



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 3/29/19	Permit No.: B9019-1277
Date Issued: 3/29/19	By: CPL
	Payment Type: check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17005 NW Cornell Rd.	
City/State/ZIP: BUTN., 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	
Walk-in Comb Box COOLER / COOLER / FRZR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Northwest OR Properties	
Address: 2250 S. McDowell Blvd	
City/State/ZIP: Petaluma, CA, 94954	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Bulldogmech, inc.	
Contact name: Rolland W.	
Address: 3307 NE 39th St.	
City/State/ZIP: VANCOUVER, WA, 98661	
Phone: 360-901-2610	Fax: 360-693-1505
E-mail: bulldogmech@gmail.com	
CONTRACTOR	
Business name: SAME AS APPLICANT	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 152993	metro
Authorized signature: <i>[Signature]</i>	
Print name: Rolland Walters	Date: 3.28.19

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: 13,000-	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 3/29/19	Permit No.: B2019-1274
Date Issued: 3/29/19	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Double Egress
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
replace 90 minute rated; 7070; double egress; hollow metal; pair doors & frame.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District 48J	
Address: 16550 SW Merlo Rd	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 356-4450	Fax:
E-mail: Stephen_Yamasaki@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: IP Pro Tech Inc	
Contact name: Reid D Murray	
Address: 21400 SW McCormick Hill Rd	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 867-2576	Fax:
E-mail: rmurray@ipprotech.com	
CONTRACTOR	
Business name: IP Pro Tech Inc.	
Address: 21400 SW McCormick Hill Rd	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 642-7421	Fax:
CCB lic.: 195736	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$7,984.00
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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\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: [Signature]	Date: 3-29-19
Print name: Reid Murray	

# 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:	3/20/19
Date Issued:	3/27/19
Permit No.:	02019-1259
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: <u>7985 SW West Slope Dr</u>	
City/State/ZIP: <u>Beaverton OR 97225</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>CANYON CANYE</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Kitchen Remodel with new window	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Bill Scott</u>	
Address: <u>7985 SW West Slope Dr</u>	
City/State/ZIP: <u>Beaverton 97225</u>	
Phone: <u>503-649-6867</u>	Fax:
E-mail: <u>WFSCOTTCENT@COMCAST.NET</u>	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>Same as above</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized signature: <u>[Signature]</u>	Date: <u>3/27/19</u>
Print name: <u>William F Scott</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	300 -
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:	

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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 VTDD  
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>2/29/2019</u>	Permit No.: <u>152019-0782</u>
Date Issued: <u>3/25/19</u>	By: <u>CRL</u>
	Payment Type: <u>MC</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <u>REPAIR</u>
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>6605 SW Peach Lane</u>	
City/State/ZIP: <u>Beaverton Oregon</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>STRUCTURAL ROOF REPAIRS TO SINGLE FAMILY RESIDENCE DAMAGED BY FIRE</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Advanced Structural Forensics</u>	
Contact name: <u>KEN OLIPHANT</u>	
Address: <u>15575 NW Oakhills Dr.</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Phone: <u>971.645.7559</u>	Fax: <u>-</u>
E-mail: <u>KO@ASF.EXPERT</u>	
CONTRACTOR	
Business name: <u>SERVICE TEAM OF PROFESSIONALS</u>	
Address: <u>19450 SW CIPOLE RD,</u>	
City/State/ZIP: <u>TUALATIN OR 97062</u>	
Phone: <u>971.230.8914</u>	Fax:
CCB lic.: <u>187557</u>	
Authorized signature:	
Print name: <u>KEN OLIPHANT</u>	Date: <u>2/27/19</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	<u>\$35,000</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
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>312.79</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

6/14

FILE COPY



**Building Permit Application**

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

OFFICE USE ONLY	
Date Received: 6-14-18	Permit No.: B2018-2640
Date Issued: 3/29/2019	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: 5775 SW 141st Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Lisa Ln. and Bonnie Brae	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116CC00535	
DESCRIPTION OF WORK	
Provide a Remodel of the existing garage into a new home work area.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lucia Lopez	
Address: 5775 SW 141st Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-929-2291	Fax:
E-mail: Permakeoplucy@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PD>	
Contact name: CHRIS NESTERODE	
Address: 2850 SW CORRYLLS BLVD	
City/State/ZIP: Beaverton OR 97005	
Phone: 503-341-6801	Fax:
E-mail: CHRIS@POSLLCNW.COM	
CONTRACTOR Master Construction	
Business name: Rogelio Ramirez	
Address:	
City/State/ZIP:	
Phone: 503-317-4061	Fax: 04-10-18
CCB lic.: 160049	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 12,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$160.97
Amount received	\$495.38
Date received:	6-14-18

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

Authorized signature: [Signature]  
 Print name: CHRIS NESTERODE Date: 04-10-18  
 6-14-18

# Building Permit Application

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



## OFFICE USE ONLY

Date Received: 3/24/2019	Permit No: 2019-12026
Date Issued:	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9357 SW Beaverton hillsdale Hwy	
City/State/ZIP: beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Designers for Hair and spa
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Plus one head for to correct deficiencies	
<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: wjett fire protection	
Contact name: Ronin Campbell	
Address: 9015 SW burnham st 1/2 rd of 97223	
City/State/ZIP: (503) 684-2628	
Phone: 503	Fax:
E-mail: r.campbell@wjettfire.com	
CONTRACTOR	
Business name: same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic: 64077	
Authorized signature: [Signature]	
Print name: Ronin Campbell	Date: 3/26/19

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	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 500	
Existing building area:	square feet
New building area: 10	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	92.00
Amount received	
Date received:	

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received:	Permit No: <u>2019-1207</u>
Date Issued: <u>3/26/2019</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 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>13275 SW 31st</u>	
City/State/ZIP: <u>BEAVERTON, OR 97008</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>SW HYLAND WAY</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add deck to existing house	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>LYNN &amp; JUDY BUERER</u>	
Address: <u>13275 SW 31st</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone: <u>503-646-3030</u>	Fax: <u>-</u>
E-mail: <u>Lynn.Buerer@500line.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>(503)626-2949 cell phone</u>	
Contact name: <u>Lynn Buerer</u>	
Address: <u>13275 SW 31st</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>Carpio Construction LLC</u>	
Address: <u>8625 SW 165th Ave.</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Phone: <u>503-<del>244</del>-481-8445</u>	Fax: <u>-</u>
CCB lic.: <u>217800</u>	
Authorized signature: <u>[Signature]</u>	
Print name: <u>LYNN E. BUERER</u>	Date: <u>3-25-19</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	<u>22,075</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:	<u>\$22,075</u> square feet <u>348</u>
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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>847.91</u>
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:	Permit No.: B2019-31208
Date Issued: 3/26/2019	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: 4650 SW Griffith Drive	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Exterior Finish Mods
Cross street/directions to job site: SW Griffith Drive @ Beaverton Hillsdale Hwy.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacement of exterior wall finish, correction of damaged wood framing and infill of skylight. Trash enclosure	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Goodwill of the Columbia Willamette	
Address: 1943 SE 6th Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 963-3200	Fax: (503) 238-1705
E-mail: tsilbernagel@gicw.org (Todd Silbernagel)	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Baysinger Partners Architecture	
Contact name: Courtney Margicin	
Address: 1001 SE Grand Ave, Ste 300	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 546-1600	Fax: (503) 546-1601
E-mail: courtneym@baysingerpartners.com	
CONTRACTOR	
Business name: Pence Construction LLC	
Address: 2720 SW Corbett Ave.	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 399-7223	Fax: (503) 585-7477
CCB lic.: 153167	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$250,000
Existing building area:	square feet 5,000
New building area:	square feet 5,000
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	See permitted TI drawings
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	5,322.01
Amount received	
Date received:	

Authorized signature:	[Signature]
Print name:	Jerry Baysinger
Date:	03/26/19

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 V/TDD  
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No.: <u>2019-1212</u>
Date Issued: <u>3/26/2019</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>7475 SW Oleson Rd</u>	
City/State/ZIP: <u>Portland, OR 97223</u>	
Suite/bldg./apt. no.: <u>6</u>	Project name: <u>Garden Home Library</u>
Cross street/directions to job site: <u>SW Garden Home Rd</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Plug (1) sprinkler in bathroom and add (1) sprinkler outside of bathroom</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Garden Home Community Library</u>	
Address: <u>7475 SW Oleson Rd #6</u>	
City/State/ZIP: <u>Portland OR 97223</u>	
Phone: <u>(503) 245-9932</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Basic Fire Protection Inc.</u>	
Contact name: <u>Uwe Parth</u>	
Address: <u>8135 NE MLK Jr Blvd</u>	
City/State/ZIP: <u>Portland, OR 97211</u>	
Phone: <u>(503) 285-1855</u>	Fax:
E-mail: <u>uwe@basicfire.com</u>	
CONTRACTOR	
Business name: <u>Basic Fire Protection Inc.</u>	
Address: <u>8135 NE MLK Jr Blvd</u>	
City/State/ZIP: <u>Portland, OR 97211</u>	
Phone: <u>(503) 285-1855</u>	Fax:
CCB lic.: <u>48641</u>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$2057.00</u>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	<u>VB</u>
Occupancy groups:	
Existing:	<u>Library</u>
New:	<u>Library</u>

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

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

Authorized signature: <u>[Signature]</u>	Date: <u>3/26/19</u>
Print name: <u>Uwe Parth</u>	<u>03/26/19</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



RECEIVED		OFFICE USE ONLY	
Date Received:	DEC 11 2018	Permit No:	B2018-5889
Date Issued:	3-27-19	By:	HLK
		Payment Type:	9596

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:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INTERIOR WALL PARTITIONS FOR A NEW RESTAURANT. EXTERIOR ROLL-UP DOORS MECH, ELE, PLUMBING & HVAC	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: NORTHWEST OR PROPERTIES, LLC	
Address: 2250 S MCDOWELL BLVD EXT	
City/State/ZIP: PETALUMA CA 94954	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW Precision Design	
Contact name: DARIN BOUSKA	
Address: 17407 SW INKSTER DR	
City/State/ZIP: SHERWOOD OR 97140	
Phone: 503-680-6444	Fax:
E-mail: DARIN@NW-PRECISION.COM	
CONTRACTOR	
Business name: BNC CONSTRUCTION, INC	
Address: 45 82ND DRIVE #53B	
City/State/ZIP: GLADSTONE OR 97027	
Phone: 503-557-0866	Fax:
CCB lic.: 107555	
Authorized signature:	
Print name: DARIN BOUSKA	Date: 12/10/18

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 370,000 -	
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	
Existing:	M
New:	AZ
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be 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

<b>OFFICE USE ONLY</b>	
Date Received: 2/27/19	Permit No.: 80019-1235
Date Issued: 2/27/19	By: [Signature]
Payment Type:	

<b>TYPE OF WORK</b>	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/allocation/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<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:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job site address: 14275 SW FARMINGTON RD	City/State/ZIP: Beaverton OR
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
<b>DESCRIPTION OF WORK</b>	
FIRE DRYWALL REPAIR	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
<b>NAME:</b>	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name: PROPRY DRYWALL SOLUTIONS, LLC	
Contact name: CHRIS NESTERSON	
Address: 2850 SW CEANE HILL BLVD #102	
City/State/ZIP: Beaverton OR 97005	
Phone: 503.341.6801	
Fax:	
E-mail: CHRIS@PDSOLUTIONS.COM	
<b>CONTRACTOR</b>	
Business name: Charter Construction	
Address:	
City/State/ZIP:	
Phone:	
Fax:	
Authorized signature: [Signature]	
Print name: CHRIS NESTERSON	
Date: 3.27.19	

