: <b>Nick Pisciotto</b>	
Address:	
City/State/ZIP:	
Phone: <b>(503) 206-2899</b>	Fax:
E-mail: <b>nick.pisciotto@nike.com</b>	
CONTRACTOR	
Business name: <b>Omega Morgan</b>	
Address: <b>23810 NW Huffman St</b>	
City/State/ZIP: <b>Hillsboro, OR, 97005</b>	
Phone: <b>(503) 647-7474</b>	Fax:
CCB lic.: <b>127213</b>	

REQUIRED DATA: 1 - AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$5,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<b>\$373.96</b>
Amount received	
Date received:	

Authorized signature:	Date: <b>2/8/19</b>
Print name: <b>Nick Pisciotto</b>	<b>2/8/19</b>

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

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

Form B70-1001 REV 2/14

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2-8-19</u>	Permit No.: <u>B2019-0586</u>
Date Issued: <u>2/25/2019</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>13955 SW Millikan Way</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>MODEL 22</u>
Cross street/directions to job site: <u>Between 141st and SW Hocken on SW Millikan</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>R2088984</u>	
DESCRIPTION OF WORK	
<b>Equipment Install: Model 22 work cell; 3 pieces of equipment</b>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Nike</u>	
Address: <u>1 Bowerman Drive</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Nike, Air M.I.</u>	
Contact name: <u>Nick Pisciotto</u>	
Address:	
City/State/ZIP:	
Phone: <u>(503) 206-2899</u>	Fax:
E-mail: <u>nick.pisciotto@nike.com</u>	
CONTRACTOR	
Business name: <u>Omega Morgan</u>	
Address: <u>23810 NW Huffman St</u>	
City/State/ZIP: <u>Hillsboro, OR, 97005</u>	
Phone: <u>(503) 647-7474</u>	Fax:
CCB lic.: <u>127213</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>\$5,000</u>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$373.96</u>
Amount received	
Date received:	

Authorized signature:

Print name: <u>NICK PISCIOOTTO</u>	Date: <u>2/6/19</u>
<u>[Signature]</u>	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <b>2-8-19</b>	Permit No.: <b>B2019-0587</b>
Date Issued: <b>2/25/2019</b>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>13955 SW Millikan Way</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>KBAR 5</b>
Cross street/directions to job site: <b>Between 141st and SW Hocken on SW Millikan</b>	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>R2088984</b>	
DESCRIPTION OF WORK	
Equipment Install: <b>KBAR 5; three (3) pieces of equipment.</b>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <b>Nike</b>	
Address: <b>1 Bowerman Drive</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Nike, Air M.I.</b>	
Contact name: <b>Nick Pisciotto</b>	
Address:	
City/State/ZIP:	
Phone: <b>(503) 206-2899</b>	Fax:
E-mail: <b>nick.pisciotto@nike.com</b>	
CONTRACTOR	
Business name: <b>Omega Morgan</b>	
Address: <b>23810 NW Huffman St</b>	
City/State/ZIP: <b>Hillsboro, OR, 97005</b>	
Phone: <b>(503) 647-7474</b>	Fax:
CCB lic.: <b>127213</b>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <b>\$5,000</b>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<b>\$373.96</b>
Amount received	
Date received:	

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

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

Authorized signature:	Date: <b>2/6/19</b>
Print name: <b>NICK PISCIOOTTO</b>	
<i>[Signature]</i>	

# Building Permit Application

Clear Form



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

OFFICE USE ONLY	
Date Received: 09/26/2018	Permit No.: B2018-4407
Date Issued: 2/22/2019	BY: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2350 SW CEDAR HILLS BLVD	
City/State/ZIP: Beaverton, Or. 97225	
Suite/bldg./apt. no.:	Project name: William Walker
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S110BB00600	
DESCRIPTION OF WORK	
Install new fire alarm system in new elementary school.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: AC&E Electric	
Address: 3535 Del Webb Ave. Suite 100	
City/State/ZIP: Salem, Or. 97301	
Phone: (503) 363-2301	Fax:
CCB lic.: 591	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$91,000.00
Existing building area:	square feet
New building area:	square feet 57,419
Number of stories:	2
Type of construction:	II-B
Occupancy groups:	E
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	513.82
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Jeff Haga	09/24/18

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

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

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

**Building Permit Application**

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



OFFICE USE ONLY	
Date Received: 10/24/2018	Permit No.: B2018-4922
Date Issued: 2/22/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15021 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: LaSalle Apt Interior
Cross street/directions to job site: SW 153rd Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Upgrades to Clubhouse and Fitness Center. New Pavillion to be submitted later and not part of this permit.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Holland Partner Group	
Address: 1111 Main Street, Suite #700	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 992-7077	Fax:
E-mail: svanderhoff@hollandpartnergroup.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Columbia Construction Management	
Contact name: Jerry Jones	
Address: 12725 SW Millikan Way, Suite #300	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 825-8826	Fax:
E-mail: jerryjones@columbia-cm.com	
CONTRACTOR	
Business name: Morrison Construction, LLC	
Address: 10505 SW Barbur Blvd, #302A	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 265-8611	Fax:
CCB lic.: 189900	

Authorized signature:	Date:
Print name: Jerry Jones, Jr.	10/19/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$263,715.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,651.10
Amount received	
Date received:	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2-1-19	Permit No.: B2019-0474
Date Issued: 2-22-19	By: [Signature]
Payment Type: Visa	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.: 130	Project name: WILDFIN
Cross street/directions to job site: CEDAR HILLS/JENKINS	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FIELD HOOK UP OF ANSUL FIRE SUPPRESSION SYSTEM IN (3) TYPE I HOODS	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: GUARDIAN FIRE PROTECTION	
Contact name: MARK FERGUSON	
Address: PO BOX 1555	
City/State/ZIP: ALBANY OR 97321	
Phone: (541) 926-4920	Fax: (541) 926-4942
E-mail: MARK@GUARDIANFIREOR.COM	
CONTRACTOR	
Business name: GUARDIAN FIRE PROTECTION	
Address: PO BOX 1555	
City/State/ZIP: ALBANY OR 97321	
Phone: (541) 926-4920	Fax: (541) 926-4942
CCB lic.: 100355 EXP 06/23/2020	

Authorized signature: [Signature]	Date:
Print name: MARK FERGUSON	02/01/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2100.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	\$206.11
Date received:	2-1-19

