

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <b>JAN 28 2019</b>	Permit No: <b>B2019-0390</b>
Date Issued: <b>4-29-19</b>	By: <b>TUL</b>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <b>check</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>2180 SW 170th Avenue</b>
City/State/ZIP: <b>Beaverton, OR 97003</b>	
Suite/bldg./apt. no.:	Project name: <b>Maintenance Facility</b>
Cross street/directions to job site: <b>Intersection of SW 170th and SW Augusta Lane</b>	
Subdivision: <b>Five Oaks/Triple Creek</b>	Lot no.: <b>200 &amp; 600</b>
Tax map/parcel no.: <b>1S107AA</b>	
DESCRIPTION OF WORK	
<b>New electrical feeder and branch circuiting to support the new building canopy structure, (Bldg 4)</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Beaverton School District 48J (contact: Scott Johnson)</b>	
Address: <b>16550 SW Merlo Road</b>	
City/State/ZIP: <b>Beaverton, OR 97006</b>	
Phone: <b>(503) 356-4552</b>	Fax:
E-mail: <b>Scott_Johnson@beaverton.k12.or.us</b>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date: <b>1-25-19</b>
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>FFA Architecture + Interiors</b>	
Contact name: <b>Laura Roark</b>	
Address: <b>520 SW Yamhill, Suite 900</b>	
City/State/ZIP: <b>Portland, OR 97204</b>	
Phone: <b>(503) 327-0375</b>	Fax: <b>(503) 222-1701</b>
E-mail: <b>lroark@ffadesign.com</b>	
CONTRACTOR	
Business name: <b>Mill Plain Electric Inc.</b>	
Address: <b>6000 NE 88th St, B-105</b>	
City/State/ZIP: <b>Vancouver, WA 98665</b>	
Phone: <b>360-574-7265</b>	Fax: <b>360-574-0956</b>
E-mail: <b>Lorih@mp-electric.com</b>	CCB lic. no.: <b>63021</b>
Electrical lic. no.: <b>5991S</b>	City or metro lic.: <b>10864</b>
Supervising electrician signature, required:	
Print name: <b>Scott Kangas</b>	Date: <b>4/25/2019</b>
Authorized signature:	Date: <b>01/24/19</b>
Name: <b>Laura Roark</b>	

PLAN REVIEW			
Please check all that apply:			
<input checked="" type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system		
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
	<input type="checkbox"/> Recreational vehicle parks		
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit</b>			
<b>Includes attached garage</b>			
1,000 sq. ft. or less		194.64	4
Ea. add'l 600 sq. ft. or portion		34.77	
Limited energy, residential (with above sq. ft.)		46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less	1	115.83	115.83 2
201 amps to 400 amps		137.89	2
401 amps to 600 amps		229.34	2
601 amps to 1,000 amps		209.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 600 amps		184.11	2
601 amps to 1,000 amps		225.29	2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit	6	4.26	25.56 2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14	2
Each add'l branch circuit		4.26	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle		91.72	2
Sign or outline lighting		91.72	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		81.14	
Investigation fee			
Other:			
Electrical permit fees			
<b>SUBTOTAL</b>			<b>141.39</b>
Plan review (25% of permit fee)			<b>35.35</b>
State surcharge (12% of permit fee)			<b>16.07</b>
<b>TOTAL PERMIT FEE</b>			<b>193.71</b>

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

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received:	Permit No. <b>52019-0389</b>
Date Issued: <b>JAN 28 2019</b>	By: <b>HL</b>
<b>4-29-19</b>	Payment Type: <b>Check</b>
<b>CITY OF BEAVERTON</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>2180 SW 170th Avenue</b>
City/State/ZIP: <b>Beaverton, OR 97003</b>	
Suite/bldg./apt. no.:	Project name: <b>Maintenance Facility</b>
Cross street/directions to job site: <b>Intersection of SW 170th and SW Augusta Lane</b>	
Subdivision: <b>Five Oaks/Triple Creek</b>	Lot no.: <b>200 &amp; 600</b>
Tax map/parcel no.: <b>1S107AA</b>	
DESCRIPTION OF WORK	
<b>New electrical feeder and branch circuiting to support the new building structure. (Building #3)</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Beaverton School District 48J (contact: Scott Johnson)</b>	
Address: <b>16550 SW Merlo Road</b>	
City/State/ZIP: <b>Beaverton, OR 97006</b>	
Phone: <b>(503) 356-4552</b>	Fax:
E-mail: <b>Scott_Johnson@beaverton.k12.or.us</b>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date: <b>1-25-19</b>
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>FFA Architecture + Interiors</b>	
Contact name: <b>Laura Roark</b>	
Address: <b>520 SW Yamhill, Suite 900</b>	
City/State/ZIP: <b>Portland, OR 97204</b>	
Phone: <b>(503) 327-0375</b>	Fax: <b>(503) 222-1701</b>
E-mail: <b>lroark@ffadesign.com</b>	
CONTRACTOR	
Business name: <b>Mill Plain Electric Inc.</b>	
Address: <b>6000 NE 88th St, B-105</b>	
City/State/ZIP: <b>Vancouver, WA 98665</b>	
Phone: <b>360-574-7265</b>	Fax: <b>360-574-0956</b>
E-mail: <b>Lorih@mp-electric.com</b>	CCB No. no.: <b>63021</b>
Electrical No. no.: <b>5991S</b>	City or metro No.: <b>10864</b>
Supervising electrician signature, required:	
Print name: <b>Scott Kangas</b>	Date: <b>4/25/2019</b>
Authorized signature:	

PLAN REVIEW				
Please check all that apply:				
<input checked="" type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps			
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories			
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards			
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings			
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings			
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy			
	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less		194.84		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps	1	137.89	137.89	2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit	28	4.26	119.28	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees:				
<b>SUBTOTAL</b>				<b>257.17</b>
Plan review (25% of permit fee)				<b>64.29</b>
State surcharge (12% of permit fee)				<b>30.86</b>
<b>TOTAL PERMIT FEE</b>				<b>352.32</b>

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



# Electrical Permit Application

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

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

## OFFICE USE ONLY

Date Received: 1-25-19	Permit No.: B2019-0349
Date Issued: 4-26-19	By: <i>JMK</i>
	Payment Type: <i>Visa</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 12345 SW Horizon Blvd
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Tough Mudder Bootcamp
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior alteration for a new tenant layout.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Dean Durfee	
Address: 4285 Northwest Columbia Avenue	
City/State/ZIP: Portland, OR 97229	
Phone: (503) 869-9233	Fax:
E-mail: Dean.durfee@toughmudderbootcamp.com	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Interplan LLC	
Contact name: Sheyanna Day	
Address: 604 Courtland Street, Suite 100	
City/State/ZIP: Orlando, FL 32804	
Phone: (407) 645-5008	Fax:
E-mail: sday@interplanllc.com	
CONTRACTOR	
Business name: <i>ERTILL ELECTRIC</i>	
Address: <i>P.O. Box 219</i>	
City/State/ZIP: <i>Hillsboro OR 97123</i>	
Phone: <i>503-811-4511</i>	Fax:
E-mail:	CCB lic. no.: <i>180540</i>
Electrical lic. no.: <i>5420 S</i>	City or metro lic.: <i>C 390</i>
Supervising electrician signature, required: <i>[Signature]</i>	
Print name: <i>Dylan W...</i>	Date: <i>26 APR 19</i>
Authorized signature:	
Print name: Sheyanna Day	Date: 01/24/19

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps			
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories			
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards			
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings			
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings			
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy			
	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	1	115.83	115.83	2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit	22	4.26	93.72	2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72	91.72	2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe: <i>2</i>		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<i>\$392.99</i>	
Plan review (25% of permit fee)			<i>\$98.25</i>	
State surcharge (12% of permit fee)			<i>\$47.16</i>	
<b>TOTAL PERMIT FEE</b>			<i>\$538.40</i>	