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

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

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

Form B70-1001

REV 2/14

# Building Permit Application

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



TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	
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: 14278 SW FARMINGTON RD	City/State/ZIP: BEAVERTON OR
Suite/bldg./aplt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
TAX MAP/PARCEL NO.:	
DESCRIPTION OF WORK	
FIRE DAMAGE REPAIR	
<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: PROPERTY DAMAGE SOLUTIONS	
Contact name: CHRIS NESTERWOOD	
Address: 2850 SW CEDAR HILLS BLVD. #106	
City/State/ZIP: BEAVERTON	
Phone: 503.341.6801	Fax:
E-mail: CHRIS@PDSLLC.NW.COM	
CONTRACTOR	
Business name: CHARLIE CONSTRUCTION	
Address: 3747 SE 8TH AVE	
City/State/ZIP: PORTLAND OR 97202	
Phone: 503.575.8695	Fax:
COB No: 156513	
Authorized signature:	Print name: CHRIS NESTERWOOD
Date: 3-27-19	

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	\$16,500
Existing building area: square feet	1300
New building area: square feet	
Number of stories:	2
Type of construction:	TYPE V 1-HK
Occupancy groups:	R-2
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

OFFICE USE ONLY	
Date Received: 3/27/19	Permit No.: 8009-1234
Date Issued: 3/27/19	By: CCL
Payment Type:	

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>2-20-19</u>	Permit No.: <u>B2019-0698</u>
Date Issued: <u>3/27/19</u>	By: <u>CEL</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <u>outdoor covered patio</u>
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>15050 SW Carolwood Dr</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Suite/bldg./apt. no.:	Project name: <u>Covered Patio Addition</u>
Cross street/directions to job site: <u>Murray Blvd, one block south of Hart Rd</u>	
Subdivision: <u>Carolwood</u>	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Demo 1st floor outside wall (18') and brick stove hearth and chimney chase, extend wall 3ft, install double sliding doors, construct covered patio structure with roof and 4 skylights. Pour concrete floor.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Matthew and Theresa Bergen</u>	
Address: <u>15050 SW Carolwood Dr</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Phone: <u>(503) 869-9283</u>	Fax:
E-mail: <u>valinfel@gmail.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Unique Home Services, LLC</u>	
Contact name: <u>Richard Bergen</u>	
Address: <u>12305 SW Summer St</u>	
City/State/ZIP: <u>Tigard, OR 97223</u>	
Phone: <u>(503) 888-8183</u>	Fax:
E-mail: <u>richard@uhsremodel.com</u>	
CONTRACTOR	
Business name: <u>Unique Home Services, LLC</u>	
Address: <u>12305 SW Summer St</u>	
City/State/ZIP: <u>Tigard, OR 97223</u>	
Phone: <u>(503) 888-8183</u>	Fax:
CCB lic.: <u>170941</u>	

Authorized signature: <u>Richard D. Bergen</u>	Date: <u>2/20/2019</u>
Print name: <u>Richard D. Bergen</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	25,000
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	0
New dwelling area:	square feet 40
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	
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>\$349.54</u>
Amount received	
Date received:	

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 1-30-19	Permit No.: B2019-0446
Date Issued: 3/27/19	By: CPL
	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: 4145 SW Watson	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: 300	Project name: Pioneer Pacific College
Cross street/directions to job site: SW Watson & SW Millikan	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvement- Demolishing 2 walls, building 6 new walls and installing 5 new doors	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Oreneva Construction	
Address: 812 SW 4th Ave	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 680-8454	Fax:
CCB lic.: 206386	

Authorized signature:	Date: 1/30/19
Print name: Jimmy Gamba	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$10,250
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	Tenant Improvement
Occupancy groups:	
Existing:	442
New:	427
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be 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	\$304.88
Amount received	
Date received:	

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

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

# Building Permit Application

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: 1/11/2019	Permit No. B2019-0146
Date Issued: 3/26/2019	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: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.: 120	Project name: Evergreens
Cross street/directions to job site: Between SW Walker and SW Jenkins Rd	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109AD03400	
DESCRIPTION OF WORK	
Interior alteration of a new retail space to construct a quick serve salad restaurant. Scope of work includes new walls, ceilings, finishes, equipment, restrooms, cooler and furniture	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: The Yarrow Group, LLC dba Evergreens	
Address: 2524 Crestmont Place W	
City/State/ZIP: Seattle, WA 98199	
Phone: (415) 269-9455	Fax:
E-mail: ryan@evergreens.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: MG2 Architecture Corporation	
Contact name: Joe Palmquist	
Address: 1101 2nd Ave, Suite 100	
City/State/ZIP: Seattle, WA 98101	
Phone: (206) 962-6492	Fax:
E-mail: joe.palmquist@mg2.com	
CONTRACTOR	
Business name: Rubicon Construction	
Address: PO Box 1583	
City/State/ZIP: Woodinville, WA 98072	
Phone: (206) 919-1749	Fax:
CCB lic.: 223332	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$300,000.00
Existing building area:	square feet 1,362
New building area:	square feet 0
Number of stories:	1
Type of construction:	1B
Occupancy groups:	B
Existing:	Vacant
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	7,156.41
Amount received	
Date received:	

Authorized signature:	Date: 1/11/19
Print name: Ryan Suddendorf	

This permit application expires if a 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.: B2019-0394
Date Issued: 3/27/19	By: CRL
	Payment Type: USA

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: 11990 SW Corby Dr	
City/State/ZIP: Portland OR 97225	
Suite/bldg./apt. no.: # 12	Project name: Tammy Chau
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install two skylights in living room	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tammy Chau	
Address: 11990 SW Corby Dr #12	
City/State/ZIP: Portland OR 97225	
Phone: 503-913-1410	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robertson Home Construction, LLC	
Contact name: Christopher Robertson	
Address: 550 Smith Dr	
City/State/ZIP: Woodburn OR 97071	
Phone: 503-302-1595	Fax:
E-mail: chipdx503@gmail.com	
CONTRACTOR	
Business name: Robertson Home Construction, LLC	
Address: 550 Smith Dr	
City/State/ZIP: Woodburn OR 97071	
Phone: 503-302-1595	Fax:
CCB lic.: <del>LEPR</del> 221832	
Authorized signature: <i>CR</i>	
Print name: Christopher Robertson	Date: 1-25-19

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	2,000
Number of bedrooms:	2
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	0 square feet
Garage/carport area:	1 square feet 200
Covered porch area:	N/A square feet 0
Deck area:	1 square feet 64
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$131.73
Amount received	
Date received:	

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

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

# Building Permit Application

APPROVED

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

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

## OFFICE USE ONLY

Date Received: 3-6-19	Permit No.: B2019-0859
Date Issued: 3-25-19	By: <i>TUR</i>
Payment Type: <i>Visa</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1791 NW 173RD AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.: 110	Project name: DR. DELLA CROCE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
EXISTING B-DENTAL CLINIC MODIFIED TO A B-AMBULATORY CARE FACILITY. CHANGING PREVIOUS LAUNDRY CLOSET INTO A 1-HOUR FIRE RATED MED-GAS EXHAUSTED ENCLOSURE PER OFC 5306.	
<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: EMMETT PHAIR CONSTRUCTION	
Contact name: RENEE SNYDER	
Address: 6305 SW ROSEWOOD ST., SUITE E	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: (971) 295-9351	Fax:
E-mail: RENEE@EMMETTPHAIR.COM	
CONTRACTOR	
Business name: EMMETT PHAIR CONSTRUCTION	
Address: 6305 SW ROSEWOOD ST., SUITE E	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: (971) 295-9351	Fax:
CCB lic.: 57427	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$2,000.00
Existing building area:	square feet 1,892
New building area:	square feet 1,892
Number of stories:	1
Type of construction:	VB- NOT SPRINKLED
Occupancy groups:	
Existing:	B-DENTAL CLINIC
New:	B-AMBULATORY CARE FACILITY
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$131.73
Amount received	
Date received:	

Authorized signature: <i>Renee Snyder</i>	Date: 3/5/19
Print name: Renee Snyder	

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received:	Permit No: <b>32019-0940</b>
Date Issued: <b>3-25-19</b>	By: <b>ML</b>
	Payment Type: <b>MC</b>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17030 SW Baseline RD	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Elmonica TOD demolition
Cross street/directions to job site: SW corner of intersection, SW 170th AVE & SW Baseline RD.	
Subdivision: Elmonica	Lot no.: 0100
Tax map/parcel no.: 1S106DB	
DESCRIPTION OF WORK	
Abatement and demolition of existing service station to slab, disconnect utilities; slab to remain. Intent of work is to remove potential attractive nuisance pending future development of site into transit-oriented, affordable housing. New construction is excluded from this application.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Metro	
Address: 600 NE Grand AVE	
City/State/ZIP: Portland, OR 97232	
Phone: (503) 797-1700	Fax:
E-mail: Chris.Woo@oregonmetro.gov	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Metro	
Contact name: Chris Woo, Project Manager	
Address: 600 NE Grand AVE	
City/State/ZIP: Portland, OR 97232	
Phone: (503) 797-1700	Fax:
E-mail: Chris.Woo@oregonmetro.gov	
CONTRACTOR	
Business name: ALMAR Construction, LLC	
Address: 1305 VILLA RD	
City/State/ZIP: NEWBERG, OR 97132	
Phone: (503) 572-4368	Fax:
CCB Lic.: 219269	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	Abatement and demo only: \$30,000
Existing building area:	square feet 1500
New building area:	square feet N/A
Number of stories:	N/A
Type of construction:	Demolition only
Occupancy groups:	N/A
Existing:	N/A - abandoned building
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	627.13
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: Christopher Woo, for Metro	03/07/19

# 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 V/TDD  
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY	
Date Received: <b>APR 26 2018</b>	Permit No: <b>B2018-1782</b>
Date Issued: <b>3-25-19</b>	By: <b>ML</b>
	Payment Type: <b>105</b>