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

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

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



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

RECEIVED OFFICE USE ONLY	
Date Received: 01/29/2019	Permit No.: B2019-0419
Date Issued: 2-21-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2940 SW Cedar Hills BLVD	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Walk-in cooler/freezer
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Construct walk-in cooler according to manufacturer plans	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chick-Fil -A	
Address: 2940 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Arctic Commercial Refrigeration LLC	
Contact name: Rick McDonald	
Address: 4768 N Princeton st	
City/State/ZIP: Portland, OR 97203 Phone 503-307-6432	
Phone: 503-307-6432	Fax:
E-mail: Coldone.RMS@gmail.com	
CONTRACTOR	
Business name: Arctic Commercial Refrigeration LLC	
Address: 4768 N Princeton st	
City/State/ZIP: Portland, OR 97203 e-mail coldone.rms@gmail.com	
Phone: 503-307-6432	Fax:
CCB lic.: 174257	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	3000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	298.01
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Rick McDonald	01/29/20

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

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

Form B70-1001 REV 2/14

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

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

**OFFICE USE ONLY**

Date Received: 1-23-2019	Permit No.: B2019-0304
Date Issued: 2-21-19	By: <i>TK</i>
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>2715 SW CEDAR HILLS BLVD</i>	
City/State/ZIP: <i>BEAVERTON OR 97005</i>	
Suite/bldg./apt. no.:	Project name: <i>PARKING CEDAR HILLS CROSSING</i>
Cross street/directions to job site: <i>SW JENKINS RD</i>	
Subdivision:	Lot no.: <i>03400</i>
Tax map/parcel no.: <i>1S109AD</i>	
DESCRIPTION OF WORK	
<i>INSTALL WALL SIGN AT 8" DEPTH ON EAST ELEVATION OF PARKING GARAGE</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>UNION DEVELOPMENTS ORE, LLC</i>	
Address: <i>1701 SE COLUMBIA RIVER DR</i>	
City/State/ZIP: <i>VANCOUVER WA 98661</i>	
Phone: <i>360.696.0837</i>	Fax:
E-mail: <i>sgarey@cejohn.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>SECURITY SIGNS, INC</i>	
Contact name: <i>CYNDI STOCKS</i>	
Address: <i>2424 SE HOLGATE BLVD</i>	
City/State/ZIP: <i>PORTLAND, OR 97202</i>	
Phone: <i>(503) 546-7102</i>	Fax: <i>(503) 230-1861</i>
E-mail: <i>permits@securitysigns.com</i>	
CONTRACTOR	
Business name: <i>SECURITY SIGNS, INC</i>	
Address: <i>2424 SE HOLGATE BLVD</i>	
City/State/ZIP: <i>PORTLAND, OR 97202</i>	
Phone: <i>(503) 546-7102</i>	Fax: <i>(503) 230-1861</i>
CCB lic.: <i>122809</i>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>\$6,925.00</i>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

**NOTICE**

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$138.74
Amount received	
Date received:	

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

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

Authorized signature: <i>Cyndi Stocks</i>	Date: <i>01/22/19</i>
Print name: <i>CYNDI STOCKS</i>	

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 11-13-18	Permit No.: B2018-5367
Date Issued: 2/20/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6265 SW 155th AVE	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: NOXHA
Cross street/directions to job site: SW Davis RD is the cross street.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding garage, master bedroom, master bathroom, mod room and remodel existing home.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Marsela Hoxha	
Address: 6265 SW 155th AVE	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 939-6904	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Custom Renovation LLC	
Contact name: Ovi Fabian	
Address: 16409 SE Division St, Suite 216	
City/State/ZIP: Portland, OR 97236	
Phone: (503) 757-1983	Fax:
E-mail: custompaintingllc@yahoo.com	
CONTRACTOR	
Business name: Custom Renovation LLC	
Address: 16409 SE Division St, Suite 216	
City/State/ZIP: Portland OR 97236	
Phone: (503) 757-1983	Fax:
CCB lic.: #168976	
Authorized signature: [Signature]	
Print name: OVIANU FABIAN	Date: 11/13/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$200,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	678 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$972.82
Amount received	\$972.82
Date received:	11-13-18

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

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

# Building Permit Application

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



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

OFFICE USE ONLY	
Date Received: 11/05/2018	Permit No.: B2018-5204
Date Issued: 2-20-19	By: <i>HK</i>
	Payment Type: <i>M/C</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10470 SW Barnes Road	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Elevator Canopy
Cross street/directions to job site: Sunset Transit Center Garage located between Hwy 26 & SW Barnes Road. NW of Hwys 26&217	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S102CB00200/R4104	
DESCRIPTION OF WORK	
The work includes the addition of a canopy to the 3rd floor elevator entrance at the existing Sunset Park and Ride Garage elevator.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TriMet (Contact: Clark Ide)	
Address: 1800 SW First Avenue	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 962-2183	Fax:
E-mail: ldec@trimet.org	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: F.E. Tompkins Architecture	
Contact name: Gene Tompkins	
Address: PO Box 344	
City/State/ZIP: Preston, WA 98050	
Phone: (206) 795-7279	Fax:
E-mail: gene@fetarch.com	
CONTRACTOR	
Business name: Howard S Wright Construction (Contact: Aaron Braun)	
Address: 1455 NW Irving St	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 220-0895	Fax:
CCB lic.: 191495	

Authorized signature: \_\_\_\_\_

Print name: <i>Gene Tompkins</i> <b>Gene Tompkins</b>	Date: 11/2/18
--	---------------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$33,000
Existing building area:	square feet 121600
New building area:	square feet NC
Number of stories:	3
Type of construction:	I-A
Occupancy groups:	
Existing:	S-2
New:	NC
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$685.74
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2-20-19	Permit No.: B2019-0685
Date Issued: 2-20-19	By: JMK
	Payment Type: CHECK

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: Bldg C 11615 Sw Center St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Brookshire Meadows
Cross street/directions to job site: Canyon Rd to SW 114th Av, N to SW Center	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Concrete Landing replacement and Framing per engineered plans at 4 entry locations.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SS-PLLC	
Address: 11595 SW Center St	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-7723	Fax:
E-mail: kimberbates@hotmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: IBI Construction	
Contact name: Pat Henry	
Address: 15240 SE 82nd Dr	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 806-3556	Fax:
E-mail: pat.henry@iibii.com	
CONTRACTOR	
Business name: IBI Construction	
Address: 15240 SE 82nd Dr	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 646-5375	Fax: (800) 717-8132
CCB lic.: 218936	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$20,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet 6800
New building area:	square feet 6800
Number of stories:	2 and 3
Type of construction:	wood frame
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$943.61
Amount received	\$943.61
Date received:	