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

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



**Electrical Permit Application**

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

RECEIVED

**OFFICE USE ONLY**

Date Received: <b>JAN 28 2019</b>	Permit No.: <b>52019-0391</b>
Date Issued: <b>4-29-19</b>	By: <b>ML</b>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <b>CHUCK</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>2180 SW 170th Avenue</b>
City/State/ZIP: <b>Beaverton, OR 97003</b>	
Suite/bldg./apt. no.:	Project name: <b>Maintenance Facility</b>
Cross street/directions to job site: <b>Intersection of SW 170th and SW Augusta Lane</b>	
Subdivision: <b>Five Oaks/Triple Creek</b>	Lot no.: <b>200 &amp; 600</b>
Tax map/parcel no.: <b>1S107AA</b>	
DESCRIPTION OF WORK	
<b>New electrical service, distribution, site lighting, and electrical feeders.</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Beaverton School District 48J (contact: Scott Johnson)</b>	
Address: <b>16550 SW Merlo Road</b>	
City/State/ZIP: <b>Beaverton, OR 97006</b>	
Phone: <b>(503) 356-4552</b>	Fax:
E-mail: <b>Scott_Johnson@beaverton.k12.or.us</b>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date: <b>1-25-19</b>
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>FFA Architecture + Interiors</b>	
Contact name: <b>Laura Roark</b>	
Address: <b>520 SW Yamhill, Suite 900</b>	
City/State/ZIP: <b>Portland, OR 97204</b>	
Phone: <b>(503) 327-0375</b>	Fax: <b>(503) 222-1701</b>
E-mail: <b>lroark@ffadesign.com</b>	
CONTRACTOR	
Business name: <b>Mill Plain Electric Inc</b>	
Address: <b>6000 NE 88th St, B-105</b>	
City/State/ZIP: <b>Vancouver, WA 98665</b>	
Phone: <b>360-574-7265</b>	Fax: <b>360-574-0956</b>
E-mail: <b>Lorih@mp-electric.com</b>	CCB lic. no.: <b>63021</b>
Electrical lic. no.: <b>5991S</b>	City or metro lic.: <b>10864</b>
Supervising electrician signature, required:	Date: <b>4/25/2019</b>
Print name: <b>Scott Kangas</b>	

PLAN REVIEW				
Please check all that apply:				
<input checked="" type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps			
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories			
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards			
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings			
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings			
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 160 KVA or larger separately derived system			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy			
	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	13	115.83	1505.79	2
201 amps to 400 amps	1	137.89	137.89	2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps	1	299.93	299.93	2
Over 1,000 amps or volts		690.22		2
Utility reconnect	1	91.72	91.72	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit	7	4.26	29.82	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>				<b>2065.15</b>
Plan review (25% of permit fee)				<b>516.29</b>
State surcharge (12% of permit fee)				<b>247.82</b>
<b>TOTAL PERMIT FEE</b>				<b>2829.26</b>

This permit application expires if a permit is not obtained within



Electrical Permit Application

T 19-002

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

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

**OFFICE USE ONLY**

Date Received: 03/21/2019 Permit No.: B2018-5397  
Date Issued: 4-3-19 By: CRL  
CITY OF BEAVERTON BUILDING DIVISION Payment Type: *cash*

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 17209 SW GOLDCREST LN
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: Bldg 12	Project name: SCMH
Cross street/directions to job site:	
Subdivision: South Cooper MTN HTS	Lot no.: 70
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes INC	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: hannah@everetthomesnw.com	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date: 2/19/2019
<input type="checkbox"/> APPLICANT	<input 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: Garner Electric	
Address: 2920 SE Brookwood Ave	
City/State/ZIP: Hillsboro OR 97123	
Phone: 503-648-4552	Fax:
E-mail: melgarner@garnerelectric.com	CCB lic. no.: 121159
Electrical lic. no.: 34-3056	City or metro lic.: 4110
Supervising electrician signature, required:	
Print name: Chuck Garner	Date: 2/19/2019
Authorized signature:	
Print name: Melissa Stock	Date: 2/19/2019

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps			
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories			
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards			
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings			
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings			
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy			
	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less	1	194.64		4
Ea. add'l 500 sq. ft. or portion	3	34.77		
Limited energy, residential (with above sq. ft.)	1	46.42	46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
<b>Electrical permit fees</b>				
<b>SUBTOTAL</b>			46.42	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			5.57	
<b>TOTAL PERMIT FEE</b>			<b>306.81</b>	

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



# Electrical Permit Application

Washington County, 155 N. 1<sup>st</sup> AV, Suite 350, MS 12, Hillsboro, OR 97124,

Phone: 503-846-3470/ lutbldg@co.washington.or.us

Inspection Requests: 503-846-3699/www.co.washington.or.us/piro

Project # B2019-1660

Permit # \_\_\_\_\_

### TYPE OF WORK

New construction  Addition/alteration/replacement  Other:

### CATEGORY OF CONSTRUCTION

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

### JOB SITE INFORMATION AND LOCATION

Job no.: \_\_\_\_\_ Job address: 14330 SW Wilson Ct

City/State/ZIP: Beaverton/Oregon/97008

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

Cross street/directions to job site: Murray and Hart

Subdivision: Highland Hills Lot no.: \_\_\_\_\_

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

### DESCRIPTION OF WORK

Service and feeder Electrical Panel 200A or less

PROPERTY OWNER  TENANT

Name: Riccardo Morescalchi

Address: 4365 NW 192nd ave

City/State/ZIP: Portland Oregon 97229

Phone: 503-539-6533 Email: Morescalchi@msn.com

Owner installation: This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange or rent. (ORS 479.540(1) and 479.560(1).  
Owner signature: Riccardo Morescalchi Date: 4-22-2019

APPLICANT  CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

E-mail:

### CONTRACTOR

Business name: Mr Electric of Hillsboro

Address: 2705 SE 39th Loop, Unit G

City/State/ZIP: Hillsboro, OR 97123

Email: officemgr.mrelectric@gmail.com

Phone: 503-506-2290 CCB lic. no.: 208614

Electrical lic. no.: 5846S City or metro lic.: \_\_\_\_\_

Supervising electrician signature, required: [Signature]

Print name: Benjamin Pelster Date: 4/22/19

Authorized signature:

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### PLAN REVIEW

Please check all that apply:

- Service or feeder 400 amps or more where the available fault current exceeds 10,000 amps at 150 volts or less to ground, or exceeds 14,000 amps for all other installations.
- Fire pump
- Emergency system
- Addition of new motor load of 100HP or more
- Six or more residential units
- Health-care facilities
- Hazardous locations
- Service or feeder 600 amps or more
- Building over three stories
- Marinas and boatyards
- Floating buildings
- Commercial-use agricultural buildings
- Installation of 150 KVA or larger separately derived system
- "A," "E," "I-2," "I-3" occupancy
- Recreational vehicle parks
- Supply voltage for more than 600 volts nominal

### FEE SCHEDULE

Description	Qty.	Fee	Total	*
-------------	------	-----	-------	---

Residential single- or multi-family dwelling unit. Includes attached garage.

1,000 sq. ft. or less		167.00		4
Ea. add'l 500 sq. ft. or portion		47.00		
Limited energy, residential (with above sq. ft.)		107.00		2
Limited energy, multi-family residential (with above sq. ft.)		107.00		2

Services or feeders installation, alteration, and/or relocation

200 amps or less	1	107.00	1	2
201 amps to 400 amps		161.00		2
401 amps to 600 amps		214.00		2
601 amps to 1,000 amps		321.00		2
Over 1,000 amps or volts		642.00		2

Temporary services or feeders installation, alteration, and/or relocation

200 amps or less		107.00		2
201 amps to 400 amps		161.00		2
401 amps to 599 amps		214.00		2

Branch circuits - new, alteration, or extension, per panel

A. Fee for branch circuits with above service or feeder fee, each branch circuit		9.50		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		107.00		2
Each add'l branch circuit	4	9.50		

Miscellaneous (service or feeder not included)

Each manufactured or modular dwelling, service, and/or feeder		113.50		2
Reconnect only		107.00		1
Pump or irrigation circle		107.00		2
Sign or outline lighting		107.00		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		107.00		2

Each additional inspection over allowable in any of the above

Per inspection		107.00		
Investigation fee (See compliance)				
Other:				

### ELECTRICAL PERMIT FEES

Subtotal				
Plan review ( 25% of permit fee)				
State surcharge (12% of permit fee)				
<b>TOTAL PERMIT FEE</b>				<b>163.13</b>

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

\* Number of inspections allowed per permit.