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 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: <b>13920 SW SINGLETREE DRIVE</b>	
City/State/ZIP: <b>BEAVERTON, OREGON 97008</b>	
Suite/bldg./apt. no.:	Project name: <b>EARL</b>
Cross street/directions to job site: <b>* Sorrento ridge no. 1, block 2, LOT 6 DAVIES</b>	
Subdivision: <b>Sorrento Rdg 01</b>	Lot no.: <b>LOT 6</b>
Tax map/parcel no.: <b>R0251104</b>	
DESCRIPTION OF WORK	
<b>- GARAGE 2ND FLOOR addition</b>	
<b>- REAR OF HOUSE addition</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>MARGARET &amp; RICHARD EARL</b>	
Address: <b>13920 SW SINGLETREE DRIVE</b>	
City/State/ZIP: <b>BEAVERTON, OREGON 97008</b>	
Phone: <b>503-539-3411</b>	Fax:
E-mail: <b>earl17564@COMCAST.NET</b>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>RICK EARL CONSTRUCTION CO., INC.</b>	
Contact name: <b>RICK EARL</b>	
Address: <b>13920 SW. SINGLETREE DRIVE</b>	
City/State/ZIP: <b>BEAVERTON, OREGON 97008</b>	
Phone: <b>503-539-3411</b>	Fax:
E-mail: <b>earl17564@COMCAST.NET</b>	
CONTRACTOR	
Business name: <b>RICK EARL CONSTRUCTION CO., INC.</b>	
Address: <b>13920 SW SINGLETREE DRIVE</b>	
City/State/ZIP: <b>BEAVERTON, OREGON 97008</b>	
Phone: <b>503-539-3411</b>	Fax:
CCB lic.: <b>48190</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	<b>40,000</b>
Number of bedrooms:	<b>3</b>
Number of bathrooms:	<b>3</b>
Total number of floors:	<b>ONE</b>
New dwelling area:	square feet <b>780</b>
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:	<del>1859</del> square feet
New building area:	square feet
Number of stories:	<b>1</b>
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>476.80</b>
Amount received	
Date received:	

Revised 4/27/18 mvr

Authorized signature: **Richard R. Earl**

Print name: **RICHARD R. EARL** Date: **12-15-17**

This permit application expires if a 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

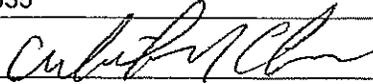
Community Development Department  
 Building Division  
 12725 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97076  
 Fax: (503) 526-2550  
 Phone: (503) 526-2222  
 www.beavertonoregon.gov

## OFFICE USE ONLY

Date Received: 3-18-19	Permit No.: B2019-1082
Date Issued: 3/25/2019	Payment Type: VISA

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

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: 1815 NW 169th Place	
City/State/ZIP: Beaverton, Oregon	
Suite/bldg./apt. no.: 6030	Project name: Apna Bazaar RTU
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural Work for RTU addition	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Arjae HVAC and Mechanical Services	
Contact name: Mike Gordon	
Address: 8545 SE Mcloughlin Blvd	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 231-7717	Fax:
E-mail: permits@arjae.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 60835	

Authorized signature: 	Date:
Print name: Mike Gordon	03/18/19

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	1,250
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	\$46.91
Amount received	\$160.96
Date received:	3-19-18

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

CB# 11897



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

OFFICE USE ONLY	
Date Received: 3/22/2019	Permit No: B2019-1196
Date Issued: 3/22/2019	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: 14795 S.W. MURRAY SCHOOLS DR.	
City/State/ZIP: BEAVERTON OR 97007	
Suite/bldg./apt. no.: SUITE 201	Project name: RUBY
Cross street/directions to job site: GREENBURG	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RELOCATE 1 SPRINKLER HEAD AND ADD 2 TO NEW RESTROOMS AND OFFICE	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: RUBY RECEPTION REMODEL	
Address: 14795 SW MURRAY SCHOOLS DR	
City/State/ZIP: BEAVERTON OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: FIRE ONE FIRE SYS.	
Contact name: NICK BOCCHETTI	
Address: P.O. BOX 734	
City/State/ZIP: OREGON CITY/OR/97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
E-mail: NICK@FIREONE.ORG	
CONTRACTOR	
Business name: FIRE ONE FIRE SYS	
Address: P.O. BOX 734	
City/State/ZIP: OREGON CITY/OR/97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
CCB lic.: 98140	

Authorized signature: [Signature]  
 Print name: NICK BOCCHETTI Date: 3/22/19

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 900.00	
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	115.42
Amount received	
Date received:	

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

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

# 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: 1-11-19	Permit No.: B2019-0132
Date Issued: 3/22/2019	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 buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16950 SW LISA ST	
City/State/ZIP: BEAVERTON, OR. 97006	
Suite/bldg./apt. no.:	Project name: Elmonica Elementary
Cross street/directions to job site: sw 170th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
replace kitchen hood obsoleted dry chem systemen with a UL300 compliant wet chem system	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Alliance Fire Safety Services LLC	
Contact name: Mark Pinnella	
Address: Po Box 215	
City/State/ZIP: Dundee, Or. 97115	
Phone: (503) 781-9342	Fax: (503) 217-5768
E-mail: markp@alliancefireservices.com	
CONTRACTOR	
Business name: same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 205062	

Authorized signature:	Date:
Print name: Mark Pinnella	01/08/20

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	3675.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$666.60
Amount received	\$232.37
Date received:	1-11-19

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

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

Form B70-1001 REV 2/14

# Building Permit Application

Community Development Department  
 Building Division  
 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:	3/22/2019
Date Issued:	3/22/2019
Permit No:	B2019-1132
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: 4545 S.W. Angel Ave	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.: 113 + 114	Project name: Dita expansion
Cross street/directions to job site: Corner of 1st and Angel	
Subdivision: Block 0	Lot no.: Lot 6-8
Tax map/parcel no.: 1S116AD01300	
DESCRIPTION OF WORK	
Remove kitchen and portion of not structural bearing wall between L/W Flats 113 and 114.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Rescue Portland LLC	
Address: One Town Center Road, Suite 360	
City/State/ZIP: Boca Raton, Florida 33406	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Fernbold Properties	
Contact name: Chad Fackler	
Address: 10305 SW Park Way Suite 204	
City/State/ZIP: Portland, OR - 97225	
Phone: 503-222-7258	Fax:
E-mail: chad@fernbold.com	
CONTRACTOR	
Business name: Area Construction	
Address: 920 SW Barbur Blvd	
City/State/ZIP: Portland, OR 97219	
Phone: 503-257-9585	Fax:
CCB lic.: 208222	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	≈ \$4,000 <sup>00</sup>
Existing building area:	82,229 square feet
New building area:	82,229 square feet
Number of stories:	4
Type of construction:	Podium 1A + SA
Occupancy groups:	R-2, S-2
Existing:	R-2, S-2
New:	R-2, S-2
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	335.98
Amount received	
Date received:	

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

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

Authorized signature:	
Print name:	Chad Fackler
Date:	3/10/2019

# 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: 3-22-19	Permit No.: B2019-1163
Date Issued: 3-22-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11595 SW CENTER ST.	
City/State/ZIP: BEAVERTON, OR, 97005	
Suite/bldg./apt. no.: 'D'	Project name: BROOKSHIRE MEADOWS APTS.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING (2 LAYERS) DOWN TO DECKING, INSTALL 151B FELT UNDERLAYMENT, FLASHINGS, VENTING, GAF NATURAL SHADOW 40 YEAR LAMINATED ROOFING.	
<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: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR, 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	
CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR, 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas	Date:
Print name: LOUIS ORNELAS	3-22-19

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	23,095.
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	\$630.12
Amount received	
Date received:	

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

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



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 3-22-19	Permit No. B2019-1157
Date issued: 3-22-19	By: <i>[Signature]</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: 14043 SW Millikan Way "A"	
City/State/ZIP: BUN., OR, 97006	
Suite/bldg./apt. no.:	Project name: Sea Sweet Poke
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
WALK-IN COOLER BOX 8x8	

<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bulldog mech., inc. Rolland W.	
Contact name: 3307 NE 39th St.	
Address: JANC., WA. 98001	
City/State/ZIP:	
Phone: 360.901.2610	Fax: 360.693.1505
E-mail: bulldogmech@gmail.com	

Business name: Bulldog mech., inc.	
Address: 3307 NE 39th St	
City/State/ZIP: JANC., WA. 98001	
Phone: 360.901.2610	Fax: 360.693.1505
CGB lic.: 152993 Metro 8027	

Authorized signature: <i>[Signature]</i>	Date: 3/8/19
Print name: Rolland W.	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,000-
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES
Please refer to fee schedule

Fees due upon application	\$411.94
Amount received	\$411.94
Date received:	3-22-19

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: 3/21/2019	Permit No: 32019-1133
Date Issued: 3/21/2019	BR
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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 Avenue	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 160	Project name: NW Hardwoods
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of non structural partitions. Construction of non structural partitions. Install new doors and hardware.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lincoln Property Company	
Address: 1211 SW 5th Ave Suite 700	
City/State/ZIP: Portland OR 97204	
Phone: (503) 673-2805	Fax:
E-mail: LMorrison@LPC.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Commercial Contractors Inc	
Contact name: Bryan Monroe	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax:
E-mail: bryan.monroe @ccigc.com	
CONTRACTOR	
Business name: Commercial Contractors Inc	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax:
CCB lic.: 123729	

Authorized signature: <i>B. Monroe</i>	Date:
Print name: Bryan Monroe	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$39,203
Existing building area:	square feet 75,618
New building area:	square feet 4,725
Number of stories:	4
Type of construction:	Type II 1 Hour
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,899.55
Amount received	
Date received:	

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

# Building Permit Application

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: 3/12/2019	Permit No: B2019-1131
Date Issued: 3/12/2019	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: 12370 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: McBride T.I.
Cross street/directions to job site: SW 1st Street & Hall Avenue	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Expansion of interior space and minor interior improvements to an existing building occupancy. There will be no structural, building exterior, or site modifications. Scope of work is limited to interior non-bearing walls and interior finishes.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Dr. Charles McBride	
Address: 12370 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-3614	Fax:
E-mail: drc@drcharlesmcbride.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Access Architecture	
Contact name: Brendan Sanchez	
Address: 810 Main Street, Ste. 108	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 756-9213	Fax:
E-mail: brendan@access-arch.com	
CONTRACTOR	
Business name: NW Contracting LLC	
Address: 855 S Larch Street	
City/State/ZIP: Canby, OR 97013	
Phone: (503) 756-5219	Fax:
CCB lic.: 209370	
Authorized signature: [Signature]	Date:
Print name: Brendan Sanchez	03/19/20

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	\$30,000
Existing building area:	square feet 2,400
New building area:	square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	
Existing:	B - Business
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	1,271.06
Amount received	
Date received:	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No.: 152019-1127
Date Issued: 3/20/2019	By: [Signature]
	Payment Type: 3083

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 7466 SW Canyon Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: West Sylvan Est
Cross street/directions to job site: SW 75th Terrace	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Removal of existing house for new subdivision.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sylvan West Estates, LLC	
Address: 3879 SW <del>Estates</del> Lane Hall Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Phone: 541-350-1060	Fax:
E-mail: Mark Vuk Enterprises, CM	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Mark Vukobradic	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Olson Bros Excavating, Inc	
Address: 4515 NW Silverleaf	
City/State/ZIP: PH8, OR	
Phone: 503-531-0529	Fax:
CCB lic.: 69865	
Authorized signature: [Signature]	
Print name: Terry Olson	Date: 3/20/19

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	18,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	428.10
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

reissue of Tesla Terrace Lot 11  
B2018-1049



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

OFFICE USE ONLY	
Date Received: 3/29/2018	Permit No: B2018-1396
Date Issued: 3-20-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12119 SW Tesla Terrace	
City/State/ZIP: Beaverton 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision: Tesla Terrace	Lot no.: 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
reissue of Tesla Terrace Lot 11 B2018-1049	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SAA	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229	
Phone: 503-716-6294	Fax:
Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature:	
Print name: Matt Fricke	Date:
Matt Fricke	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, and the profit for the work indicated on this application.	
Valuation	190,144.35
Number of bedrooms:	4
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	1583 square feet
Garage/carport area:	220 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	472.61
Amount received	
Date received:	