Authorized signature:	
Print name: JOHN ALLEN	Date: 2-20-19

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2-20-19</u>	Permit No.: <u>B2019-0687</u>
Date Issued: <u>2-20-19</u>	By: <u>ML</u>
Payment Type: <u>Cheek</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>Bldg D 11595 Sw Center St</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Brookshire Meadows</u>
Cross street/directions to job site: <u>Canyon Rd to SW 114th Av, N to SW Center</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Concrete Landing replacement and Framing per engineered plans at 2 entry locations.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>SS-PLLC</u>	
Address: <u>11595 SW Center St</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>(503) 644-7723</u>	Fax:
E-mail: <u>kimberbates@hotmail.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>IBI Construction</u>	
Contact name: <u>Pat Henry</u>	
Address: <u>15240 SE 82nd Dr</u>	
City/State/ZIP: <u>Clackamas, OR 97015</u>	
Phone: <u>(503) 806-3556</u>	Fax:
E-mail: <u>pat.henry@iibii.com</u>	
CONTRACTOR	
Business name: <u>IBI Construction</u>	
Address: <u>15240 SE 82nd Dr</u>	
City/State/ZIP: <u>Clackamas, OR 97015</u>	
Phone: <u>(503) 646-5375</u>	Fax: <u>(800) 717-8132</u>
CCB lic.: <u>218936</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$10,000.00</u>
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet <u>4250</u>
New building area:	square feet <u>4250</u>
Number of stories:	<u>2 and 3</u>
Type of construction:	<u>wood frame</u>
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$563.85</u>
Amount received	<u>\$563.85</u>
Date received:	

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

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

Authorized signature:	
Print name: <u>John Allen</u>	Date: <u>2-20-19</u>

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2/19/2019</u>	Permit No.: <u>152019-0679</u>
Date Issued: <u>2/19/2019</u>	By: <u>[Signature]</u>
	Payment Type: <u>3272</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16040 Southwest Nora Rd, Beaverton, Oregon, 97007, Uniter	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 5.4	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Barbara R. Gray	
Address: 16040 Southwest Nora Rd, Beaverton, Oregon, 97007	
City/State/ZIP:	
Phone:	Fax:
E-mail: Barbgray.917@Gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$11,082.73
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <u>[Signature]</u>	Date:
Print name: Jeff Lee	02/08/2019

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-28-19	Permit No.: B2019-0412
Date Issued: 2/19/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15127 SW IVY GLENN CT	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.:	Project name: CRAWL SPACE CONVERSION
Cross street/directions to job site: SW 152nd AVE	
Subdivision: BROOKHAVEN No. 2	Lot no.: 124
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD FLOOR AND SLAB TO CONVERT CRAWL SPACE TO UNHEATED STORAGE/WORKSPACE. ALSO ADD OUTLETS, LIGHTING AND FINISH WALLS. BELOW-GRADE CONCRETE WALLS TO MAINTAIN VENTILATION TO DETER MOLD. NOT TO HEAT OVER 55°F	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ANTHONY PINKHAM	
Address: 15127 SW IVY GLENN CT	
City/State/ZIP: BEAVERTON, OR 97007	
Phone: 650-793-8764	Fax: NA
E-mail: runnerinwoods@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: DL REMODELING	
Address:	
City/State/ZIP: SALEM, OR	
Phone:	Fax:
CCB lic.:	
Authorized signature:	Date: 28-JAN-2019
Print name: ANTHONY PINKHAM	Date: 28-JAN-2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,000
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	700 square feet 10,000
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
DL REMODELING	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$139.05
Amount received	
Date received:	

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>2-19-19</u>	Permit No.: <u>B2019-0662</u>
Date Issued: <u>2-19-19</u>	By: <u>AW</u>
Payment Type: <u>Visa</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>14723 SW Teal Blvd</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Suite/bldg./apt. no.:	Project name: <u>Ste 609 Regency Murray</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Demo existing restroom. Build two new accessible restrooms. Demise area to create new tenant space. All existing storefront glazing and frames to remain. No tenant work.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Regency Centers - Ryan Sexton</u>	
Address: <u>5335 Sw Meadows, Suite 295</u>	
City/State/ZIP: <u>Lake Oswego, OR 97035</u>	
Phone:	Fax:
E-mail:	

APPLICANT	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Western Construction Services</u>	
Contact name: <u>Pam Deegan</u>	
Address: <u>2300 E. 3rd Loop, Ste. 110</u>	
City/State/ZIP: <u>Vancouver, WA 98661</u>	
Phone:	Fax:
E-mail: <u>pam@westernconstruction.com</u>	

CONTRACTOR	
Business name: <u>Western Construction Services</u>	
Address: <u>2300 E. 3rd Loop, Ste. 110</u>	
City/State/ZIP: <u>Vancouver, WA 98661</u>	
Phone:	Fax:
CCB lic.: <u>63174 03717</u>	

Authorized signature: <u>Pamela A. Deegan</u>	Date:
Print name: <u>Pamela A. Deegan</u>	<u>02/19/19</u>

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$25,000</u>
Existing building area:	square feet <u>2390</u>
New building area:	square feet <u>2390</u>
Number of stories:	<u>1</u>
Type of construction:	<u>V-B (Assumed)</u>
Occupancy groups:	
Existing:	<u>B</u>
New:	<u>No Change</u>

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$1,310.18</u>
Amount received	<u>\$1,310.18</u>
Date received:	<u>2-19-19</u>

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 2-15-19	Permit No.: B2019-0048
Date Issued: 2-15-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5770 Southwest Alger Avenue, Beaverton, Oregon, 97005, U	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 4.43	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Elliott Koivisto	
Address: 5770 Southwest Alger Avenue, Beaverton, Oreg	
City/State/ZIP:	
Phone: 503-522-2831	Fax:
E-mail: elkstock87@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$9,651.22
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$207.20
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Jeff Lee	02/12/2019

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2-15-19	Permit No.: 82019-0645
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"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9650 SW Duncan Ln, Beaverton, Oregon, 97005	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 10.2	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Belinda Dumler	
Address: 9650 SW Duncan Ln, Beaverton, Oregon, 97005	
City/State/ZIP:	
Phone: 503-913-3301	Fax:
E-mail: bdumler54@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$18,603.05
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$207.20
Amount received	
Date received:	