Disclaimer: By signing this application, the permit applicant acknowledges and agrees that they have obtained any required permission for the proposed work from the property



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4-8-19	Permit No.: BAC19-1387
Date Issued: 4-8-19	By: All
Payment Type: USA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 12580 NW Broadway
City/State/ZIP: Beaverton OR 97003	Project name: Fresh Juice
Suite/bldg./apt. no.:	Cross street/directions to job site:
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Reconnect A/C 3 Fan	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fresh Juice	
Address: 12580 NW Broadway	
City/State/ZIP: Beaverton OR 97003	
Phone: 503-830-9020	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Star Electric	
Address: P.O. Box 1784	
City/State/ZIP: Beaverton OR 97075	
Phone: 503-579-9201	Fax:
E-mail: 26-9630	CCB lic. no.: 153627
Electrical lic. no.: 192683	City or metro lic.:
Supervising electrician signature, required: [Signature]	
Print name: Graham Sarpak	Date: 4/8/19
Authorized signature:	
Print name:	Date:

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

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <i>4/10/2019</i>	Permit No.: <i>152019-1451</i>
Date Issued: <i>4/10/2019</i>	<i>PK</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <i>11350 SW Canyon Rd</i>
City/State/ZIP: <i>Beaverton, OR</i>	Project name: <i>UG TEMP POST</i>
Suite/bldg./apt. no.:	Cross street/directions to job site: <i>located on the adjacent lot with FRED MEYER GAS STATION</i>
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>TEMPORARY POST</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>EDGE Development</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>Edge Development</i>	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <i>Sunlight Electric Inc</i>	
Address: <i>2804 NE 65th Ave Suite D</i>	
City/State/ZIP: <i>Vancouver WA 98661</i>	
Phone: <i>971-222-5758</i>	Fax: <i>360-326-9660</i>
E-mail: <i>sunlight.inc1@comcast.net</i>	CCB lic. no.: <i>172549</i>
Electrical lic. no.: <i>C230</i>	City or metro lic.: <i>11608</i>
Supervising electrician signature, required: <i>Chester Garrett</i>	<i>1793S</i>
Print name: <i>Chester Garrett</i>	Date: <i>4-9-2019</i>
Authorized signature: <i>Peter Kozarez</i>	
Print name: <i>Peter Kozarez</i>	Date: <i>4-9-2019</i>

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps			
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories			
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards			
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings			
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings			
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "F-2," "F-3" occupancy			
	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b> Includes attached garage				
1,000 sq. ft. or less		144.20		4
Ea. add'l 500 sq. ft. or portion		25.75		
Limited energy, residential (with above sq. ft.)		34.40		2
Limited energy, multi-family residential (with above sq. ft.)		67.95		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		85.80		2
201 amps to 400 amps		102.15		2
401 amps to 600 amps		169.90		2
601 amps to 1,000 amps		222.20		2
Over 1,000 amps or volts		511.35		2
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	<i>1</i>	67.95		2
201 amps to 400 amps		94.40		2
401 amps to 600 amps		136.40		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		3.15		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		60.10		2
Each add'l branch circuit		3.15		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		67.95		2
Utility reconnect		67.95		1
Pump or irrigation circle		67.95		2
Sign or outline lighting		67.95		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		67.95		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		60.10		
Investigation fee				
Other:				
ELECTRICAL PERMIT FEES				
	Subtotal		0.00	
	Plan review (25% of permit fee)			
	State surcharge (12% of permit fee)		0.00	
	<b>TOTAL PERMIT FEE</b>		<b>0.00</b>	

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

\* Number of inspections allowed per permit.



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. <b>B2019-1434</b>
Date Issued:	<b>4/10/2019</b>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 2725 SW Cedar Hills Blvd
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Evergreens
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install (1) sign circuit	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Evergreens	
Address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton OR 97005	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ramsay Signs	
Contact name: Chris Brown	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
E-mail:	
CONTRACTOR	
Business name: Ramsay Signs	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
E-mail: Cbrown@ramsaysigns.com	CCB lic. no.: 63422
Electrical lic. no.: 26-106CLS	City or metro lic.: 9036
Supervising electrician signature, required: <i>[Signature]</i>	
Print name: Phil Stelger	Date: 4.9.19
Authorized signature: <i>[Signature]</i>	
Print name: Chris Brown	Date: 4.9.19

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps			
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories			
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards			
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings			
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings			
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy			
	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less		160.49	0.00	4
Ea. add'l 500 sq. ft. or portion		28.67	0.00	
Limited energy, residential (with above sq. ft.)		38.28	0.00	2
Limited energy, multi-family residential (with above sq. ft.)		75.63	0.00	2
<b>Services or feeders Installation, alteration, and/or relocation</b>				
200 amps or less		95.60	0.00	2
201 amps to 400 amps		113.69	0.00	2
401 amps to 600 amps		189.10	0.00	2
601 amps to 1,000 amps		247.31	0.00	2
Over 1,000 amps or volts		569.13	0.00	2
Utility reconnect		75.63	0.00	1
<b>Temporary services or feeders Installation, alteration, and/or relocation</b>				
200 amps or less		75.63	0.00	2
201 amps to 400 amps		105.06	0.00	2
401 amps to 600 amps		151.81	0.00	2
601 amps to 1,000 amps		185.76	0.00	2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		3.51	0.00	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		66.90	0.00	2
Each add'l branch circuit		3.51	0.00	
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		75.63	0.00	2
Pump or irrigation circle		75.63	0.00	2
Sign or outline lighting		75.63	0.00	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe: Install (1) sign circuit		75.63	0.00	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		66.80		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			0.00	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			0.00	
<b>TOTAL PERMIT FEE</b>			\$0.00	

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <b>4-9-19</b>	Permit No.: <b>32019-0535</b>
Date Issued: <b>4-9-19</b>	By:
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>2420 S.W. 75TH AVE</b>
City/State/ZIP: <b>Portland OR 97225</b>	Project name: <b>SYLVAN WEST</b>
Suite/bldg./apt. no.:	Cross street/directions to job site:
Subdivision:	Lot no.: <b>3</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NEW SINGLE FAMILY HOME</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>WESTWOOD CUSTOM HOMES</b>	
Address: <b>22470 S.W. 76TH AVE</b>	
City/State/ZIP: <b>TUALATIN OR 97062</b>	
Phone: <b>503-317-9777</b>	Fax:
E-mail: <b>WESTWOODHOMES@GMAIL.COM</b>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>WESTWOOD CUSTOM HOMES</b>	
Contact name: <b>GENE BRODSKY</b>	
Address: <b>22470 S.W. 76TH AVE</b>	
City/State/ZIP: <b>TUALATIN OR 97062</b>	
Phone: <b>503-317-9777</b>	Fax:
E-mail: <b>WESTWOODHOMES@GMAIL.COM</b>	
CONTRACTOR	
Business name: <b>Sunlight Electric Inc</b>	
Address: <b>2804 NE 65th Ave, Suite D</b>	
City/State/ZIP: <b>Vancouver WA 98661</b>	
Phone: <b>971-222-5758</b>	Fax: <b>360-326-9660</b>
E-mail: <b>sunlight.inc1@comcast.net</b>	CCB lic. no.: <b>172549</b>
Electrical lic. no.: <b>c230</b>	City or metro lic.: <b>11608</b>
Supervising electrician signature, required: <i>Chester Garrett</i>	
Print name: <b>Chester Garrett</b>	Date: <b>02/21/19</b>
Authorized signature: <i>Peter Kozarez</i>	
Print name: <b>Peter Kozarez</b>	Date: <b>02/21/19</b>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less	1	194.64	194.64	4
Ea. add'l 500 sq. ft. or portion	6	34.77	208.62	
Limited energy, residential (with above sq. ft.)	1	46.42	46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	1	115.83	115.83	2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
Each additional inspection over allowable in any of the above				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>0.00</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			<b>0.00</b>	
<b>TOTAL PERMIT FEE</b>			<b>\$0.00</b>	

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

Please email permit to: ferrisgl@yahoo.com.  
THANKS!