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

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

reissue of Lot 12  
B2018-1050



**Building Permit Application**

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

**OFFICE USE ONLY**

Date Received: 3/29/2018	Permit No.: B2018-1358
Date Issued: 3/20/19	By: MK
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12121 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision: Tesla Terrace	Lot no.: 8
Tax map/parcel no.:	
DESCRIPTION OF WORK	
reissue of Tesla Terrace Lot 12 B2018-1050	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SAA	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229 713-6294	
Phone: 503-766-6294	Fax:
Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature:	Date:
Print name: Matt Fricke	Date:
Matt Fricke	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, and the profit for the work indicated on this application.	
Valuation	190,144.35
Number of bedrooms:	4
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	1583 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

# Building Permit Application

COB REVISION/TRACKING #: \_\_\_\_\_  
REV 19-060

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

## OFFICE USE ONLY

Date Received: 2-19-19	Permit No.: B2018-5974
Date Issued: 3/1/2019	Payment Type:

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

### TYPE OF WORK

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

### CATEGORY OF CONSTRUCTION

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

### JOB SITE INFORMATION AND LOCATION

Job site address: 17205 SW GOLDCREST LN	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.: 13-2	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 69
Tax map/parcel no.:	

### DESCRIPTION OF WORK

New Single Family Residence

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

Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	

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

Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	

### CONTRACTOR

Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: (503) 726-7041	Fax:
CCB lic.: 189447	

Authorized signature: 	Date: 2/18/2019
Print name: Hannah Leas	

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate 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:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1873.73
Garage/carport area:	square feet 453.14
Covered porch area:	square feet 107.93
Deck area:	square feet 0
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate 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:	R2
Existing:	
New:	Townhome

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be 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

COB Revision/Tracking #: REV 19-058

Community Development Department  
 Building Division  
 17205 SW Milliken Way / PO Box 4755  
 Beaverton, OR 97076  
 Fax: (503) 526-2550  
 Phone: (503) 526-2222  
 BeavertonOregon.gov

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

OFFICE USE ONLY	
Date Received: 2-19-19	Permit No.: B2018-4985
Date Issued: <i>3/11/19</i>	By: <i>[Signature]</i>
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 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: 17202 SW KITE LN	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.: 6-2	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: lot 110	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Build new townhome	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: (503) 726-7041	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1873.37
Garage/carport area:	square feet 453.14
Covered porch area:	square feet 107.93
Deck area:	square feet 0
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	R2
Existing:	
New:	Townhome

**NOTICE**  
 All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be 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: <i>[Signature]</i>	Date: 2/18/2019
Print name: Hannah Leas	

This permit application expires if a 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

REV 19-059

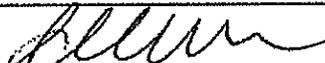
Community Development Department  
 Building Division  
 12725 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97076  
 Phone: (503) 526-2550  
 Fax: (503) 526-2222  
 BeavertonOregon.gov

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

OFFICE USE ONLY	
Date Received: 2-19-19	Permit No.: B2018-4982
Date Issued: 2/18/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 17206 SW KITE LN	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.: 6-1	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 109
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: (503) 726-7041	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1873.37
Garage/carport area:	square feet 453.14
Covered porch area:	square feet 107.93
Deck area:	square feet 0
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: 	Date: 2/18/2019
Print name: Hannah Leas	

This permit application expires if a 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

COB Revision/Tracking #: REV 19-061

Community Development Department  
 Building Division  
 12725 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: 2-19-19	Permit No.: B2018-4965
Date Issued: 3/11/2019	
Payment Type:	

### TYPE OF WORK

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

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 17201 SW GOLDCREST LN	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.: 13-1	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 68
Tax map/parcel no.:	

### DESCRIPTION OF WORK

New Single Family Residence

PROPERTY OWNER

TENANT

Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	

APPLICANT

CONTACT PERSON

Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	

### CONTRACTOR

Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: (503) 726-7041	Fax:
CCB lic.: 189447	

Authorized signature: 

Print name: Hannah Leas	Date: 2/18/2019
-------------------------	-----------------

### 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:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1873.37
Garage/carport area:	square feet 453.14
Covered porch area:	square feet 107.93
Deck area:	square feet 0
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate 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:	R2
Existing:	
New:	Townhome

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be 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

OFFICE USE ONLY	
Date Received:	Permit No. <u>B 2019-1087</u>
Date Issued: <u>3/19/2019</u>	<u>BM</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>9775</u> <del>9775</del> SW Barnes Road	
City/State/ZIP: <u>Beaverton, OR</u>	
Suite/bldg./apt. no.: <u>270</u>	Project name: <u>Peterkort II Wooster</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
relocate 2 sprinkler heads and install 2 due to new wall.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Wooster Realty</u>	
Address: <u>9775 SW Barnes Road</u>	
City/State/ZIP: <u>Beaverton, OR</u>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Delta Fire, Inc.</u>	
Contact name: <u>Melissa Boughton</u>	
Address: <u>14795 SW 72nd Ave.</u>	
City/State/ZIP: <u>Portland, Oregon 97224</u>	
Phone: <u>(503) 620-4020</u>	Fax: <u>(503) 620-1058</u>
E-mail: <u>melissab@deltafire.com</u>	
CONTRACTOR	
Business name: <u>Delta Fire, Inc.</u>	
Address: <u>14795 SW 72nd Ave.</u>	
City/State/ZIP: <u>Portland, Oregon 97224</u>	
Phone: <u>(503) 620-4020</u>	Fax: <u>(503) 620-1058</u>
CCB lic.: <u>64174</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>2500.00</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*	
Please refer to fee schedule	
Fees due upon application	<u>206.11</u>
Amount received	
Date received:	

Authorized signature: <u>Melissa Boughton</u>	Date:
Print name: <u>Melissa Boughton</u>	<u>03/15/19</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: 3/18/2019	Permit # B2019-0985
Date Issued: 3/18/2019	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: 12825 SW BEAVERDAM RD	
City/State/ZIP: BEAVERTON 97005	
Suite/bldg./apt. no.:	Project name: LIGHT BENDERS
Cross street/directions to job site: Rose Biggi	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE & REPLACE GARAGE DOOR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CRESWICK (RON & LORA)	
Address: 15203 NW BURLINGTON CT	
City/State/ZIP: PORTLAND 97231	
Phone: 503-888-7353	Fax: 503-621-3094
E-mail: lightbenders@lightbenders.biz	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: LIGHT BENDERS	
Contact name: LORA CRESWICK	
Address:	
City/State/ZIP: SAME	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 30873	
Authorized signature: [Signature]	Date: 3/13/19
Print name: LORA CRESWICK	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	150.98
Amount received	
Date received:	

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

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

# 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.: B2019-0266
Date Issued: 3-18-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7470 SW Canyon Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: BIGGI
Cross street/directions to job site: SW Canyon Ln and SW 75 Terrace	
Subdivision: West Sylvan Estates	Lot no.: 8
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Reframe garage roof, reroof home, reside partial exterior, remove front porch	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sylvan West Estates LLC	
Address: 333 S. State Street V-146	
City/State/ZIP: Lake Oswego, OR	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Sylvan West Estates LLC	
Contact name: Chris Boerste	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Sylvan West Estates LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 218005	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000
Number of bedrooms:	
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	\$212.13
Amount received	
Date received:	

Authorized signature:	
Print name: Mark Vukanovich	Date: 1/10/2019

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 3-18-19	Permit No.: B2019-1053
Date Issued: 3-18-19	By: HK
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: 14795 SW Murray Scholls Dr. Suite 201	
City/State/ZIP: Beaverton, OR 97007	
Sublte/bldg./apt. no.:	Project name: Ruby Reception
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Notification Devices	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Ruby Reception	
Address: 14795 SW Murray Scholls Dr. Suite 201	
City/State/ZIP: Beaverton, OR 97007	
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	\$2,283
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	\$2000.11
Amount received	
Date received:	

Authorized signature:	
Print name: Ben Breit	Date: 03/15/19

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: 3-6-19	Permit No.: B2019-0857
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 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: 7225 SW 140 <sup>th</sup> AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Subdivision:	Project name:
Cross street/directions to job site: SW 142 <sup>nd</sup> AVE & SW 140 <sup>th</sup> AVE	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121C01600	
DESCRIPTION OF WORK	
RENOVATION OF EXISTING SFR. NEW STAIRS TO (E) FINISHED ATTIC. UPSTAIRS. RENOVATION OF (E) BATHROOM & WET BAR. NEW FINISHES THROUGHOUT UPSTAIRS	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: RYAN SAGER	
Address: 7225 SW 140 <sup>th</sup> AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: THESIS STUDIO	
Contact name: COLIN JENSEN	
Address: 1620 SE HAWTHORNE BLVD	
City/State/ZIP: PORTLAND, OR 97214	
Phone: 503-701-7027	Fax:
E-mail: COLIN@THESISSTUDIO.COM	
CONTRACTOR	
Business name: ALL-WAYS ON THE LEVEL (MATT HATZI)	
Address:	
City/State/ZIP:	
Phone: 503-819-3739	Fax:
COB lic.: 187034	

Authorized signature:	Date:
Print name: COLIN JENSEN <i>Colin Jensen</i>	3/5/19

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	\$75,000
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	0 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	\$537.59
Amount received	
Date received:	

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

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



### Building Permit Application

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

RECEIVED

OFFICE USE ONLY

Date Received: FEB 25 2019	Permit No: 152019-0746
Date Issued:	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: 4401 SW 110th AVE	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: HOME DEPOT #4016
Cross street/directions to job site: SW BEAVERTON HILLSDALE HWY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
DEMO EXISTING IN-RACK HEADS AS SHOWN AND INSTALL NEW HEADS FOR AEROSOL CANS WITHIN NEW FIRE BARRIER (BY OTHERS)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HOME DEPOT #4016	
Address: 4401 SW 110th AVE	
City/State/ZIP: BEAVERTON OR 97005	
Phone: 800-773-4736	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Viking Automatic Sprinkler Co.	
Contact name: DEVIN GANZ	
Address: 3245 NW Front Ave.	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 227-1171	Fax: (503) 227-1552
E-mail: devin.ganz@VIKINGSPRINKLER.NET	
CONTRACTOR	
Business name: Viking Automatic Sprinkler Co.	
Address: 3245 NW Front Ave.	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 227-1171	Fax: (503) 227-1552
CCB lic.: 64837	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 4325	
Existing building area:	400 square feet
New building area:	— square feet
Number of stories:	1
Type of construction: STEEL	
Occupancy groups:	
Existing:	RACK STORAGE
New:	AEROSOL RACK STORAGE
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be 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