Authorized signature: <i>Jeffery Lee</i>	Date:
Print name: Jeff Lee	02/12/2019

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

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

SUD-203-471

Approved

### Building Permit Application

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

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

OFFICE USE ONLY	
Date Received: 11-14-18	Permit No.: B2018-5422
Date Issued: 2-15-19	By: <i>TK</i>
	Payment Type: <i>check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14795 Murray Scholls Drive, Suites 108, 109, 110	
City/State/ZIP: Beaverton, Or. 97007	
Suite/bldg./apt. no.: Suites 108,109,110	Project name: Orthopedic + Fracture Sp
Cross street/directions to job site: Murray & Scholls Ferry	
Subdivision: Murray Scholls Town Cente	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvement of 5184 SF for Service Business- Service Profession. No site improvements will be performed. MEPF are deferred submittals.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Orthopedic +Fracture Specialists	
Address: 11782 SW Barnes Road	
City/State/ZIP: Portland, OR. 97225	
Phone: (503) 214-4596	Fax:
E-mail: Sheila.Kisor@OandFS.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Strategic Plan Consulting, Inc.	
Contact name: James D. Brannan (Jim)	
Address: 1209 St. Croix Place	
City/State/ZIP: Ft. Collins, Co. 80525	
Phone: (303) 710-1851	Fax:
E-mail: Jim@Jamesdbrannan.com	
CONTRACTOR	
Business name: Fortis Construction Inc.	
Address: 1705 SW Taylor St. Suite 200	
City/State/ZIP: Portland, OR.	
Phone: (503) 709-2078	Fax:
CCB lic.: 155766	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$790,000.00
Existing building area:	square feet 5184 S
New building area:	square feet
Number of stories:	One
Type of construction:	Tenant Improvement
Occupancy groups:	B - Service Business
Existing:	Core Shell
New:	interior improvemtns
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$6,320.79
Amount received	
Date received:	

Authorized signature: *James D Brannan*

Print name: James D Brannan Date: 11/14/18

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 2/15/2019	Permit No.: B2019-0640
Date Issued:	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14643 Millikin Way (Building A)	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Sea Sweets Poke
Cross street/directions to job site: SW Murray Blvd. and Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add/Relocate Sprinklers for new tenant walls and ceilings (7 Total)	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Vanport Mechanical and Fire, Inc.	
Contact name: James Ruark	
Address: 6101 NE 127th Avenue Suite 200	
City/State/ZIP: Vancouver, WA 98682	
Phone: (369) 256-9838	Fax:
E-mail: jamesr@vanportmech.com	
CONTRACTOR	
Business name: Vanport Mechanical and Fire, Inc.	
Address: 6101 NE 127th Avenue Suite 200	
City/State/ZIP: Vancouver, WA 98682	
Phone: (369) 256-9838	Fax:
CCB lic.: 208502	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1,800-
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
James Ruark	02/14/19

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 11/20/2018	Permit No: B2018-5520
Date Issued: 2-15-19	By: JUK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Tenant Improvement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7475 SW OLESON RD.	
City/State/ZIP: BEAVERTON, OR 97223	
Suite/bldg./apt. no.: #6	Project name: GHCL T.I.
Cross street/directions to job site: On the NW Corner of Oleson Road and SW Garden Home Road	
Subdivision:	Lot no.: W280787
Tax map/parcel no.: 1S124DB01800	
DESCRIPTION OF WORK	
Minor Tenant Improvement of Library absorbing unused classroom and defining separate office spaces for Library Staff.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Garden Home Community Library	
Address: 7475 SW OLESON RD.	
City/State/ZIP: BEAVERTON, OR 97223	
Phone: (503) 245-9932	Fax:
E-mail: mollyc@wccls.org	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: BBL ARCHITECTS	
Contact name: Lang Bates/Blaine Neu	
Address: 200 NE State St	
City/State/ZIP: Lake Oswego, OR 97034	
Phone: (503) 635-4425	Fax:
E-mail: lang@bblarchitects.com/cc: blaine@bblarchitects.com	
CONTRACTOR	
Business name: FBD RUSSELL CONSTRUCTION	
Address: 20915 SW 105th AVE	
City/State/ZIP: TUALATIN OR 97062	
Phone: 503.692-9002	Fax: 503.692-9008
CCB lic.: 58910	
Authorized signature: <i>Lang Bates</i>	
Print name: LANG BATES	Date: 20 NOV. 2018

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$200,000
Existing building area:	square feet 3415
New building area:	square feet 3415
Number of stories:	1
Type of construction:	VB
Occupancy groups:	B, A-3
Existing:	B, A-3, E
New:	B, A-3
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	< \$2162.39 >
Amount received	
Date received:	

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

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



# Manufactured Dwelling Permit Application

## City of Beaverton

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

OFFICE USE ONLY	
Date received: 2/15/2019	Permit no. B2019-0638
Project/appl. no.:	Expire date:
Date issued: 2/15/2019 By: J.M.	Receipt no.:
Case file no.:	Payment type:
Health dept.:	DEQ:

### TYPE OF PERMIT

- Owner installed  
 New  
 Contractor installed  
 Addition/alteration  
 Repair  
 Replacement: Same location  Yes  No

### JOB SITE INFORMATION

Job address: 6120 SW 124<sup>th</sup> AVE #31 BEAVERTON, OR 97008 Space no.: 31  
 Manufactured dwelling park: GLEN TUALATI MP Address: 6120 SW 124<sup>th</sup> AVE  
 City: BEAVERTON State: OREGON ZIP: 97008  
 Tax map/tax lot no./account no.: Lot Block: Subdivision:  
 Base flood elevation: Elevation certificate:  
 Description of work on premises:

### OWNER

### MANUFACTURED HOME INFORMATION

Name: John STICKNEY  
 Address: 6120 SW 124<sup>th</sup> AVE #32  
 City: BEAVERTON State: OR ZIP: 97008  
 Phone: 503-706-9912 Fax: E-mail:  
 Owner representative:  
 Phone: Fax: E-mail:

Concrete stringers/slab under home:  Yes  No  
 Single  Double  Triple  
 Valuation \$ \_\_\_\_\_ Square feet 1492  
 (dwelling and set up only, does not include other permits)

### SET UP/INSTALLATION CONTRACTOR

### ADDITIONAL PERMITS (if required)

Name: Fleetwood Homes  
 Address:  
 City: State: ZIP:  
 Phone: Fax: E-mail:  
 CCB license no.: City/Metro license no.:  
 MDI license no.:

- Mechanical Permit no.:
- Plumbing Permit no.:
- Electrical Permit no.:
- Foundation Permit no.:
- Garage Permit no.:
- Carport Permit no.:
- Cabana Permit no.:
- Ramada Permit no.:
- Awning Permit no.:
- Alterations Permit no.:
- Other Permit no.:

### SKIRTING CONTRACTOR

Name: Same as owner  
 Address:  
 City: State: ZIP:  
 Contact person: Phone:  
 CCB license no.: City/Metro license no.:  
 Skirting license no.: MDI/LSI license no.:

### APPLICANT

Name: John STICKNEY  
 Address: 6120 SW 124<sup>th</sup> AVE #32  
 City: BEAVERTON State: OR ZIP: 97008  
 Phone: 503-706-9912 Fax: E-mail:

**Notice:** Manufactured dwelling installers must have an Oregon MDI and Construction Contractors Board license under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed, or the applicant is exempt from licensing for the following reason:

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

John Stickney 2-15-2019  
 Applicant's signature Date

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

Set up fee .....	\$ 252.88
State surcharge .....	\$
State fee .....	\$
<b>TOTAL</b> .....	\$

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 1-22-19	Permit No.: B2019-0288
Date issued: 2/14/2019	Payment Type: check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4810 SW Western Ave	
City/State/ZIP: beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Garages Satellite Pub Bar
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and relocate fire sprinkler heads for TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: W/att Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 SW burnham st	
City/State/ZIP: Tigard, OR 97223	
Phone: 503 684 2928	Fax:
E-mail: r.campbell@wattfire.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2680
Existing building area:	square feet
New building area:	0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$206.11
Amount received	
Date received:	

Authorized signature: <i>Ronin Campbell</i>	Date: 1/22/19
Print name: Ronin Campbell	

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

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

# Building Permit Application

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



**RECEIVED**

**OFFICE USE ONLY**

Date Received: <b>JAN 28 2019</b>	Permit No: <b>52019-0401</b>
Date Issued: <b>2/14/2019</b>	Payment Type:

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 115	Project name: Tuft & Needle
Cross street/directions to job site: SW Jenkins Rd	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109AD03400	
DESCRIPTION OF WORK	
Instal One (1) set of cannel letters one receway on canopy	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Tuft & Needle	
Address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Tube Art Group	
Contact name: Haley Arnell	
Address: 4243-A SE Internation Way	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 748-9053	Fax: (503) 659-9191
E-mail: harnell@tubeart.com	
CONTRACTOR	
Business name: Tube Art Group	
Address: 4243-A International Way	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 653-1133	Fax: (503) 653-9191
CCB lic.: 70956	
Authorized signature:	Date:
Print name: Haley Arnell	01/28/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <b>\$ 5356</b>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

# Building Permit Application

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



**RECEIVED**

OFFICE USE ONLY	
Date Received: <b>JAN 28 2019</b>	Permit No.: <b>52019-0402</b>
Date Issued: <b>3/14/2019</b>	<i>[Signature]</i>
Payment Type:	

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 115	Project name: Tuft & Needle
Cross street/directions to job site: SW Jenkins Rd	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109AD03400	
DESCRIPTION OF WORK	
Instal One (1) under canopy hanging blade sign	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Tuft & Needle	
Address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Tube Art Group	
Contact name: Haley Arnell	
Address: 4243-A SE Internation Way	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 748-9053	Fax: (503) 659-9191
E-mail: harnell@tubeart.com	
CONTRACTOR	
Business name: Tube Art Group	
Address: 4243-A International Way	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 653-1133	Fax: (503) 653-9191
CCB lic.: 70956	
Authorized signature: <i>[Signature]</i>	Date:
Print name: Haley Arnell	01/28/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$ 4,026</b>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <b>2/14/2019</b>	Permit No. <b>B2019-0422</b>
Date Issued:	<b>CU</b>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>2625 SW CASCADE SQ. AVE</b>	
City/State/ZIP: <b>BEAVERTON OR 97008</b>	
Suite/bldg./apt. no.: <b>320</b>	Project name: <b>320 TI</b>
Cross street/directions to job site: <b>SW HALL BLVD.</b>	
Subdivision: <b>S127A D00102</b>	Lot no.: <b>180</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<del>Tenant improvement to provide (6) offices, (2) conference rooms and (1) ADA gender neutral single occupancy toilet for the building.</del>	
<b>NEW GLASS WALL FOR CONFERENCE ROOM &amp; MOVE (E) ENTRY DOOR TO SUITE 320.</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>HARSCH INV. PROPERTIES</b>	
Address: <b>1430 SW BROADWAY</b>	
City/State/ZIP: <b>PORTLAND OR 97201</b>	
Phone: <b>503 242-2900</b>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>INK BUILT</b>	
Contact name: <b>MELINDA RETALLACK</b>	
Address: <b>2207 SE 51ST AVE</b>	
City/State/ZIP: <b>PORTLAND OR 97215</b>	
Phone: <b>503-701-5277</b>	Fax:
E-mail: <b>mel@inkbuilt.com</b>	
CONTRACTOR	
Business name: <b>PACIFIC CREST STRUCTURES</b>	
Address: <b>17750 SW UPPER BOONES FERRY RD #190</b>	
City/State/ZIP: <b>DURHAM OR 97224</b>	
Phone: <b>503-968-7509</b>	Fax:
CCB lic.: <b>66915</b>	
Authorized signature:	Date: <b>1/25/19</b>
Print name: <b>MELINDA RETALLACK</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: <b>\$ 25,000</b>	
Existing building area:	<b>96,620</b> square feet
New building area:	<b>0</b> square feet
Number of stories:	<b>6</b>
Type of construction:	<b>1B</b>
Occupancy groups:	
Existing:	<b>B M S</b>
New:	<b>N/A</b>
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

# Building Permit Application



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

OFFICE USE ONLY	
Date Received:	Permit No. B2019-0622
Date Issued: 2/13/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16305 SW Barrows Road	
City/State/ZIP: Beaverton, Oregon 97007	
Suite/bldg./apt. no.: 100	Project name: Casa Lola
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of 2 dry sprinklers in canopy and upright at the roll up door. H SW	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Casa Lola	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: carlos@casalolapdx.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Delta Fire, Inc.	
Contact name: Melissa Boughton	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, Oregon 97224	
Phone: (503) 620-4020	Fax: (503) 620-1058
E-mail: melissab@deltafire.com	
CONTRACTOR	
Business name: Delta Fire, Inc.	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, Oregon 97224	
Phone: (503) 620-4020	Fax: (503) 620-1058
CCB lic.: 64174	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2500
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	206.11
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Melissa Boughton	02/13/19

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

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

Form B70-1001 REV 2/14

# ELECTRONIC SUBMITTAL Building Permit Application

SEE 1:/BLDG DIV WORKS...