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: 4-9-19	Permit No.: B2019-1447
Date Issued: 4-9-19	By: MK
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 3215 SW Cedar Hills Blvd.
City/State/ZIP: Beaverton 97005	
Suite/bldg./apt. no.:	Project name: Bank of America
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace ATM Kiosk-Service and 2 circuits	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bank of America	
Address: 3215 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Tyler Electric, LLC	
Contact name: Linda Ferris	
Address: Box 801	
City/State/ZIP: Mullno, OR 97042	
Phone: 503-829-4146	Fax:
E-mail: ferrisgl@yahoo.com	
CONTRACTOR	
Business name: Tyler Electric, LLC	
Address: Box 801	
City/State/ZIP: Mulino, OR 97042	
Phone: 503-829-4146	Fax:
E-mail: ferrisgl@yahoo.com	CCB lic. no.: 144089
Electrical lic. no.: 47095	City or metro lic.: 7804
Supervising electrician signature, required:	
Print name: Gerald R. Tyler	Date: 4/8/19
Authorized signature:	
Print name: Gerald R. Tyler	Date: 4/8/19

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Service or feeder over 800 amps	
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings	
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy	
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks		
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit</b>			
Includes attached garage			
1,000 sq. ft. or less		194.64	4
Ea. add'l 500 sq. ft. or portion		34.77	
Limited energy, residential (with above sq. ft.)		46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less	1	115.83	115.83 2
201 amps to 400 amps		137.89	2
401 amps to 800 amps		229.34	2
601 amps to 1,000 amps		299.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 800 amps		184.11	2
601 amps to 1,000 amps		225.29	2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit	2	4.26	8.52 2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14	2
Each add'l branch circuit		4.26	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle		91.72	2
Sign or outline lighting		91.72	2
Signal circuit(s) or limited-energy panel, alteration, or extension, Describe:		91.72	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		81.14	
Investigation fee			
Other:			
Electrical permit fees			
SUBTOTAL			124.35 0.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			14.92 0.00
<b>TOTAL PERMIT FEE</b>			<b>139.27 0.00</b>

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

\$ 139.27



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>2/7/2019</u>	Permit No.: <u>BX19-0535</u>
Date Issued: <u>4-8-19</u>	By: <u>CR</u>
	Payment Type: <u>check</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>2420 SW 75th Terrace</u>
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: <u>Sylvan West</u>
Cross street/directions to job site:	
Subdivision:	Lot no.: <u>3</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>New SFR</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Westwood Custom Homes</u>	
Address: <u>22470 SW 76th Ave</u>	
City/State/ZIP: <u>Tualatin OR 97062</u>	
Phone: <u>503-317-9777</u>	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Same as owner</u>	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>TBD</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy	<input type="checkbox"/> Recreational vehicle parks
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations		
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less	<u>1</u>	194.64		4
Ea. add'l 500 sq. ft. or portion	<u>8</u>	34.77		
Limited energy, residential (with above sq. ft.)	<u>1</u>	46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>				<b>0.00</b>
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				<b>0.00</b>
<b>TOTAL PERMIT FEE</b>				<b>\$0.00</b>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17 501.53



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <b>4-5-19</b>	Permit No.: <b>B2019-1377</b>
Date Issued: <b>4-5-19</b>	By: <b>CRL</b>
Payment Type: <b>USA</b>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: <b>83000</b>	Job address: <b>8565 SW Beaverton- Hillsdale Hwy</b>
City/State/ZIP: <b>Portland, OR 97225</b>	
Suite/bldg./apt. no.: <b>3 &amp; 4</b>	Project name: <b>Solvino HVAC repairs</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing 2 GF and 2 AC units, like for like	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Solvino 8565, LLC</b>	
Address: <b>8565 SW Beaverton-Hillsdale Hwy</b>	
City/State/ZIP: <b>Portland, OR 97225</b>	
Phone: <b>(503) 545-6905</b>	Fax:
E-mail: <b>tessajstevens@gmail.com</b>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Pyramid Heating &amp; Cooling</b>	
Contact name: <b>Caitlin Alton</b>	
Address: <b>9409 NE Colfax St</b>	
City/State/ZIP: <b>Portland, Or 97220</b>	
Phone: <b>(503) 786-9522</b>	Fax: <b>(503) 786-3432</b>
E-mail: <b>permits@pyramidheating.com</b>	
CONTRACTOR	
Business name: <b>Pyramid Heating &amp; Cooling</b>	
Address: <b>9409 NE Colfax St</b>	
City/State/ZIP: <b>Portland, Or 97220</b>	
Phone: <b>(503) 786-9522</b>	Fax: <b>(503) 786-3432</b>
E-mail: <b>permits@pyramidheating.com</b>	CCB lic. no.: <b>59382</b>
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required: <i>Carey</i>	
Print name: <b>Carey</b>	Date:
Authorized signature:	
Print name: <b>Caitlin Alton</b>	Date: <b>04/04/19</b>

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26	17.04	2
B. Fee for branch circuits without service or feeder fee, first branch circuit	<b>4</b>	81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection	1	81.14	81.14	
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL			98.18	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				
TOTAL PERMIT FEE			<b>105.19</b>	

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

\* Number of inspections allowed per permit.



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <b>4-5-19</b>	Permit No.: <b>B2019-1372</b>
Date Issued: <b>4-5-19</b>	By: <b>MK</b>
Payment Type: <b>Cash</b>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>5775 sw 141st Ave.</b>
City/State/ZIP: <b>Beaverton, OR 97005</b>	Project name:
Suite/bldg./apt. no.:	Cross street/directions to job site: <b>Lisa lane and Bonny Rd</b>
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Remodeling garage into a studio.</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Lucia Lugo</b>	Date:
Address: <b>5775 sw 141st Ave.</b>	
City/State/ZIP: <b>Beaverton, OR</b>	
Phone: <b>503-929-2291</b>	Fax:
E-mail: <b>permakeupluc@gmail.com</b>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit	<b>1</b>	81.14		2
Each add'l branch circuit	<b>2</b>	4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL				
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				
<b>TOTAL PERMIT FEE</b>			<b>\$100.42</b>	

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



# Electrical Permit Application

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: 4-5-19	Permit No.: B2019 13009
Date Issued: 4-3-19	By: CAL
	Payment Type: cash check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement <input checked="" type="checkbox"/> Other: <i>SLAM hook-up</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <i>16165 SW REGATA LN</i>
City/State/ZIP: <i>BEAVERTON OR 97005</i>	Project name: <i>POMBAY PIZZA</i>
Suite/bldg./apt. no.: <i>700</i>	Cross street/directions to job site: <i>WALKER # 158</i>
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>SLAM hook-up</i>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <i>MARK CHAN</i>	
Address: <i>16165 SW REGATA LANE</i>	
City/State/ZIP: <i>BEAVERTON OR 97005</i>	
Phone: <i>541-324-1050</i>	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>BEAVERTON SIGNS</i>	
Contact name: <i>MIKE HOLMAN</i>	
Address: <i>3899 SW #1011 BLVD</i>	
City/State/ZIP: <i>BEAVERTON OR 97005</i>	
Phone: <i>503-672-9037</i>	Fax:
E-mail: <i>MIKE @ BEAVERTON SIGNS.COM</i>	
CONTRACTOR	
Business name: <i>INTEGRITY SIGNS OREGON</i>	
Address: <i>P.O. BOX 88</i>	
City/State/ZIP: <i>HUBBARD OR 97032</i>	
Phone: <i>503-981-3743</i>	Fax:
E-mail:	CCB lic. no.: <i>194155</i>
Electrical lic. no.: <i>CLS 20</i>	City or metro lic.: <i>399-516</i>
Supervising electrician signature, required: <i>[Signature]</i>	
Print name: <i>DAVE PAULUS</i>	Date: <i>4-5-19</i>
Authorized signature: _____	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks	
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b> Includes attached garage				
1,000 sq. ft. or less		152.85		4
Ea. add'l 500 sq. ft. or portion		27.30		
Limited energy, residential (with above sq. ft.)		36.46		2
Limited energy, multi-family residential (with above sq. ft.)		72.03		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		90.95		2
201 amps to 400 amps		108.28		2
401 amps to 600 amps		180.09		2
601 amps to 1,000 amps		235.53		2
Over 1,000 amps or volts		542.03		2
Utility reconnect		72.03		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		72.03		2
201 amps to 400 amps		100.06		2
401 amps to 600 amps		144.58		2
601 amps to 1,000 amps		144.58		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		3.34		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		63.71		2
Each add'l branch circuit		3.34		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		72.03		2
Pump or irrigation circle		72.03		2
Sign or outline lighting	<i>2</i>	72.03		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		72.03		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		63.71		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			0.00	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			0.00	
<b>TOTAL PERMIT FEE</b>			\$0.00	