Authorized signature: [Signature]	Date: 2/22/19
Print name: DEVIN GANZ	

# 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: 03/14/2019	Permit No.: B2019-1006
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 type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV Array
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: 9670 Southwest Sandstone Place	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: 177053
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
6.93 kW Solar PV Array to be installed on Roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ryan Bahler	
Address: 9670 Southwest Sandstone Place	
City/State/ZIP: Beaverton, OR 97007	
Phone: (541) 844-4313	Fax:
E-mail: ribahler@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Auric Solar LLC	
Contact name: Rob Smith	
Address: 9530 SW Tualatin-Sherwood Rd	
City/State/ZIP: Tualatin, OR 97062	
Phone: (570) 592-8581	Fax:
E-mail: rob.smith@auricsolar.com	
CONTRACTOR	
Business name: Auric Solar LLC	
Address: 9530 SW Tualatin-Sherwood Rd	
City/State/ZIP: Tualatin, OR 97062	
Phone: (971) 803-1803	Fax:
OCB lic.: 212831	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$17,325.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

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

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

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

Authorized signature: <i>Rob Smith</i>	Date:
Print name:	

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 12-10-18	Permit No.: B2018-5852
Date Issued: 3-14-19	By: ML
	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: SW 75th Terrace	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: West Sylvan Estates
Cross street/directions to job site: SW 75th	
Subdivision: West Sylvan Estates	Lot no.: 2
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: West Sylvan Estates LLC	
Address: [Arrow pointing to SW 75th Terrace]	
City/State/ZIP: Portland, OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Lombard Baker Properties LLC	
Contact name: Chris Boersto	
Address: 3879 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 541-350-1060	Fax:
E-mail: markukhanovich@gmail.com	
CONTRACTOR	
Business name: Lombard Baker Properties LLC	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
CCB lic.: 220864	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$398,175.80
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3,072
Garage/carport area:	square feet 645
Covered porch area:	square feet 160
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,582.95
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: 12/19/18
Print name: Mark Ukhanovich	12/10/2018

# Building Permit Application

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

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



OFFICE USE ONLY	
Date Received: 1-23-2019	Permit No.: B2019-0306
Date Issued: 3-14-19	By: <i>JUL</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Foundation Repair
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: 6315 SW 130th Ave.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: 6315 SW 130th
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary repair to an existing foundation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CA Partners	
Address: 6315 SW 130th Ave.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-546-3400	Fax:
E-mail: Shelly @ramjackwest	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ram Jack West	
Contact name: Shelli Rae Rogers	
Address: 862 Bethel Drive	
City/State/ZIP: Eugene, OR.	
Phone: 541-636-9922	Fax:
E-mail: Shelly@ramjackwest.com	
CONTRACTOR	
Business name: Ram Jack West	
Address: 862 Bethel Drive	
City/State/ZIP: Eugene, OR 97402	
Phone: 541-636-9922	Fax:
CCB lic.: 146906	

Authorized signature:

Print name:	Date:
	1/22/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$6,390.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
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

COPY

# Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-5978
Date Issued: DEC 17 2018	BY: [Signature]
3/13/2019	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 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: 16325 SW Barrows Rd	
City/State/ZIP: Beaverton OR 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	
enclose patio	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Casa Lola - Carlos Carter	
Address: 16325 SW Barrows Rd	
City/State/ZIP: Beaverton 97007	
Phone: 971-322-6867	Fax:
E-mail: Carlos@casalola.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Carlos Carter	
Address: 16325 SW Barrows Rd	
City/State/ZIP: Beaverton OR 97007	
Phone: 971-322-6867	Fax:
E-mail: Carlos@casalola.com	
CONTRACTOR	
Business name: GIB Home Improvements	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 220073	
Authorized signature: [Signature]	
Print name: Carlos Carter	Date:

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	4,900
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	189.45
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: <b>3-13-19</b>	Permit No.: <b>B2019-0976</b>
Date Issued: <b>3-13-19</b>	By: <b>RK</b>
Payment Type: <b>VISA</b>	

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>14723 SW Teal Blvd</b>	
City/State/ZIP: <b>Beaverton, OR 97007</b>	
Suite/bldg./apt. no.: <b>609</b>	Project name: <b>Murrayhill Shopping Center</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Fire Sprinkler Tenant Improvement</b>	
<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: <b>T&amp;L Communications, Inc.</b>	
Contact name: <b>Larry Bushaw</b>	
Address: <b>PO Box 87387</b>	
City/State/ZIP: <b>Vancouver, WA 98687</b>	
Phone: <b>(360) 737-9725</b>	Fax: <b>(360) 737-9648</b>
E-mail: <b>office@tl-communications.com</b>	
CONTRACTOR	
Business name: <b>T&amp;L Communications, Inc.</b>	
Address: <b>PO Box 87387</b>	
City/State/ZIP: <b>Vancouver, WA 98687</b>	
Phone: <b>(360) 737-9725</b>	Fax: <b>(360) 737-9648</b>
CCB lic.: <b>67787</b>	

Authorized signature:	Date:
Print name: <b>Larry Bushaw</b>	<b>3/1/19</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>\$1,000.00</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:	

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<b>\$121.28</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

# 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: 11-19-18	Permit No.: B2018-5496
Date Issued: 3-12-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 5200 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 18	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90018
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,255
New building area:	square feet 1,255
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
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: Crystal Fender	11/19/18

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 3/13/2019	Permit No: B2019-0967
Date Issued: 3/13/2019	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: 8788 SW Hall Blvd.	
City/State/ZIP: Portland, OR 97223	
Suite/bldg./apt. no.:	Project name: Progress Square
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install 50 Mil Commercial Grade Duro-Last Duro Tuff Single Ply PVC Membrane roof system to replace existing top layer of roof system	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Argonaut Investments	
Address: 770 Tamalpais Dr. Suite 401-B	
City/State/ZIP: Corte Madera, CA 94925	
Phone: (415) 945-2473	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Same as below	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Washington Roofing Company	
Address: 1700 SW Hwy. 18	
City/State/ZIP: McMinnville, OR 97128	
Phone: (503) 472-7663	Fax:
CCB lic.: 55201	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$88,634.00
Existing building area:	square feet 12,500
New building area:	square feet 12,500
Number of stories:	2
Type of construction:	reroof
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,749.89
Amount received	
Date received:	

Authorized signature: Vickie Shopmeyer	Date:
Print name: Vickie Shopmeyer	03/12/19

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: <b>3-13-19</b>	Permit No.: <b>32019-0974</b>
Date Issued: <b>3-13-19</b>	By: <b>RH</b>
	Payment Type: <b>check</b>

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: <b>16715 NW Mission Oaks Drive</b>	
City/State/ZIP: <b>Beaverton, Oregon 97006</b>	
Suite/bldg./apt. no.:	Project name: <b>Faraudo</b>
Cross street/directions to job site: <b>NW Waterhouse Avenue</b>	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>1N131AD019</b>	
DESCRIPTION OF WORK	
<b>Swapping fixtures, frame in niche and shower curb</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Jim and Chantal Faraudo</b>	
Address: <b>16715 NW Mission Oaks Drive</b>	
City/State/ZIP: <b>Beaverton, OR. 97006</b>	
Phone: <b>(503) 241-4059</b>	Fax:
E-mail: <b>keela@maughandesign.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Maughan Design, Inc.</b>	
Contact name: <b>Keela Scrivner</b>	
Address: <b>1910 NW Lovejoy Street</b>	
City/State/ZIP: <b>Portland, OR. 97209</b>	
Phone: <b>(503) 241-4059</b>	Fax:
E-mail: <b>keela@maughandesign.com</b>	
CONTRACTOR	
Business name: <b>Maughan Design, Inc.</b>	
Address: <b>1910 NW Lovejoy Street</b>	
City/State/ZIP: <b>Portland, OR. 97209</b>	
Phone: <b>(503) 241-4059</b>	Fax:
CCB Lic.: <b>124374</b>	

Authorized signature:	Date:
Print name: <b>Keela Scrivner</b>	<b>03/07/19</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	<b>\$50,000.00</b>
Number of bedrooms:	<b>4</b>
Number of bathrooms:	<b>3</b>
Total number of floors:	<b>2</b>
New dwelling area:	square feet <b>N/A</b>
Garage/carport area:	square feet <b>N/A</b>
Covered porch area:	square feet <b>N/A</b>
Deck area:	square feet <b>N/A</b>
Other structure area:	square feet <b>N/A</b>
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	<b>\$1,307.59</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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received:	Permit No.: <u>B2018-5511</u>
Date Issued: <u>3-12-19</u>	By: <u>MK</u>
	Payment Type: <u>Check</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>520 SW Erickson Ave</u>	
City/State/ZIP: <u>Beaverton, Or 97005</u>	
Suite/bldg./apt. no.: <u>1A</u>	Project name: <u>Central Park Condos</u>
Cross street/directions to job site: <u>5th Ave</u>	
Subdivision: <u>Central Beaverton</u>	Lot no.: <u>1S116DA90018</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>David Hummel</u>	
Address: <u>12190 SW 1st Street</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>503-546-3400</u>	Fax: <u>503-546-3401</u>
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Summit Reconstruction</u>	
Contact name: <u>Chris Johnson</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97224</u>	
Phone: <u>503-828-4639</u>	Fax:
E-mail: <u>chrisj@summitrecon.com</u>	
CONTRACTOR	
Business name: <u>Summit Reconstruction</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97224</u>	
Phone: <u>503-451-3544</u>	Fax:
CCB lic.: <u>199636</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,266
New building area:	square feet 1,266
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
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>Crystal Fender</u>	<u>11/19/18</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:	Permit No.: <b>B2018-5513</b>
Date Issued: <b>3-12-19</b>	By: <i>ML</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 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: <b>5204 SW Erickson Ave</b>	
City/State/ZIP: <b>Beaverton, Or 97005</b>	
Suite/bldg./apt. no.: <b>20</b>	Project name: <b>Central Park Condos</b>
Cross street/directions to job site: <b>5th Ave</b>	
Subdivision: <b>Central Beaverton</b>	Lot no.: <b>1S116DA90018</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>David Hummel</b>	
Address: <b>12190 SW 1st Street</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Phone: <b>503-546-3400</b>	Fax: <b>503-546-3401</b>
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Summit Reconstruction</b>	
Contact name: <b>Chris Johnson</b>	
Address: <b>7215 SW Bonita Rd</b>	
City/State/ZIP: <b>Tigard, OR 97224</b>	
Phone: <b>503-828-4639</b>	Fax:
E-mail: <b>chrisj@summitrecon.com</b>	
CONTRACTOR	
Business name: <b>Summit Reconstruction</b>	
Address: <b>7215 SW Bonita Rd</b>	
City/State/ZIP: <b>Tigard, OR 97224</b>	
Phone: <b>503-451-3544</b>	Fax:
CCB lic.: <b>199636</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	192,099.38
Existing building area:	square feet 1,335
New building area:	square feet 1,335
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
Amount received	
Date received:	

Authorized signature:

Print name: <i>Crystal Fender</i> Crystal Fender	Date: 11/19/18
---	----------------

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:	Permit No.: <b>B2018-5515</b>
Date Issued: <b>3-12-19</b>	By: <b>TK</b>
	Payment Type: <b>check</b>