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

APPROVED

RECEIVED

## OFFICE USE ONLY

Date Received: 01/30/2019	Permit No.: B2019-0441
Date Issued: 2-12-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9000 SW Gemini Drive	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 9000-9020	Project name:
Cross street/directions to job site: SW Gemini Drive and SW Nimbus Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of existing walls and new ceiling grid and tiles at portion of area of work.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Shorenstein Realty Service - Rob Fabian	
Address: 58000 Meadows Road, Suite 520	
City/State/ZIP: Lake Oswego, OR. 97035	
Phone: (503) 412-4800	Fax:
E-mail: rfabian@shorenstein.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mackenzie	
Contact name: Christine Mack	
Address: 1515 SE Water Ave. Suite 100	
City/State/ZIP: Portland OR 97214	
Phone: (503) 224-9560	Fax:
E-mail: cmack@mcknze.com	
CONTRACTOR	
Business name: RUSSELL CONSTRUCTION - DONN STURDIVANT	
Address: 20915 SW 105TH AVE	
City/State/ZIP: TUALATIN, OR 97062	
Phone: (503) 692-9002	Fax:
CCB lic.: 58010	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	24,500
Existing building area:	square feet Existin
New building area:	square feet Existin
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	B
Existing:	B
New:	N/A

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$574.24
Amount received	
Date received:	

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

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

Authorized signature: <i>Christine Mack</i>	Date:
Print name: Christine Mack	01/29/19



## Building Permit Application

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

### OFFICE USE ONLY

Date Received:	2/12/2019	Permit No.:	B 2019-0610
Date Issued:	2/12/2019	By:	[Signature]
		Payment Type:	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 9755 SW Barnes Road (Peterkort Centre II)	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Suite 270	Project name: Wooster
Cross street/directions to job site:	

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

DESCRIPTION OF WORK
Install fire alarm devices in suite 270 per plans.

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	

<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

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

Authorized signature:	<i>Shane Tercek</i>
Print name:	Shane Tercek
Date:	02/12/19
	NICET Level III, Fire Alarms

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$400
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

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

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

# Building Permit Application

APPROVED

Community Development Department  
 Building Division  
 1000 NE Oregon Way / PO Box 4765  
 Beaverton, OR 97076  
 Fax: (503) 526-2550  
 General Information (503) 526-2222  
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 10/23/2018	Permit No.: B2018-4885
Date Issued: 2/12/2019	City: Beaverton
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13000 SW 2nd. Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: BHS Concessions Bldg.
Cross street/directions to job site: Between SW Stoff Street and SW Jackson Avenue	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New free standing concessions and restroom building to support athletic events at the Beaverton High School stadium.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4612	Fax:
E-mail: Eric_Bolken@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Brian C Jackson, Architect LLC	
Contact name: Brian Jackson	
Address: 13545 NW Logie Trail Rd.	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 310-8707	Fax:
E-mail: brian@@bcjarchitect.com	
CONTRACTOR	
Business name: TBD 2KG Contractor, Inc.	
Address: 4917 NE 185th Drive	
City/State/ZIP: Portland, OR 97230	
Phone: 503-489-2020	Fax:
CCB lic.: 80251	Grant Wills, PE <i>Grant Wills</i>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900,000
Existing building area:	square feet
New building area:	square feet 1,700
Number of stories:	1
Type of construction:	5B
Occupancy groups:	
Existing:	
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,571.96
Amount received	
Date received:	

Authorized signature: <i>B.C.J.</i>	Date:
Print name: Brian C. Jackson	10/22/18

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

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

# Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: JAN 17 2019	Permit No.: B2019-0239
Date Issued: 2-12-19	By: TKL
CITY OF BEAVERTON	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW CEDAR HILLS	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.: 115	Project name: TIFT & NEEDLE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FIRE SPRINKLERS	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PACIFIC FIRE SYSTEMS	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: PACIFIC FIRE SYSTEMS	
Address: 6704 RIVIERA CT.	
City/State/ZIP: WEST LIND OR 97068	
Phone: 503 710-1482	Fax:
CCB lic.: 1800140	
Authorized signature:	
Print name: KENT MADERA	Date: 1-17-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$3,367,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	666.60
Amount received	
Date received:	

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

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

# Building Permit Application

Community Development Department  
 Building Division  
 12726 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97076  
 Fax: (503) 526-2550  
 Phone: (503) 526-2222  
 beavertonOregon.gov

Duplicate plan, 2479A Magnolia American,  
 as Lot 157 (B2018-3725) both Garage Right

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

OFFICE USE ONLY	
Date Received: 11-1-18	Permit No.: B2018-5159
Date Issued: 2-11-19	By: <i>ML</i>
	Payment Type: <i>check</i>

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 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:	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Julia Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: julia.call@lennar.com	

CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CGB No.: 195307	

Authorized signature: 	Date:
Print name: Julia Call	07/20/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$316,700.58
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2479 square feet
Garage/carport area:	400 square feet
Covered porch area:	182 square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$665.77
Amount received	
Date received:	

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

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

Rashed 11/12



## Mechanical Permit Application

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

OFFICE USE ONLY	
Date Received: 2/11/2019	Permit No. B2019-0581
Date Issued: 2/11/2019	AW
Payment Type:	

TYPE OF WORK		
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other, Specify:	
CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder	<input type="checkbox"/> Other, Specify:
JOB SITE INFORMATION AND LOCATION		
Job site address: 9575 SW Beaverton Hillsdale Hwy		
City/State/ZIP: Beaverton, Or 97003		
Suite/bldg./apt. no.:	Project name: Liberty Coin	
Cross street/directions to job site:		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
DESCRIPTION OF WORK		
Replace 1 RTU , like for like		
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT	
Name: Cameron Ramsey		
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail: cardiology7@gmail.com		
APPLICANT		
Business name: Pyramid Heating & Cooling		
Contact name: Andrew Kyser		
Address: 9409 NE Colfax St		
City/State/ZIP: Portland, Or 97220		
Phone: (503) 786-9522	Fax:	
E-mail: akyser@pyramidheating.com		
CONTRACTOR		
Business name: Pyramid Heating & Cooling		
Address: 9409 NE Colfax St		
City/State/ZIP: Beaverton, Or 97003		
Phone: (503) 786-9522	Fax:	
E-mail: akyser@pyramidheating.com		
CCB lic.: 59832-59382	City or metro lic.:	

COMMERCIAL FEE SCHEDULE - USE CHECKLIST			
Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit. *Use Table on Page 2 for value.			
*Value: \$9,500.00			
RESIDENTIAL EQUIPMENT / SYSTEMS FEES			
For special information use checklist.			
Description	Qty.	Ea.	Total
<b>Heating/cooling</b> **For Furnace, select>> Select One			
Furnace, incl. ductwork, vent, and liner **			
Air conditioner 1		46.75	
Heat pump 1		61.06	
Duct work, alterations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. vent** Select One			
Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent.		46.75	
Other:		23.32	
<b>Other fuel appliances</b>			
Water heater		23.32	
Gas fireplace/insert/stove		33.39	
Gas log/log lighter		23.32	
Pool or spa heater, kiln*		23.32	
Wood/pellet stove/insert		33.39	
Wood fireplace		33.39	
Chimney/liner/flue/vent w/o appliance		33.39	
Oil tanks/gas/diesel generators		23.32	
Other:		23.32	
<b>Environmental exhaust and ventilation</b>			
Range hood/other kitchen equipment		33.39	
Clothes dryer exhaust		33.39	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		23.32	
Attic/crawlspace fans		23.32	
Whole house ventilation or Radon mitigation		23.32	
Other:		23.32	
<b>Fuel piping</b>			
\$14.15 for first four; \$4.03 for each additional			
Furnace		#outlets	Total # of fuel piping outlets:
Wall/suspended/unit heater		#outlets	
Water heater		#outlets	0
Fireplace/log lighter/gas log		#outlets	
Range		#outlets	Total cost for fuel piping outlets:
Barbecue		#outlets	
Clothes dryer		#outlets	
Other:		#outlets	
CALCULATE MECHANICAL PERMIT FEES			
Subtotal			
Minimum permit fee		97.63	
<input type="checkbox"/> Check for Plan Review (25% of permit fee)			
State surcharge (12% of permit fee)		11.72	
<b>TOTAL PERMIT FEE</b>		<b>\$109.35</b>	