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/2/2019	Permit No. 2019-1321
Date Issued: 4/2/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: 19897	Job address: 11675 SW Center St.
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: Building A	Project name: S+A Brookshire
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building A - New House Service	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Clackamas Electric, Inc	
Address: PO Box 51	
City/State/ZIP: Beavercreek OR 97004	
Phone: 503-632-2420	Fax: 503-632-2421
E-mail: service@clackamas-electric.com	CCB lic. no.: 161923
Electrical lic. no.: 36606	City of metro lic.: 8291
Supervising electrician signature, required: Scott Johnston	
Print name: Scott Johnston	Date: 4/2/19
Authorized signature:	

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system		
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy		
	<input type="checkbox"/> Recreational vehicle parks		
FEE SCHEDULE			
Description	Qty.	Fee	Total *
<b>Residential single- or multi-family dwelling unit includes attached garage</b>			
1,000 sq. ft. or less		160.49	0.00 4
Ea. add'l 500 sq. ft. or portion		28.67	0.00
Limited energy, residential (with above sq. ft.)		38.28	0.00 2
Limited energy, multi-family residential (with above sq. ft.)		75.63	0.00 2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less	1	95.50	95.50 2
201 amps to 400 amps		113.69	0.00 2
401 amps to 600 amps		189.10	0.00 2
601 amps to 1,000 amps		247.31	0.00 2
Over 1,000 amps or volts		569.13	0.00 2
Utility reconnect		75.63	0.00 1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		75.63	0.00 2
201 amps to 400 amps		105.06	0.00 2
401 amps to 600 amps		151.81	0.00 2
601 amps to 1,000 amps		185.76	0.00 2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit	2	3.51	7.02 2
B. Fee for branch circuits without service or feeder fee, first branch circuit		66.90	0.00 2
Each add'l branch circuit		3.51	0.00
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		75.63	0.00 2
Pump or irrigation circle		75.63	0.00 2
Sign or outline lighting		75.63	0.00 2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		75.63	0.00 2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		66.90	
Investigation fee			
Other:			
Electrical permit fees:			
SUBTOTAL			109.54
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			13.14
TOTAL PERMIT FEE			122.68

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



## Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/2/19	Permit No.: 2019-1317
Date Issued: 4/2/19	By: CRV
	Payment Type: VISA

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 3485 SW Cedar Hills Blvd
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Boy Boy Baby
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
5 IP CAM INSTALL	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: CCV Technology LLC	
Address: 5200 SW meadows dr suite 150	
City/State/ZIP: Beaverton OR 97035	
Phone: 503 476 5682	Fax:
E-mail: CHRISTIAN@ccvtech.net	OCB lic. no.: 204861
Electrical lic. no.: CLE398	City or metro lic.: 11673
Supervising electrician signature, required: Christian Valenti	
Print name: CHRISTIAN Valenti	Date: 4/2/2019
Authorized signature: Christian Valenti	
Print name: CHRISTIAN Valenti	Date: 4/2/2019
5369 LEA	

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

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

\* Number of inspections allowed per permit.



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <b>4/2/2019</b>	Permit No: <b>B2019-1322</b>
Date Issued: <b>4/2/2019</b>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>11420 SW 14th St</b>
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Final Inspection - <i>Burrow up electrical, raise after another contractor</i></b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Portland Electric LLC</b>	
Contact name: <b>Paul Grushevskiy</b>	
Address:	
City/State/ZIP:	
Phone: <b>(503) 849-8202</b>	Fax:
E-mail: <b>paul@portlandelectric.biz</b>	
CONTRACTOR	
Business name: <b>Portland Electric LLC</b>	
Address: <b>1915 E 5th Street Suite: D</b>	
City/State/ZIP: <b>Vancouver, WA 98661</b>	
Phone: <b>(503) 849-8202</b>	Fax: <b>(360) 314-4945</b>
E-mail: <b>paul@portlandelectric.biz</b>	CCB lic. no.: <b>194066</b>
Electrical lic. no.: <b>C760</b>	City or metro lic.:
Supervising electrician signature, required: <i>Alex Shalya</i>	
Print name: <b>Alex Shalya 4920S</b>	Date: <b>04/01/19</b>
Authorized signature:	
Print name:	Date:

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

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <b>4-1-19</b>	Permit No. <b>B2019-1300</b>
Date Issued: <b>4-1-19</b>	By: <b>ORL</b>
Payment Type: <b>MC</b>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: <b>2064-86</b>	Job address: <b>8495 SW Morgan Dr</b>
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>MAJRA</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Replace Existing 100A SERVICE to 200A 120/240V cp</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>BRIGHTSIDE Electric</b>	
Address: <b>PO Box 930</b>	
City/State/ZIP: <b>CARLTON, OR 97111</b>	
Phone: <b>503-852-7400</b>	Fax: <b>503-852-9573</b>
E-mail: <b>SANDY@ONLINE.MAC.COM</b>	CCB lic. no.: <b>153860</b>
Electrical lic. no.: <b>36110C</b>	City or metro lic.: <b>7795</b>
Supervising electrician signature, required: <b>David Hazell</b>	<b>53865</b>
Print name: <b>David Hazell</b>	Date: <b>4/1/19</b>
Authorized signature: <b>Larry Myrick</b>	
Print name: <b>LARRY MYRICK</b>	Date: <b>4/1/19</b>

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "B," "1-2," "1-3" occupancy
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks	
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit includes attached garage</b>			
1,000 sq. ft. or less		185.37	4
Ea. add'l 500 sq. ft. or portion		33.11	
Limited energy, residential (with above sq. ft.)		44.21	2
Limited energy, multi-family residential (with above sq. ft.)		87.35	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less	1	110.31	110.31
201 amps to 400 amps		131.32	2
401 amps to 600 amps		218.42	2
601 amps to 1,000 amps		285.85	2
Over 1,000 amps or volts		857.35	2
Utility reconnect		87.35	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		87.35	2
201 amps to 400 amps		121.34	2
401 amps to 600 amps		175.34	2
601 amps to 1,000 amps		214.56	2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.06	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		77.28	2
Each add'l branch circuit		4.06	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		87.35	2
Pump or irrigation circle		87.35	2
Sign or outline lighting		87.35	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		87.35	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		77.28	
Investigation fee			
Other:			
Electrical permit fees			110.31
SUBTOTAL			
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)		13	24
<b>TOTAL PERMIT FEE</b>		<b>123</b>	<b>55</b>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit  
 Form B70-1002 REV 10/15



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <u>4/11/19</u>	Permit No.: <u>B2019-1305</u>
Date Issued: <u>4/11/19</u>	By: <u>CRL</u>
Payment Type: <u>VISA</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>8110 SW Valleyview DR</u>
City/State/ZIP: <u>Beaverton, Or</u>	
Suite/bldg./apt. no.:	Project name: <u>Cascade Contracting</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>bath remodel of existing lighting and configuration</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>PC Electric</u>	
Address: <u>PO Box 517</u>	
City/State/ZIP: <u>Newberg Or.</u>	
Phone: <u>5035396033</u>	Fax: <u>5035386461</u>
E-mail: <u>pcsteve20@frontier.com</u>	CCB lic. no.: <u>187490</u>
Electrical lic. no.: <u>36-114C</u>	City or metro lic.:
Supervising electrician signature, required: _____	
Print name: <u>Steve Peppmeier</u>	Date: <u>3/29/19</u>
Authorized signature: _____	
Print name:	Date:

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks	
FEE SCHEDULE			
Description	Qty.	Fee	Total
<b>Residential single- or multi-family dwelling unit (includes attached garage)</b>			
1,000 sq. ft. or less		194.64	4
Ea. add'l 500 sq. ft. or portion		34.77	
Limited energy, residential (with above sq. ft.)		46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		115.83	2
201 amps to 400 amps		137.89	2
401 amps to 600 amps		229.34	2
601 amps to 1,000 amps		299.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 600 amps		184.11	2
601 amps to 1,000 amps		225.29	2
<b>Branch circuits - new, alteration, or extension (on panel)</b>			
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26	2
B. Fee for branch circuits without service or feeder fee, first branch circuit	1	81.14	2
Each add'l branch circuit	2	4.26	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle		91.72	2
Sign or outline lighting		91.72	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	2
<b>Each additional inspection over allowable is any of the above</b>			
Per inspection		81.14	
Investigation fee			
Other:			
<b>Electrical permit fees</b>			
SUBTOTAL			<u>89.66</u>
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			<u>10.75</u>
TOTAL PERMIT FEE			<u>100.42</u>