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: <b>5210 SW Erickson Ave</b>	
City/State/ZIP: <b>Beaverton, Or 97005</b>	
Suite/bldg./apt. no.: <b>21</b>	Project name: <b>Central Park Condos</b>
Cross street/directions to job site: <b>5th Ave</b>	
Subdivision: <b>Central Beaverton</b>	Lot no.: <b>1S116DA90021</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> <b>PROPERTY OWNER</b>	<input type="checkbox"/> <b>TENANT</b>
Name: <b>David Hummel</b>	
Address: <b>12190 SW 1st Street</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Phone: <b>503-546-3400</b>	Fax: <b>503-546-3401</b>
E-mail:	
<input type="checkbox"/> <b>APPLICANT</b>	<input checked="" type="checkbox"/> <b>CONTACT PERSON</b>
Business name: <b>Summit Reconstruction</b>	
Contact name: <b>Chris Johnson</b>	
Address: <b>7215 SW Bonita Rd</b>	
City/State/ZIP: <b>Tigard, OR 97224</b>	
Phone: <b>503-828-4639</b>	Fax:
E-mail: <b>chrisj@summitrecon.com</b>	
CONTRACTOR	
Business name: <b>Summit Reconstruction</b>	
Address: <b>7215 SW Bonita Rd</b>	
City/State/ZIP: <b>Tigard, OR 97224</b>	
Phone: <b>503-451-3544</b>	Fax:
CCB lic.: <b>199636</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	192,099.38
Existing building area:	square feet 1,266
New building area:	square feet 1,266
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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*	
<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

Authorized signature:	
Print name: <b>Crystal Fender</b>	Date: <b>11/19/18</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:	Permit No.: B2018-551e
Date Issued: 3-12-19	By: JK
	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 bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5214 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 72	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90021
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,225
New building area:	square feet 1,225
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
Amount received	
Date received:	

Authorized signature:

Print name: Crystal Fender	Date: 11/19/18
----------------------------	----------------

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:	Permit No.: B2018-5517
Date Issued: 3-12-19	By: JUK
	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: 5166 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 23	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90023
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,594
New building area:	square feet 1,594
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
Amount received	
Date received:	

Authorized signature:

Print name: Crystal Fender	Date: 11/19/18
----------------------------	----------------

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:	Permit No.: 82018-5518
Date Issued: 3-12-19	By: HK
	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: 5164 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 24	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90023
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,225
New building area:	square feet 1,225
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
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: Crystal Fender	11/19/18

# Building Permit Application



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

OFFICE USE ONLY	
Date Received:	Permit No.: B2018-5519
Date Issued: 3-12-19	By: <i>HL</i>
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 5162 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 25	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90025
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,335
New building area:	square feet 1,335
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
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:
<i>Crystal Fender</i> Crystal Fender	11/19/18

# Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No.: B2018-5521
Date Issued: 3-12-19	By: <i>MC</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 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: 5160 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 200	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90025
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,594
New building area:	square feet 1,594
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
Amount received	
Date received:	

Authorized signature:

Print name: <i>Crystal Fehder</i> Crystal Fehder	Date: 11/19/18
---	----------------

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:	Permit No.: <u>B2018-5524</u>
Date Issued: <u>3-12-19</u>	By: <u>HU</u>
	Payment Type: <u>CHECK</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>5136 SW Erickson Ave</u>	
City/State/ZIP: <u>Beaverton, Or 97005</u>	
Suite/bldg./apt. no.: <u>27</u>	Project name: <u>Central Park Condos</u>
Cross street/directions to job site: <u>5th Ave</u>	
Subdivision: <u>Central Beaverton</u>	Lot no.: <u>1S116DA90027</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>David Hummel</u>	
Address: <u>12190 SW 1st Street</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>503-546-3400</u>	Fax: <u>503-546-3401</u>
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Summit Reconstruction</u>	
Contact name: <u>Chris Johnson</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97224</u>	
Phone: <u>503-828-4639</u>	Fax:
E-mail: <u>chrisj@summitrecon.com</u>	
CONTRACTOR	
Business name: <u>Summit Reconstruction</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, OR 97224</u>	
Phone: <u>503-451-3544</u>	Fax:
CCB lic.: <u>199636</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,225
New building area:	square feet 1,225
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name: <u>Crystal Fender</u>	Date: <u>11/19/18</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:	Permit No.: B2018-5525
Date Issued: 3-12-19	By: <i>Me</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 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: 5134 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 28	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90027
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,335
New building area:	square feet 1,335
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
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:
<i>Crystal Fender</i>	11/19/18
Print name: Crystal Fender	

# 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.: B 2018-5526
Date Issued: 3-12-19	By: <i>ML</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 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: 5132 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 29	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90027
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,436
New building area:	square feet 1,436
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
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:
<i>Crystal Fender</i> Crystal Fender	11/19/18

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 11-20-18	Permit No.: B2018-5528
Date Issued: 3-12-19	By: JLU
	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: 5130 SW Erickson Ave	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.: 30	Project name: Central Park Condos
Cross street/directions to job site: 5th Ave	
Subdivision: Central Beaverton	Lot no.: 1S116DA90027
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Hummel	
Address: 12190 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-546-3400	Fax: 503-546-3401
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Chris Johnson	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-828-4639	Fax:
E-mail: chrisj@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, OR 97224	
Phone: 503-451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	192,099.38
Existing building area:	square feet 1,116
New building area:	square feet 1,116
Number of stories:	2
Type of construction:	ORSC
Occupancy groups:	R-3
Existing:	R-3
New:	R-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	
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: Crystal Fehder	11/19/18

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-28-19	Permit No.: B2019-0393
Date Issued: 3-12-19	By: MK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14180 SW BARLOW RD.	
City/State/ZIP: BEAVERTON OREGON 97008	
Suite/bldg./apt. no.: —	Project name:
Cross street/directions to job site: SW MURRAY BLVD TO SW BARLOW RD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMODEL BASEMENT AREA TO CONSTRUCT A SEPARATE APARTMENT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: LUIS + JENNIFER RIVAS	
Address: 14180 SW BARLOW RD	
City/State/ZIP: BEAVERTON OREGON 97008	
Phone: 503 971 600 6356	Fax: —
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: JACK HAEDINGER	
Address: 11804 NE FARGO CT	
City/State/ZIP: PORTLAND OREGON 97220	
Phone: 503 793 7782	Fax:
E-mail: JACKPC14@GMAIL.COM	
CONTRACTOR	
Business name: HOMEOWNER	
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	\$30,000
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	780 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:	3000 square feet
New building area:	780 square feet
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	SINGLE FAMILY
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	\$280.73
Amount received	
Date received:	

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

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

Authorized signature:

Print name: Jack Haedinger	Date: 1/17/2019
----------------------------	-----------------

# Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No: <u>2019-0936</u>
Date Issued: <u>3/11/2019</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <u>roofing</u>
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>6800 SW 105th Beaverton Or</u>	
City/State/ZIP: <u>Beaverton Oregon</u>	
Suite/bldg./apt. no.:	Project name: <u>Williams Associates</u>
Cross street/directions to job site: <u>SW Denny RD Beaverton Or</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Roof recover	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>William Assocuates</u>	
Address: <u>6800 SW 105th Beaverton</u>	
City/State/ZIP: <u>Oregon 97008</u>	
Phone: <u>(503) 254-9167</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Griffith Roofing Co.</u>	
Contact name: <u>Charlie Breshears</u>	
Address: <u>6815 SW 111th Beaverton</u>	
City/State/ZIP: <u>Oregon 97008</u>	
Phone: <u>(503) 643-1596</u>	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>Griffith Roofing Co.</u>	
Address: <u>6815 SW 111th</u>	
City/State/ZIP: <u>Beaverton Oregon 97008</u>	
Phone: <u>(503) 643-1596</u>	Fax:
CCB lic.: <u>925</u>	
Authorized signature: <u>[Signature]</u>	Date: <u>3-11-2019</u>
Print name: <u>Charles Breshears</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>\$ 20243<sup>50</sup></u>	
Existing building area:	<u>1040</u> square feet
New building area:	square feet
Number of stories:	<u>2</u>
Type of construction:	<u>Roofing</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>573.91</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

Don't 5/7/18

**Building Permit Application**

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

*Rel issue  
 Lot 13*



OFFICE USE ONLY	
Date Received: <i>4/27/2018</i>	Permit No. <i>B2018-1814</i>
Date Issued: <i>3/8/2019</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>4970 Rossi Terrace</b>	
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: <b>Westedge</b>	Lot no.: <b>18</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Construction of new single family residence</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>J. T. Roth Construction Inc.</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard OR, 97223</b>	
Phone: <b>(503) 639-2639</b>	Fax: <b>(503) 624-0239</b>
E-mail: <b>davidj@jtrothinc.com</b>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>J. T. Roth Construction Inc.</b>	
Contact name: <b>David Jensen</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard, OR 97223</b>	
Phone: <b>(503) 806-0602</b>	Fax: <b>(503) 624-0239</b>
E-mail: <b>davidj@jtrothinc.com</b>	
CONTRACTOR	
Business name: <b>J. T. Roth Construction Inc.</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard, OR 97223</b>	
Phone: <b>(503) 639-2639</b>	Fax: <b>(503) 624-0239</b>
CCB lic.: <b>31700</b>	

Authorized signature: <i>[Signature]</i>	Date:
Print name: <b>David Jensen</b>	<b>04/23/18</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	<i>303,245.50</i>
Number of bedrooms:	<b>3</b>
Number of bathrooms:	<b>3.5</b>
Total number of floors:	<b>3</b>
New dwelling area:	square feet <b>2419</b>
Garage/carport area:	square feet <b>295</b>
Covered porch area:	square feet <b>56</b>
Deck area:	square feet <b>64</b>
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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>645.84</i>
Amount received	
Date received:	

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

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

Rel/Issue  
Let 13

Revised 5/7/18

### Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No. <b>B20181815</b>
Date Issued: <b>3/8/2019</b>	BY: <b>[Signature]</b>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>4980 Rossi Terrace</b>	
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: <b>Westedge</b>	Lot no.: <b>17</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Construction of new single family residence</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>J.T. Roth Construction Inc.</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard OR, 97223</b>	
Phone: <b>(503) 639-2639</b>	Fax: <b>(503) 624-0239</b>
E-mail: <b>davidj@jtrothinc.com</b>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>J.T. Roth Construction Inc.</b>	
Contact name: <b>David Jensen</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard, OR 97223</b>	
Phone: <b>(503) 806-0602</b>	Fax: <b>(503) 624-0239</b>
E-mail: <b>davidj@jtrothinc.com</b>	
CONTRACTOR	
Business name: <b>J.T. Roth Construction Inc.</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard, OR 97223</b>	
Phone: <b>(503) 639-2639</b>	Fax: <b>(503) 624-0239</b>
CCB lic.: <b>31700</b>	

Authorized signature:	
Print name:	<b>David Jensen</b>
Date:	<b>04/23/18</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	<b>303,245.50</b>
Number of bedrooms:	<b>3</b>
Number of bathrooms:	<b>3.5</b>
Total number of floors:	<b>3</b>
New dwelling area:	square feet <b>2419</b>
Garage/carport area:	square feet <b>295</b>
Covered porch area:	square feet <b>56</b>
Deck area:	square feet <b>64</b>
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	<b>645.84</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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No: <b>152018-1812</b>
Date Issued: <b>3/8/2019</b>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>4950 Rossi Terrace</b>	
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: <b>Westedge</b>	Lot no.: <b>20</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Construction of new single family residence</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>J. T. Roth Construction Inc.</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard OR, 97223</b>	
Phone: <b>(503) 639-2639</b>	Fax: <b>(503) 624-0239</b>
E-mail: <b>davidj@jtrothinc.com</b>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>J. T. Roth Construction Inc.</b>	
Contact name: <b>David Jensen</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard, OR 97223</b>	
Phone: <b>(503) 806-0602</b>	Fax: <b>(503) 624-0239</b>
E-mail: <b>davidj@jtrothinc.com</b>	
CONTRACTOR	
Business name: <b>J. T. Roth Construction Inc.</b>	
Address: <b>12600 SW 72nd Ave</b>	
City/State/ZIP: <b>Tigard, OR 97223</b>	
Phone: <b>(503) 639-2639</b>	Fax: <b>(503) 624-0239</b>
CCB lic.: <b>31700</b>	