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

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

Authorized signature: \_\_\_\_\_

Print name: Andrew Kyser Date: 02/11/19

1- 1005  
2- 1542  
6- 342



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

COB Revision/Tracking Number  
REV 17-186

OFFICE USE ONLY	
Date Received: <u>11-28-17</u>	Permit No.: <u>B2017-2496</u>
Date Issued: <u>2-8-19</u>	By: <u>TK</u>
Payment Type: <u>check + MC</u>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP: <u>Beaverton, OR</u>	
Suite/bldg./apt. no.:	Project name: <u>Westmont (Russell)</u>
Cross street/directions to job site:	
Subdivision:	Lot no.: <u>89</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>NSFR</u> <u>Revise previously submitted to new plan type</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>DR Horton, Inc</u>	
Address: <u>4380 SW Macadam Ave Suite 100</u>	
City/State/ZIP: <u>Portland, OR 97239</u>	
Phone: <u>(503) 222-4151</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Emerald Weeks</u>	
Contact name: <u>DR Horton, Inc</u>	
Address: <u>4380 SW Macadam Ave Suite 100</u>	
City/State/ZIP: <u>Portland, OR 97239</u>	
Phone: <u>(503) 222-4151</u>	Fax:
E-mail: <u>esweeks@drhorton.com</u>	
CONTRACTOR	
Business name: <u>Same as Property owner</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>305,397</u>
Number of bedrooms:	<u>5 + BONUS</u>
Number of bathrooms:	<u>3</u>
Total number of floors:	<u>2</u>
New dwelling area:	<u>2547</u> square feet
Garage/carport area:	<u>342</u> square feet
Covered porch area:	<u>90</u> square feet
Deck area:	square feet
Other structure area:	square feet

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

**NOTICE**

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

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

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

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

Authorized signature:	Date:
Print name: <u>Jeff Tolman</u>	

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-18-19	Permit No.: B2019-0250
Date Issued: 2/10/2019	BY: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4810 SW WESTERN AVE	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: GARAGES PUB
Cross street/directions to job site: WESTERN AVE S, 5TH ST	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL NOTIFICATION APPLIANCES REQUIRED FOR TENANT IMPROVEMENT FIRE ALARM SYSTEM.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SIGNAGING SYSTEM SOLUTIONS INC	
Contact name: FRANK BEEBE	
Address: 13504 NE 84TH ST #103-160	
City/State/ZIP: VANCOUVER, WA 98682	
Phone: 360-694-9199	Fax:
E-mail: FRANKB@SSCORP.COM	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 173274	
Authorized signature: [Signature]	
Print name: FRANK BEEBE	Date: 1-18-2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 2200	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$59.08
Amount received	\$206.11
Date received:	

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

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



# Building Permit Application

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

RECEIVED

## OFFICE USE ONLY

Date Received: <b>FEB 6 2019</b>	Permit No: <b>132019-0526</b>
Date Issued: <b>2/6/2019</b>	<b>BVA</b>
Payment Type:	
1&2 family: <b>BUILDING SERVICES DIVISION</b> Complex:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>15500</b> SW Beaverton Creek Ct	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Apple Beaverton Interim Space
Cross street/directions to job site:	
Subdivision:	
Lot no.:	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add/Relocate pendant sprinklers in tenant improvement area.	
<input type="checkbox"/> PROPERTY OWNER	
<input checked="" type="checkbox"/> TENANT	
Name: Apple Beaverton	
Address: 1550 SW Beaverton Creek Ct.	
City/State/ZIP: Beaverton, OR 97006	
Phone: ( )	Fax: ( )
<input checked="" type="checkbox"/> APPLICANT	
<input type="checkbox"/> CONTACT PERSON	
Business name: Red Hawk Fire Protection	
Contact name: Chris Devicq	
Address: 3801 Fruit Valley Rd Suite D	
City/State/ZIP: Vancouver, WA 98660	
Phone: ( 360 ) 984-3712	Fax: ( )
E-mail: <a href="mailto:chris@redhawkfp.com">chris@redhawkfp.com</a>	
CONTRACTOR	
Business name: Red Hawk Fire Protection	
Address: 3801 Fruit Valley Rd Suite D	
City/State/ZIP: Vancouver, WA 98660	
Phone: ( 360 ) 984-3712	Fax: ( )
CCB lic.: 219157	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 3,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<b>206.11</b>
Amount received	
Date received:	

Authorized signature: *Chris Devicq*  
 Print name: Chris Devicq Date: 2/6/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Fee methodology set by Tri-County Building Industry Service Board  
 440-4613T (11/02/COM/WEB)

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-15-19	Permit No.: B2019-0188
Date Issued: 2/5/2019	By: [Signature]
Payment Type: visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8905 SW Nimbus Ave.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 400	Project name: NVoicePay
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: NVoicePay Expansion	
Address: 8905 SW Nimbus Ave. Suite 400	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5,364
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$284.91
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Ben Breit	01/14/19

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2-5-19</u>	Permit No.: <u>B2019-0511</u>
Date Issued: <u>2/5/2019</u>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>14623 SW Teal Blvd</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Suite/bldg./apt. no.:	Project name: <u>JOES burgers</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
add FS heads for New TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Wyatt Fire Protection</u>	
Contact name: <u>Ronia Campbell</u>	
Address: <u>9045 SW Burnham Street</u>	
City/State/ZIP: <u>Tigard, OR 97140 97223</u>	
Phone: <u>503 684-2928</u>	Fax:
E-mail: <u>r.campbell@wyattfire.com</u>	
CONTRACTOR	
Business name: <u>Same</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <u>64077</u>	
Authorized signature: <u>Ronia U</u>	Date: <u>2/5/19</u>
Print name: <u>Ronia Campbell</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2635
Existing building area:	square feet
New building area:	0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$206.11
Amount received	
Date received:	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-7-2019	Permit No.: B2019-0054
Date Issued: 2/4/2019	Payment Type: Visa