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <b>03/14/2019</b>	Permit No.: <b>B2019-1001</b>
Date Issued: <b>4-15-19</b>	By: <b>arc</b>
<b>CITY OF BEAVERTON BUILDING DIVISION</b>	
	Payment Type: <b>check</b>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>9853 SW Denney Rd</b>
City/State/ZIP: <b>Beaverton, OR 97008</b>	
Suite/bldg./apt. no.:	Project name: <b>Building 6</b>
Cross street/directions to job site: <b>SW Scholls Ferry Rd</b>	
Subdivision: <b>Denney Gardens</b>	Lot no.: <b>15</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Construct new Dwelling</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Willamette West Habitat for Humanity</b>	
Address: <b>5293 NE Elam Young Pkwy, #140</b>	
City/State/ZIP: <b>Hillsboro, OR 97124</b>	
Phone: <b>503-502-8523</b>	Fax:
E-mail: <b>mikewille@habitatwest.org</b>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>- same -</b>	
Contact name: <b>Mike Wille</b>	
Address: <b>- same -</b>	
City/State/ZIP:	
Phone: <b>503-502-8523</b>	Fax:
E-mail: <b>mikewille@habitatwest.org</b>	
CONTRACTOR	
Business name: <b>On Electric LLC</b>	
Address: <b>9720 SW Hillman Ct Ste 815</b>	
City/State/ZIP: <b>Wilsonville, OR 97070</b>	
Phone: <b>503-455-8897</b>	Fax: <b>503-654-2028</b>
E-mail: <b>permits@on-electric.com</b>	CCB lic. no.: <b>205100</b>
Electrical lic. no.: <b>C1078</b>	City or metro lic.:
Supervising electrician signature, required:	
Print name: <b>Don Deyoe</b>	Date:
Authorized signature:	
Print name: <b>Levi Fletcher</b>	Date:

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy	<input type="checkbox"/> Recreational vehicle parks
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b> Includes attached garage				
1,000 sq. ft. or less	1	194.64		4
Ea. add'l 500 sq. ft. or portion	2	34.77		
Limited energy, residential (with above sq. ft.)	1	46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
<b>Electrical permit fees</b>				
<b>SUBTOTAL</b>				<b>0.00</b>
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				<b>0.00</b>
<b>TOTAL PERMIT FEE</b>				<b>\$347.87</b>

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



### Electrical Permit Application

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

<b>RECEIVED</b> OFFICE USE ONLY	
Date Received: <b>AUG 1 2018</b>	Permit No.: <b>B209-3550</b>
Date Issued: <b>4-2-19</b>	By: <b>CPL</b>
<b>CITY OF BEAVERTON BUILDING DIVISION</b>	
Payment Type: <b>check</b>	

<b>TYPE OF WORK</b>	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
<b>CATEGORY OF CONSTRUCTION</b>	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job no.:	Job address: <b>15711 SW Wren Lane</b>
City/State/ZIP: <b>BEAVERTON OR</b>	
Suite/bldg./apt. no.:	Project name: <b>RUSSELL</b>
Cross street/directions to job site:	
Subdivision: <b>WESTMONT</b>	Lot no.: <b>39</b>
Tax map/parcel no.:	
<b>DESCRIPTION OF WORK</b>	
<b>NEW SINGLE FAMILY RESIDENCE</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>DR HORTON INC</b>	
Address: <b>4380 SW MACADAM AVE</b>	
City/State/ZIP: <b>PORTLAND OR 97239</b>	
Phone: <b>5032224151</b>	Fax:
E-mail: <b>PLANCHECK@DRHORTON.COM</b>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>SAME AS ABOVE</b>	
Contact name: <b>AMANDA LOVERIDGE</b>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>CONTRACTOR</b>	
Business name: <b>Power Line Electric, Inc</b>	
Address: <b>8403 SE Sherrett St</b>	
City/State/ZIP: <b>Portland, OR 97266</b>	
Phone: <b>(971) 645-3807</b>	Fax:
E-mail: <b>PowerLineElectric@yahoo.com</b>	CCB lic. no.: <b>205976</b>
Electrical lic. no.: <b>C1099</b>	City or metro lic.: <b>11838</b>
Supervising electrician signature, required: <b>Alan Brown</b>	
Print name: <b>Alan Brown</b>	Date:
Authorized signature:	
Print name:	Date:

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

FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less	1	168.52		4
Ea. add'l 500 sq. ft. or portion	5	30.10		
Limited energy, residential (with above sq. ft.)	1	40.19		2
Limited energy, multi-family residential (with above sq. ft.)		79.41		2
<b>Services or feeders Installation, alteration, and/or relocation</b>				
200 amps or less	1	100.28		2
201 amps to 400 amps		119.38		2
401 amps to 600 amps		198.56		2
601 amps to 1,000 amps		259.68		2
Over 1,000 amps or volts		597.59		2
Utility reconnect		79.41		1
<b>Temporary services or feeders Installation, alteration, and/or relocation</b>				
200 amps or less		79.41		2
201 amps to 400 amps		110.31		2
401 amps to 600 amps		159.40		2
601 amps to 1,000 amps		195.05		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		3.69		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		70.25		2
Each add'l branch circuit		3.69		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		79.41		2
Pump or irrigation circle		79.41		2
Sign or outline lighting		79.41		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		79.41		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		70.25		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>0.00</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			<b>0.00</b>	
<b>TOTAL PERMIT FEE</b>			<b>\$0.00</b>	

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



## Electrical Permit Application

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

### OFFICE USE ONLY

Date Received:	Permit No.: <b>B2018-6054</b>
Date Issued: <b>4-12-18</b>	By: <b>cm</b>
	Payment Type: <b>check</b>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>12335 SW 174th Ter</b>
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <b>SW Goose Lane</b>	
Subdivision: <b>South Cooper Mtn</b>	Lot no.: <b>132</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NSFR</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Lennar NW Inc.</b>	
Address: <b>11807 NE 99th St. #1170</b>	
City/State/ZIP: <b>Vancouver, WA 98682</b>	
Phone: <b>(360) 258-7900</b>	Fax: <b>(360) 258-7901</b>
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Lennar NW Inc.</b>	
Contact name: <b>Juls Call</b>	
Address: <b>same as above</b>	
City/State/ZIP:	
Phone: <b>(360) 258-7906</b>	Fax:
E-mail: <b>juls.call@lennar.com</b>	
CONTRACTOR	
Business name: <b>Power Line Electric Incorporated</b>	
Address: <b>8403 SE Sherrett St</b>	
City/State/ZIP: <b>Portland, OR 97266</b>	
Phone: <b>(971) 645-3807</b>	Fax:
E-mail: <b>PowerLineElectric@yahoo.co</b>	CCB lic. no.: <b>205976</b>
Electrical lic. no.: <b>C1099</b>	City or metro lic.: <b>11838</b>
Supervising electrician signature, required: <b>Alan L. Brown</b>	
Print name: <b>Alan Brown</b>	Date: <b>July 24, 2018</b>
Authorized signature: <b>E. Volosevych</b>	
Print name: <b>Eugene Volosevych</b>	Date: <b>July 24, 2018</b>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps <input type="checkbox"/> Building over three stories <input type="checkbox"/> Marinas and boatyards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of 150 KVA or larger separately derived system <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy <input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Service or feeder 400amps or more <input type="checkbox"/> Fire pump <input type="checkbox"/> Emergency system <input type="checkbox"/> Addition of new motor load of 100HP or more <input type="checkbox"/> Six or more residential units <input type="checkbox"/> Health-care facilities <input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less	1	194.64	194.64	4
Ea. add'l 500 sq. ft. or portion	4	34.77		
Limited energy, residential (with above sq. ft.)	1	46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per Inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>194.64</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				<b>23.36</b>
<b>TOTAL PERMIT FEE</b>			<b>\$425.70</b>	