Authorized signature: <i>[Signature: David Jensen]</i>	Date:
Print name: <b>David Jensen</b>	<b>04/23/18</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	<b>277,680.<sup>75</sup></b>
Number of bedrooms:	<b>3</b>
Number of bathrooms:	<b>3.5</b>
Total number of floors:	<b>3</b>
New dwelling area:	square feet <b>2215</b>
Garage/carport area:	square feet <b>266</b>
Covered porch area:	square feet <b>56</b>
Deck area:	square feet <b>64</b>
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
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

Router 5/7/18

### Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: APR 27 2018	Permit No: B2018-1813
Date Issued: 3/21/2019	
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 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: 4960 Rossi Terrace	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: Westedge	Lot no.: 19
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Construction of new single family residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: J. T. Roth Construction Inc.	
Address: 12600 SW 72nd Ave	
City/State/ZIP: Tigard OR, 97223	
Phone: (503) 639-2639	Fax: (503) 624-0239
E-mail: davidj@jtrothinc.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: J. T. Roth Construction Inc.	
Contact name: David Jensen	
Address: 12600 SW 72nd Ave	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 806-0602	Fax: (503) 624-0239
E-mail: davidj@jtrothinc.com	
CONTRACTOR	
Business name: J. T. Roth Construction Inc.	
Address: 12600 SW 72nd Ave	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 639-2639	Fax: (503) 624-0239
CCB lic.: 31700	

Authorized signature: <i>David Jensen</i>	Date:
Print name: David Jensen	04/23/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	301,335.95
Number of bedrooms:	3
Number of bathrooms:	3.5
Total number of floors:	3
New dwelling area:	square feet 2403
Garage/carport area:	square feet 295
Covered porch area:	square feet 56
Deck area:	square feet 64
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	642.78
Amount received	
Date received:	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <b>3-7-19</b>	Permit No.: <b>B2019-0894</b>
Date Issued: <b>3-8-19</b>	By: <b>MC</b>
	Payment Type: <b>MC</b>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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>4870 SW Franklin Avenue</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>VERSO - 2nd &amp; Lombard</b>
Cross street/directions to job site: <b>Lombard Ave, south of 2nd Street.</b>	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>Parcel II</b>	
DESCRIPTION OF WORK	
Demolition of existing 1165 s.f. house for future construction of new multi-family apartment building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Burnside Pacific, LLC (Robert Burnside)</b>	
Address: <b>22705 Alfalfa Market Road</b>	
City/State/ZIP: <b>Bend, OR 97701</b>	
Phone: <b>(949) 228-7299</b>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Ankrom-Moisan Architects</b>	
Contact name: <b>Francis Dardis</b>	
Address: <b>38 NW Davis Street</b>	
City/State/ZIP: <b>Portland, OR 97209</b>	
Phone: <b>(503) 892-7304</b>	Fax:
E-mail: <b>francisd@ankrommoisan.com</b>	
CONTRACTOR	
Business name: <b>Pence Construction</b>	
Address: <b>2720 SW Corbett Ave</b>	
City/State/ZIP: <b>Portland, OR 97201</b>	
Phone: <b>(503) 252-3802</b>	Fax:
CCB lic.: <b>153167</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>\$10,000</b>
Existing building area:	square feet
New building area:	square feet <b>N/A</b>
Number of stories:	<b>N/A</b>
Type of construction:	<b>N/A</b>
Occupancy groups:	<b>N/A</b>
Existing:	<b>5 existing houses to be demolished</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*	
Please refer to fee schedule	
Fees due upon application	<b>\$278.20</b>
Amount received	
Date received:	

Authorized signature:	Date: <b>3/6/19</b>
Print name: <b>Francis Dardis</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

# 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: 3-7-19	Permit No.: B2019-0892
Date Issued: 3-8-19	By: MK
	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 4855 SW Lombard Avenue	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: VERSO - 2nd & Lombard
Cross street/directions to job site: Lombard Ave, south of 2nd Street.	
Subdivision:	Lot no.:
Tax map/parcel no.: Parcel I	
DESCRIPTION OF WORK	
Demolition of existing 1777 s.f. house for future construction of new multi-family apartment building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Burnside Pacific, LLC (Robert Burnside)	
Address: 22705 Alfalfa Market Road	
City/State/ZIP: Bend, OR 97701	
Phone: (949) 228-7299	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ankrom-Moisan Architects	
Contact name: Francis Dardis	
Address: 38 NW Davis Street	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 892-7304	Fax:
E-mail: francisd@ankrommoisan.com	
CONTRACTOR	
Business name: Pence Construction	
Address: 2720 SW Corbett Ave	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 252-3802	Fax:
CCB lic.: 153167	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$10,000
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	N/A
Type of construction:	N/A
Occupancy groups:	N/A
Existing:	5 existing houses to be demolished
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	\$ 278.20
Amount received	
Date received:	

Authorized signature:	
Print name:	Francis Dardis
Date:	3/6/19

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

# 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: 3-7-19	Permit No.: B2019-0890
Date Issued: 3-8-19	By: MC
	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 4825 SW Lombard Avenue	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: VERSO - 2nd & Lombard
Cross street/directions to job site: Lombard Ave, south of 2nd Street.	
Subdivision:	Lot no.:
Tax map/parcel no.: Parcel V	
DESCRIPTION OF WORK	
Demolition of existing 3160 s.f. (combined) house for future construction of new multi-family apartment building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Burnside Pacific, LLC (Robert Burnside)	
Address: 22705 Alfalfa Market Road	
City/State/ZIP: Bend, OR 97701	
Phone: (949) 228-7299	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ankrom-Moisan Architects	
Contact name: Francis Dardis	
Address: 38 NW Davis Street	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 892-7304	Fax:
E-mail: francisd@ankrommoisan.com	
CONTRACTOR	
Business name: Pence Construction	
Address: 2720 SW Corbett Ave	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 252-3802	Fax:
CCB lic.: 153167	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$16,000
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	N/A
Type of construction:	N/A
Occupancy groups:	N/A
Existing:	5 existing houses to be demolished
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	\$390.02
Amount received	
Date received:	

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

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

Authorized signature:	Date: 3/6/19
Print name: Francis Dardis	

# 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: <b>3-7-19</b>	Permit No.: <b>B2019-0888</b>
Date Issued: <b>3-8-19</b>	By: <b>TK</b>
Payment Type: <b>MC</b>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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>4755 SW Lombard Avenue</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>VERSO - 2nd &amp; Lombard</b>
Cross street/directions to job site: <b>Lombard Ave, south of 2nd Street.</b>	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>Parcel III</b>	
DESCRIPTION OF WORK	
Demolition of existing 879 s.f. house for future construction of new multi-family apartment building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Burnside Pacific, LLC (Robert Burnside)</b>	
Address: <b>22705 Alfalfa Market Road</b>	
City/State/ZIP: <b>Bend, OR 97701</b>	
Phone: <b>(949) 228-7299</b>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Ankrom-Moisan Architects</b>	
Contact name: <b>Francis Dardis</b>	
Address: <b>38 NW Davis Street</b>	
City/State/ZIP: <b>Portland, OR 97209</b>	
Phone: <b>(503) 892-7304</b>	Fax:
E-mail: <b>francisd@ankrommoisan.com</b>	
CONTRACTOR	
Business name: <b>Pence Construction</b>	
Address: <b>2720 SW Corbett Ave</b>	
City/State/ZIP: <b>Portland, OR 97201</b>	
Phone: <b>(503) 252-3802</b>	Fax:
CCB lic.: <b>153167</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>\$8,000</b>
Existing building area:	square feet
New building area:	square feet <b>N/A</b>
Number of stories:	<b>N/A</b>
Type of construction:	<b>N/A</b>
Occupancy groups:	<b>N/A</b>
Existing:	<b>Existing house to be demolished</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	<b>\$240.72</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>3/6/19</b>
Print name: <b>Francis Dardis</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: 10-23-18	Permit No.: B2018-4884
Date Issued: 10/20/18	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: 1260 NW WATERHOUSE AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.:	Project name: SUMMIT BLDG
Cross street/directions to job site: NW 185TH AVE AND GREENBRIER PKWY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACE FIRE ALARM DUE TO CURRENT SYSTEM ISSUES	
<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: WESTERN STATES FIRE PROTECTION	
Contact name: WILLIAM T STEWART	
Address: 17500 SW 65TH AVE	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: (503) 407-0279	Fax:
E-mail: WILLIAM.STEWART@WSFP.US	
CONTRACTOR	
Business name: WESTERN STATES FIRE PROTECTION	
Address: 17500 SW 65TH AVE	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: (503) 407-0279	Fax:
CCB lic.: 104570	

Authorized signature:	Date:
Print name: WILLIAM T STEWART	10/22/18

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	22,317.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	
Occupancy groups:	B
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$209.65
Amount received	\$731.44
Date received:	10-23-18

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2-22-19</u>	Permit No.: <u>B2019-0729</u>
Date Issued: <u>3/1/2019</u>	Payment Type: <u>BA</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 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>12640 SW STILLWELL LN.</u>	
City/State/ZIP: <u>BEAVERTON, OR 97008</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>VOLUNTARY UNDERPINNING USING 5 HELICAL PIERS</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>DONALD &amp; PEGGY HUFFMAN</u>	
Address: <u>12640 SW STILLWELL LN.</u>	
City/State/ZIP: <u>BEAVERTON, OR 97008</u>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>I.E. STRUCTURAL LLC</u>	
Contact name: <u>DIMA SHEMETOV</u>	
Address: <u>6975 SW SANDBURG ST. SUITE 160</u>	
City/State/ZIP: <u>TIGARD, OR 97223</u>	
Phone: <u>(971) 322-3130</u>	Fax:
E-mail: <u>SHEMETOV@IEENGINEERING.COM</u>	
CONTRACTOR	
Business name: <u>TERRAFIRMA FOUNDATION SYSTEMS</u>	
Address: <u>7910 SW HUNZIKER ST.</u>	
City/State/ZIP: <u>TIGARD, OR 97223</u>	
Phone: <u>(503) 443-6866</u>	Fax: <u>(503) 954-5301</u>
CCB lic.: <u>173547</u>	

Authorized signature:	Date: <u>2-22-19</u>
Print name: <u>Dima Shemetov</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>\$11,800</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
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>\$153.66</u>
Amount received	<u>\$409.33</u>
Date received: <u>2-22-19</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