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.: 105	Project name: Le Sen Bistro
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of an Ansul R-102 9 gallon fire system into an exhaust hood.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Le Sen Bistro	
Address: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR, 97005	
Phone: 360-901-2610	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Universal Fire Equipment	
Contact name: Greg Heath	
Address: 18260 SW 100th Ct.	
City/State/ZIP: Tualatin, OR 97062	
Phone: 503-691-9000	Fax: 503-691-9004
E-mail: universalfireequipment@hotmail.com	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 86723	
Authorized signature: <i>[Signature]</i>	
Print name: Greg Heath	Date: 1-7-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4250.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	258.64
Amount received	
Date received:	

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

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

# Building Permit Application

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



## OFFICE USE ONLY

Date Received: 2/12/2019 Permit No: B2019-0082  
 Date Issued: 2/14/2019 BN  
 Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>11035 SW Center St</u>	
City/State/ZIP: <u>Beaverton OR 97005</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>SW 110th behind Khok</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>repair &amp; replacement to existing house</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Kodiak Builders</u>	
Address: <u>11035 SW Center St</u>	
City/State/ZIP: <u>Beaverton OR 97005</u>	
Phone: <u>503 708 8441</u> Fax:	
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Richard Carlson</u>	
Contact name: <u>Rick</u>	
Address: <u>250 Furnace St</u>	
City/State/ZIP: <u>Lake Oswego OR 97034</u>	
Phone: <u>503.807.6925</u> Fax:	
E-mail: <u>carlone@pacifier.com</u>	
CONTRACTOR	
Business name: <u>Kodiak Builders</u>	
Address: <u>11035 SW Center St</u>	
City/State/ZIP: <u>Beaverton OR 97005</u>	
Phone: <u>503 708 8441</u> Fax:	
CCB lic.: <u>94057</u>	
Authorized signature: <u>Richard Carlson</u>	
Print name: <u>Richard P. Carlson</u>	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$ 12,000</u>
Number of bedrooms:	<u>4</u>
Number of bathrooms:	<u>2 + 1 new</u>
Total number of floors:	<u>2 + basement</u>
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>153.66</u>
Amount received	
Date received:	

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

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

APPROVED

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 12/07/2018	Permit No.: B2018-5817
Date Issued: 2-4-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4590 SW Watson Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: N/A	Project name: Dr. Mason Bldg. S/F Imp
Cross street/directions to job site: SW 1ST Street	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AD00500	
DESCRIPTION OF WORK	
Project consists of exterior storefront improvements including; (N) accessible ramp and landing, (N) accessible entry doors, (N) windows, (N) exterior seating, (N) canopy & lighting, (N) landscaping improvements.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Henry Point Construction	
Address: 2584 SW Montgomery	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 926-4613	Fax:
E-mail: travis@henrypointdevelopment.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Scott Edwards Architecture LLC	
Contact name: JP Spearman	
Address: 2525 E Burnside	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 896-5380	Fax:
E-mail: jspearman@seallp.com	
CONTRACTOR	
Business name: Edge Development	
Address: 735 SW 20th Place, Suite 220	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 292-7733	Fax:
CCB lic.: 147657	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,000
Existing building area:	square feet 4,591
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	B Occupancy
Existing:	B Occupancy
New:	B Occupancy (No Change proposed)
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$922.69
Amount received	
Date received:	

Authorized signature:	Date:
Print name: JP Spearman	12/06/18

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

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

# Building Permit Application

Community Development Department  
 Building Division  
 12726 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97076  
 Phone: (503) 526-2550  
 Fax: (503) 526-2222  
 BeavertonOregon.gov

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

OFFICE USE ONLY	
Date Received: 1-8-19	Permit No.: B2019-0072
Date Issued: 2-1-19	By: <i>MLL</i>
	Payment Type: <i>Use</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Rehabilitation
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Shed
JOB SITE INFORMATION AND LOCATION	
Job site address: 11625 SW 13th St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: ShedRehab
Cross street/directions to job site: Corner lot SW 13th St & Alger Ave	
Subdivision: Lombard Gardens	Lot no.: 28
Tax map/parcel no.: 1S115CD08200	
DESCRIPTION OF WORK	
Restore shed to original structure, add new roof, fix shed doors	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tracy Tycer	
Address: 1519 Nuuanu Ave #162	
City/State/ZIP: Honolulu, HI 96817	
Phone: (808) 735-8426	Fax:
E-mail: ttycer2002@gmail.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Lawrence J. Holbrook	
Address: 1519 Nuuanu Ave #162	
City/State/ZIP: Honolulu, HI 96817	
Phone: (808) 735-8426	Fax:
E-mail: lawrencejholbrook@gmail.com	
CONTRACTOR	
Business name: 4 Summits Contracting, Dancil Strickland	
Address: PO Box 2518	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 476-1250	Fax:
CCB lic.: 218837	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	n/a
Number of bathrooms:	n/a
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet 240

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$8,835.00
Existing building area:	square feet 240
New building area:	square feet
Number of stories:	1
Type of construction:	Rehabilitation
Occupancy groups:	n/a
Existing:	
New:	

**NOTICE**

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

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

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

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

Authorized signature: <i>Lawrence J. Holbrook</i>	Lawrence J Holbrook
Print name:	2018.12.21 15:52:40 -10'00'

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-31-19	Permit No.: B2019-0467
Date Issued: 2-1-19	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buildder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2475 SW 83rd ave	
City/State/ZIP: Portland OR, 97225	
Suite/bldg./apt. no.:	Project name: Fairchild kitchen
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Cosmetic remodel of existing kitchen, widen passthrough to living room (engineering included), replacement of existing windows in kitchen. Plumbing and electrical permits pulled by trades already	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jared Fairchild	
Address: 2475 SW 83rd ave	
City/State/ZIP: Portland OR, 97225	
Phone:	Fax:
E-mail: jfairchild80@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Cascade contracting	
Contact name: adam reed	
Address: 7410 sw macadam ave	
City/State/ZIP: Portland OR, 97219	
Phone: 5032447294	Fax:
E-mail: adam@cascadecontracting.com	
CONTRACTOR	
Business name: Cascade Contracting	
Address: 7410 SW Macadam Ave	
City/State/ZIP: Portland OR 97219	
Phone: 503 244-7294	Fax:
CCB lic.: B046504 146324	
Authorized signature: [Signature]	
Print name: Adam Reed	Date: 1/31/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	50000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet 0
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$287.02
Amount received	\$287.02
Date received:	2-1-19

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

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

Form B70-1001 REV 2/14