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <u>4/11/2019</u>	Permit No: <u>52019-1498</u>
Date Issued: <u>4/11/2019</u>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: <u>45361</u>	Job address: <u>4575 SW 99th Ave.</u>
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>HigherGround Child Care</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Install fire alarm/voice evacuation system</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Action Technology Systems LLC</u>	
Contact name: <u>Steve Barry</u>	
Address: <u>835 SE 17th Ave</u>	
City/State/ZIP: <u>Portland, OR 97214</u>	
Phone: <u>(503) 231-1992</u>	Fax: <u>(503) 231-1402</u>
E-mail: <u>sabarry@actiontechnology.com</u>	
CONTRACTOR	
Business name: <u>Action Technology Systems LLC</u>	
Address: <u>835 SE 17th Ave</u>	
City/State/ZIP: <u>Portland, OR 97214</u>	
Phone: <u>(503) 231-1992</u>	Fax: <u>(503) 231-1402</u>
E-mail: <u>rskirkland@actiontechnology.com</u>	CCB lic. no.: <u>157630</u>
Electrical lic. no.: <u>26-775CLE</u>	City or metro lic.: <u>8871</u>
Supervising electrician signature required: _____	
Print name: <u>Paul Haueter</u>	Date: <u>04/11/19</u>
Authorized signature: _____	
Print name: <u>Steven A. Barry</u>	Date: <u>04/11/19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks			
<input type="checkbox"/> Six or more residential units				
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 800 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:	1	91.72	91.72	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL			91.72	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			11.01	
TOTAL PERMIT FEE			\$102.73	

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



### Electrical Permit Application

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

**RECEIVED**  
OFFICE USE ONLY

Date Received: <b>12/21/2018</b>	Permit No.: <b>B2018-6047</b>
Date Issued: <b>1-12-19</b>	By: <b>cm</b>
<b>CITY OF BEAVERTON BUILDING DIVISION</b>	
Payment Type: <b>check</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>12403 SW 174th Terrace</b>
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: <b>South Cooper Mtn</b>	Lot no.: <b>129</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NSFR</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Lennar NW Inc.</b>	
Address: <b>11807 NE 99th St. #1170</b>	
City/State/ZIP: <b>Vancouver, WA 98682</b>	
Phone: <b>(360) 258-7900</b>	Fax: <b>(360) 258-7901</b>
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Lennar NW Inc.</b>	
Contact name: <b>Juls Call</b>	
Address: <b>same as above</b>	
City/State/ZIP:	
Phone: <b>(360) 258-7906</b>	Fax:
E-mail: <b>juls.call@lennar.com</b>	
CONTRACTOR	
Business name: <b>Lite-Rite Electric, Inc</b>	
Address: <b>28820 SW Burkhalter Rd.</b>	
City/State/ZIP: <b>Hillsboro, Oregon, 97123</b>	
Phone: <b>(503) 705-9808</b>	Fax:
E-mail: <b>literiteelectric@gmail.com</b>	
Electrical lic. no.: <b>34-358C</b>	City or metro lic.: <b>2643</b>
Supervising electrician signature, required: <i>John W. Buck</i>	
Print name: <b>JOHN W. BUCK</b>	Date: <b>09/14/18</b>
Authorized signature: <i>John W. Buck</i>	
Print name: <b>JOHN W. BUCK</b>	Date: <b>09/14/18</b>

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

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



### Electrical Permit Application

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

**RECEIVED**  
OFFICE USE ONLY

Date Received: <b>12/21/2018</b>	Permit No.: <b>B2018-6046</b>
Date Issued: <b>4-12-19</b>	By: <b>CLK</b>
<b>CITY OF BEAVERTON BUILDING DIVISION</b>	
Payment Type: <b>check</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>17332 SW Harrier Lane</b>
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: <b>South Cooper Mtn</b>	Lot no.: <b>120</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NSFR</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Lennar NW Inc.</b>	
Address: <b>11807 NE 99th St. #1170</b>	
City/State/ZIP: <b>Vancouver, WA 98682</b>	
Phone: <b>(360) 258-7900</b>	Fax: <b>(360) 258-7901</b>
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Lennar NW Inc.</b>	
Contact name: <b>Juls Call</b>	
Address: <b>same as above</b>	
City/State/ZIP:	
Phone: <b>(360) 258-7906</b>	Fax:
E-mail: <b>juls.call@lennar.com</b>	
CONTRACTOR	
Business name: <b>Lite-Rite Electric, Inc</b>	
Address: <b>28820 SW Burkhalter Rd.</b>	
City/State/ZIP: <b>Hillsboro, Oregon, 97123</b>	
Phone: <b>(503) 705-9808</b>	Fax:
E-mail: <b>literiteelectric@gmail.com</b>	
Electrical lic. no.: <b>34-358C</b>	City or metro lic.: <b>2643</b>
Supervising electrician signature, required: <i>John W. Buck</i>	
Print name: <b>JOHN W. BUCK</b>	Date: <b>09/14/18</b>
Authorized signature: <i>John W. Buck</i>	
Print name: <b>JOHN W. BUCK</b>	Date: <b>09/14/18</b>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less	1	194.64		4
Ea. add'l 500 sq. ft. or portion	1	34.77		
Limited energy, residential (with above sq. ft.)	1	46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle-		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	91.72	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>0.00</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			<b>0.00</b>	
<b>TOTAL PERMIT FEE</b>			<b>\$503.64</b>	

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

**COB Revision/Tracking #:**  
**REV 19-092**



**Electrical Permit Application**

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

**OFFICE USE ONLY**

Date Received: <b>RECEIVED</b>	Permit No.: <b>B2018-6058</b>
Date Issued: <b>03/14/2019</b>	By: <b>clcl</b>
	Payment Type: <b>check</b>

<b>TYPE OF WORK</b>	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job no.:	Job address: <b>12331 SW 174th Terrace</b>
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: <b>South Cooper Mtn</b>	Lot no.: <b>133</b>
Tax map/parcel no.:	
<b>DESCRIPTION OF WORK</b>	
<b>NSFR</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Lennar NW Inc.</b>	
Address: <b>11807 NE 99th St. #1170</b>	
City/State/ZIP: <b>Vancouver, WA 98682</b>	
Phone: <b>(360) 258-7900</b>	Fax: <b>(360) 258-7901</b>
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Lennar NW Inc.</b>	
Contact name: <b>Juls Call</b>	
Address: <b>same as above</b>	
City/State/ZIP:	
Phone: <b>(360) 258-7906</b>	Fax:
E-mail: <b>juls.call@lennar.com</b>	
<b>CONTRACTOR</b>	
Business name: <b>Lite-Rite Electric, Inc</b>	
Address: <b>28820 SW Burkhalter Rd.</b>	
City/State/ZIP: <b>Hillsboro, Oregon, 97123</b>	
Phone: <b>(503) 705-9808</b>	Fax:
E-mail: <b>literiteelectric@gmail.com</b>	CCB lic. no.: <b>89854</b>
Electrical lic. no.: <b>34-358C</b>	City or metro lic.: <b>2643</b>
Supervising electrician signature, required: <i>John W. Buck</i>	
Print name: <b>JOHN W. BUCK</b>	Date: <b>09/14/18</b>
Authorized signature: <i>John W. Buck</i>	
Print name: <b>JOHN W. BUCK</b>	Date: <b>09/14/18</b>

**CITY OF BEAVERTON BUILDING DIVISION**

<b>PLAN REVIEW</b>			
Please check all that apply:			
<input type="checkbox"/> Service over 600 amps or more	<input type="checkbox"/> Service or feeder over 600 amps	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks	
<b>FEE SCHEDULE</b>			
Description	Qty.	Fee	Total *
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>			
1,000 sq. ft. or less	1	194.64	4
Ea. add'l 500 sq. ft. or portion	4	34.77	
Limited energy, residential (with above sq. ft.)	1	46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		115.83	2
201 amps to 400 amps		137.89	2
401 amps to 600 amps		229.34	2
601 amps to 1,000 amps		299.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 600 amps		184.11	2
601 amps to 1,000 amps		225.29	2
<b>Branch circuits -- new, alteration, or extension, per panel</b>			
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26	2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14	2
Each add'l branch circuit		4.26	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle-		91.72	2
Sign or outline lighting		91.72	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		81.14	
Investigation fee			
Other:			
Electrical permit fees			
<b>SUBTOTAL</b>			<b>0.00</b>
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			<b>0.00</b>
<b>TOTAL PERMIT FEE</b>			<b>\$425.76</b>