RE-EVALUATION



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: 2-4-19	Permit No.: B2019-0487
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Corridor de-rating
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: 3601 SW Murray Blvd	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Corridor de-rating
Cross street/directions to job site: SW Corner of SW Murray Blvd & SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Requesting review of existing plans to evaluate and document the removal of interior rated corridors and separations between accessory uses	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Providence Health & Services	
Address: 4400 NE Halsey Street - Building 2, suite 190	
City/State/ZIP: Portland OR, 97213	
Phone: (503) 893-6750	Fax: (503) 577-0761
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: JRJ Architects, llc	
Contact name: Thomas A Wesel	
Address: 15455 NW Greenbrier Parkway, Suite 260	
City/State/ZIP: Beaverton, Oregon 97006	
Phone: (503) 690-1779	Fax: (503) 690-0913
E-mail: twesel@jrjarch.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB llc.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	Hourly review
Existing building area:	square feet 336431
New building area:	square feet
Number of stories:	2 stories with mezzanine
Type of construction:	V-B
Occupancy groups:	B, A-2,A-3, S-1
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$160.00
Amount received	
Date received:	

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

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

Authorized signature:		Date:	02/01/19
Print name:	Thomas A. Wesel		

# 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: 1/16/2019	Permit No: B2019-0202
Date Issued: 3/8/2019	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: 12580 SW Broadway	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: Fresh Juice
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installing cabinets and setting up dining and service area. Making sure cabinets and layout meet ADA requirements. Also may be cutting concrete to put grease trap under 3-hole sink.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nazran Hasan	
Address: 20355 SW Clarian St	
City/State/ZIP: Beaverton, Oregon 97003	
Phone: (503) 830-4020	Fax:
E-mail: usd4a117@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: jimurphy579@yahoo.com	
CONTRACTOR	
Business name: Design Dynamics Construction LLC	
Address: 14070 SW 112th Ave	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (971) 400-9154	Fax:
CCB lic.: 222620	
Authorized signature: <i>Joe Murphy</i>	Date: 1/16/2019
Print name: Joe Murphy	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 12000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	324.13
Amount received	
Date received:	

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

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

# ELECTRONIC SUBMITTAL Building Permit Application

SEE I:/BLDG DIV W/98...



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: 01/31/2019	Permit No.: B2019-0460
Date Issued: 3/10/2019	BY: [Signature]
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: 2940 Sw Cedar Hills Blvd.	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.:	Project name: Chick-Fil-A
Cross street/directions to job site: Sw Jenkins Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install a new NFPA 13 fire sprinkler system in a new building.	
<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: Jet Fire Protection	
Contact name: Steve Sorensen	
Address: 1935 Silverton Rd	
City/State/ZIP: Salem, Or 97301	
Phone: (503) 798-4476	Fax:
E-mail: steve.s@jetindustries.net	
CONTRACTOR	
Business name: Jet Fire Protection	
Address: 1935 Silverton Rd	
City/State/ZIP: Salem, Or 97301	
Phone: (503) 363-2334	Fax:
CCB lic.: 3944	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$19,578
Existing building area:	square feet
New building area:	square feet 4,844
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	
New:	A-2

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$652.63
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: Steve Sorensen	01/30/19

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2/15/2019	Permit No.: B2019-0639
Date Issued: 3/7/2019	BY: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14623 SW TEAL Blvd.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Joe's Burgers
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of an Ansul 3 gallon fire suppression system into an exhaust hood.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Joe's Burgers	
Address: 14623 SW TEAL BLVD.	
City/State/ZIP: Beaverton, OR 97007	
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: unneccalfireequipment@hotmail.com	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 86723	
Authorized signature: [Signature]	
Print name: Greg Heath	Date: 2-15-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 3,250 <sup>00</sup>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	232.37
Amount received	
Date received:	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>1/24/2019</u>	Permit No: <u>52019-0325</u>
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 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>14795 SW Murray Scholls Suites 108, 109 &amp; 110</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant improvements to the existing fire alarm system	
<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>Northwest Fire Suppression, Inc.</u>	
Contact name: <u>Erin Hedrick</u>	
Address: <u>1800 NW 169th Place Suite C600</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Phone: <u>(503) 644-7720</u>	Fax: <u>(503) 644-8289</u>
E-mail: <u>erin@nwfire.com</u>	
CONTRACTOR	
Business name: <u>Northwest Fire Suppression, Inc.</u>	
Address: <u>1800 NW 169th Place Suite C600</u>	
City/State/ZIP: <u>Beaverton, OR 97006</u>	
Phone: <u>(503) 644-7720</u>	Fax: <u>(503) 644-8289</u>
CCB lic.: <u>88629</u>	
Authorized signature: <u>Erin R. Hedrick</u>	Date: <u>1-24-19</u>
Print name: <u>Erin Hedrick</u>	Date: <u>1-24-19</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>7,510.00</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>337.44</u>
Amount received	
Date received:	

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: <b>3-1-19</b>	Permit No.: <b>B2019-0807</b>
Date Issued: <b>3-6-19</b>	By: <i>[Signature]</i>
Payment Type: <b>check</b>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>3555 SW 153rd DR</b>	
City/State/ZIP: <b>Beaverton OREGON 97006</b>	
Suite/bldg./apt. no.:	Project name: <b>BeaverCreek</b>
Cross street/directions to job site: <b>153rd DR / Millikan way</b>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Demo of walls/partitions/cieling/tiles</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>FT Equities</b>	
Address: <b>3555 SW 153rd DR</b>	
City/State/ZIP: <b>Beaverton OR 97006</b>	
Phone: <b>1-714-458-9154</b>	Fax:
E-mail: <b>MSEward@univational.com</b>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <del>Deacon Construction</del>	
Contact name: <del>Brandon Huff</del> <b>Bill McCommur</b>	
Address: <b>FT Equities (Matt) 714-458-9154</b>	
City/State/ZIP: <b>3555 SW 153rd AVE</b>	
Phone: <b>714-458-9154</b>	Fax:
E-mail: <b>MSEward@univational.com</b>	
CONTRACTOR	
Business name: <b>Deacon Construction</b>	
Address: <b>901 NE Glisan Suite 100</b>	
City/State/ZIP: <b>Portland OR 97232</b>	
Phone: <b>503-297-8791</b>	Fax:
CCB lic.: <b>212549</b>	
Authorized signature: <i>[Signature]</i>	
Print name: <b>William G McCommur</b>	Date: <b>3-1-19</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>150,000</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*	
Please refer to fee schedule	
Fees due upon application	<b>\$3,694.73</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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. <b>B2018-5709</b>
Date Issued: <b>DEC 13 2018</b> <b>3/4/2019</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>14225 Tualatin Valley Highway</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>ATC 308351 TMO L600</b>
Cross street/directions to job site: <b>construction drawings</b>	
Subdivision:	Lot no.:
Tax map/parcel no.: <b>1S116BB02000</b>	
DESCRIPTION OF WORK	
<b>Like for like antenna and electrical component replacement with no expansion of use.</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>American Tower Corporation</b>	
Address: <b>10 Presidential Way</b>	
City/State/ZIP: <b>Woburn, MA 01801</b>	
Phone: <b>(425) 391-3447</b>	Fax:
E-mail: <b>jessica.verre@americantower.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Powder River Development Services</b>	
Contact name: <b>Weston Jorgenson</b>	
Address: <b>408 S Eagle Road, Suite 200</b>	
City/State/ZIP: <b>Eagle, ID 83616</b>	
Phone: <b>(832) 679-7632</b>	Fax: <b>(208) 938-8855</b>
E-mail: <b>weston.jorgenson@powderriverdev.com</b>	
CONTRACTOR	
Business name: <b>Sac Wireless LLC</b>	
Address: <b>540 W Madison 9th Flr</b>	
City/State/ZIP: <b>Chicago IL 60661</b>	
Phone:	Fax:
CCB lic.: <b>209500</b>	

Authorized signature:	Date:
<b>Weston Jorgenson</b>	<b>11/28/18</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>\$20,000</b>
Existing building area:	square feet <b>N/A</b>
New building area:	square feet <b>N/A</b>
Number of stories:	
Type of construction:	<b>2-B</b>
Occupancy groups:	<b>U</b>
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<b>290.98</b>
Amount received <b>12/14/2018</b>	
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 4756  
 Beaverton, OR 97076  
 Phone: (503) 526-2493 Fax: (503) 526-2550  
 General Information (503) 526-2222  
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 2/6/2018	Permit No.: B2019-0838
Date Issued: [Signature]	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: 7475 SW OLESON RD #6	
City/State/ZIP: PORTLAND, OR 97223	
Suite/bldg./apt. no.:	Project name: GARDEN HOME COMMUNITY LIBRARY
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocate Fire Alarm Horn Strobes For Tenant Improvement	
<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: PROTEK SYSTEMS, LLC	
Contact name: Adam Sweet	
Address: 305 SE CHKALOV DRIVE SUITE 111 #361	
City/State/ZIP: VANCOUVER, WA 98683	
Phone: 360.314.2017	Fax:
E-mail: protek.systems@outlook.com	
CONTRACTOR	
Business name: PROTEK SYSTEMS, LLC	
Address: 305 SE CHKALOV DRIVE SUITE 111 #361	
City/State/ZIP: VANCOUVER, WA 98683	
Phone: 360.314.2017	Fax:
CCB lic.: 216574	

Authorized signature: Adam Sweet	Date: 3/5/19
Print name: Adam Sweet	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,850.00
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	173.99
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: 3-1-19	Permit No.: B2019-0808
Date Issued: 3-1-19	By: JW
	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: 15500 SW Beaverton Creek Ct	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Apple Beaverton Interim
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
For Fire Alarm Affidavit - One Strobe Device added to existing system	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Apple Inc	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cochran Inc	
Contact name: Jacob Welch	
Address: 7550 SW Tech Center Dr	
City/State/ZIP: Tigard, OR 97224	
Phone: (971) 347-4433	Fax:
E-mail: jwelch@cochraninc.com	
CONTRACTOR	
Business name: Cochran Inc	
Address: 7550 SW Tech Center Dr	
City/State/ZIP: Tigard, OR 97224	
Phone: (971) 347-4433	Fax:
CCB lic.: 72942	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$1500.00	
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	\$150.57
Amount received	\$150.57
Date received:	3-1-19

Authorized signature: <i>Jacob Welch</i>	Date:
Print name: Jacob Welch	03/01/19

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

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

Form B70-1001 REV 2/14

# Building Permit Application

Community Development Department  
 Building Division  
 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: 3-1-19	Permit No.: B2019-0798
Date Issued: 3-1-19	By: <i>TLK</i>
	Payment Type: <i>CHECK</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15930 SW REGATTA LANE	
City/State/ZIP: BEAVERTON, OR, 97006	
Suite/bldg./apt. no.:	Project name: <i>WU'S OPEN KITCHEN</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ROOF OVER EXISTING SYSTEM, INSTALL TPO GAF SINGLE MEMBRANE 60 MIL. CAP METAL.	
<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: INTERSTATE ROOFING	
Contact name: LOUIS ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	
CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR, 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: *Louis Ornelas*

Print name: LOUIS ORNELAS	Date: 3-1-19
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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	
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>46,413</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*	
Please refer to fee schedule	
Fees due upon application	<i>\$947.50</i>
Amount received	<i>\$947.50</i>
Date received:	<i>3-1-19</i>

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

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