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



### Electrical Permit Application

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

**RECEIVED**  
OFFICE USE ONLY

Date Received: <b>12/21/2018</b>	Permit No.: <b>B2018-6051</b>
Date Issued: <b>4-12-19</b>	By: <b>Call</b>
<b>CITY OF BEAVERTON BUILDING DIVISION</b>	
Payment Type: <b>check</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>12341 SW 174th Terrace</b>
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: <b>South Cooper Mtn</b>	Lot no.: <b>131</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NSFR</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Lennar NW Inc.</b>	
Address: <b>11807 NE 99th St. #1170</b>	
City/State/ZIP: <b>Vancouver, WA 98682</b>	
Phone: <b>(360) 258-7900</b>	Fax: <b>(360) 258-7901</b>
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Lennar NW Inc.</b>	
Contact name: <b>Juls Call</b>	
Address: <b>same as above</b>	
City/State/ZIP:	
Phone: <b>(360) 258-7906</b>	Fax:
E-mail: <b>juls.call@lennar.com</b>	
CONTRACTOR	
Business name: <b>Lite-Rite Electric, Inc</b>	
Address: <b>28820 SW Burkhalter Rd.</b>	
City/State/ZIP: <b>Hillsboro, Oregon, 97123</b>	
Phone: <b>(503) 705-9808</b>	Fax:
E-mail: <b>literiteelectric@gmail.com</b>	CCB lic. no.: <b>89854</b>
Electrical lic. no.: <b>34-358C</b>	City or metro lic.: <b>2643</b>
Supervising electrician signature, required: <i>John W. Buck</i>	
Print name: <b>JOHN W. BUCK</b>	Date: <b>09/14/18</b>
Authorized signature: <i>John W. Buck</i>	
Print name: <b>JOHN W. BUCK</b>	Date: <b>09/14/18</b>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Health-care facilities				
<input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less	<b>1</b>	194.64		4
Ea. add'l 500 sq. ft. or portion	<b>6</b>	34.77		
Limited energy, residential (with above sq. ft.)	<b>1</b>	46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle-		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:	<b>1</b>	91.72	91.72	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>0.00</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			<b>0.00</b>	
<b>TOTAL PERMIT FEE</b>			<b>\$503.64</b>	

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: 4/11/2019	Permit No.: B2019-1483
Date Issued: 4/11/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: 45361	Job address: 7945 B.H. Hwy
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: HigherGround Child Care
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install voice data cabling	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Action Technology Systems LLC	
Contact name: Steve Barry	
Address: 835 SE 17th Ave	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 231-1992	Fax: (503) 231-1402
E-mail: sabarry@actiontechnology.com	
CONTRACTOR	
Business name: Action Technology Systems LLC	
Address: 835 SE 17th Ave	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 231-1992	Fax: (503) 231-1402
E-mail: rakirkland@actiontechnology.com	CCB lic. no.: 157630
Electrical lic. no.: 26-775CLE	City or metro lic.: 8871
Supervising electrician signature:	
Print name: Paul Haueter	Date: 04/11/19
Authorized signature:	
Print name: Steven A. Barry	Date: 04/11/19

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

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/11/19	Permit No. B2019-1492
Date Issued: 4/11/19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 15655 SW Baboite Cir
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Run electrical wire to the camp pump from existing outlet.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: John Kian	
Address: 15655 SW Baboite Circle	
City/State/ZIP: Beaverton OR 97007	
Phone: 503-888-6848	Fax:
E-mail: jkianhe@yahoo.com	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: [Signature]	Date: 4/11/19
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Same as Owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

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

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17 90.88



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4-11-19	Permit No.: B2019-1491
Date Issued: 4-11-19	By: CLK
Payment Type: USA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 8665 SW Pacer Court
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.:	Project name: Kitchen Remodel
Cross street/directions to job site: Sorrento to Davis to Pacer Dr to Court	
Subdivision:	Lot no.: 19
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Move 3 light switches to different wall; add 1 outlet, and disconnect & reconnect 1 outlet.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jacob & Elizabeth Adams	
Address: 8665 SW Pacer Court	
City/State/ZIP: Beaverton, Oregon 97008	
Phone: 503-914-8592	Fax: -
E-mail: Jakeadams52@icloud.com	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: Jacob Adams	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: -	
Contact name: Jacob Adams	
Address: 8665 SW Pacer Court	
City/State/ZIP: Beaverton, Oregon 97008	
Phone: 503-914-8592	Fax: -
E-mail: Jakeadams52@icloud.com	
CONTRACTOR	
Business name: - Self -	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

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

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

\* Number of inspections allowed per permit.



## Electrical Permit Application

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

### OFFICE USE ONLY

Date Received: <b>4-11-19</b>	Permit No.: <b>B2019-1484</b>
Date Issued: <b>4-11-19</b>	By: <b>CRL</b>
Payment Type: <b>check</b>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: 001	Job address: 6017 Heights Ln
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Pet Shop
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Power was off more than 6 months so PGE requires meter inspection prior to turning power back on	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Damon Haggerty	
Address: 596 SE 32nd	
City/State/ZIP: Hillsboro OR 97123	
Phone: (503) 648-3243	Fax:
E-mail: Wizard.Of.Power.Delivery@gmail.com	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Damon Haggerty	
Address: 596 SE 32nd	
City/State/ZIP: Hillsboro OR 97123	
Phone: (503) 648-3243	Fax:
E-mail: Wizard.Of.Power.Delivery@gmail.com	
CONTRACTOR	
Business name: PGE	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name: <b>Damon Haggerty</b>	Date: <b>11 APR 2019</b>

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

This permit application expires if a permit is not obtained within



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <b>4-11-19</b>	Permit No.: <b>B2019-1476</b>
Date Issued: <b>4-11-19</b>	By: <b>MC</b>
	Payment Type: <b>USA</b>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>14623 Teal Boulevard</b>
City/State/ZIP: <b>Beaverton, OR 97007</b>	
Suite/bldg./apt. no.:	Project name: <b>Joe's Burgers</b>
Cross street/directions to job site: <b>Osprey Drive</b>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Install Security System</b>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <b>Joe's Burgers</b>	
Address: <b>14623 Teal Boulevard</b>	
City/State/ZIP: <b>Beaverton, OR 97007</b>	
Phone: <b>(503) 892-6686</b>	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>F Communications LLC</b>	
Contact name: <b>Anthony Forni</b>	
Address: <b>5565 SE Byron Drive</b>	
City/State/ZIP: <b>Milwaukie, OR 97267-5043</b>	
Phone: <b>(503) 234-8080</b>	Fax: <b>(503) 234-6060</b>
E-mail: <b>vendors@f-communications.com</b>	
CONTRACTOR	
Business name: <b>F Communications LLC</b>	
Address: <b>5565 SE Byron Drive</b>	
City/State/ZIP: <b>Milwaukie, OR 97267-5043</b>	
Phone: <b>(503) 234-8080</b>	Fax: <b>(503) 234-6060</b>
E-mail: <b>vendors@f-communications.com</b>	CCB lic. no.: <b>165089</b>
Electrical lic. no.: <b>3-617CLE/3845LEA</b>	City or metro lic.: <b>Metro 8561</b>
Supervising electrician signature, required: <i>Anthony D. Forni</i>	
Print name: <b>Anthony D. Forni</b>	Date: <b>04/11/19</b>
Authorized signature: <i>Anthony D. Forni</i>	
Print name: <b>Anthony D. Forni</b>	Date: <b>04/11/19</b>

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

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



Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/19/2019	Permit No: 2019-1613
Date Issued: 4/19/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 5550 SW Oleson Rd
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: New Panel
Cross street/directions to job site: Between SW Ames Way and SW Dover Ln	
Subdivision:	Lot no.:
Tax map/parcel no.: W293179 / R100063. Map: 1S 113DA-08600	
DESCRIPTION OF WORK	
Install dual meter base, new electrical panel, and rewire house. A second panel tied to the second meter will be installed in daylight basement later.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Craig Walz	
Address: 5550 SW Oleson Rd	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 939-9246	Fax:
E-mail: craig.walz@outlook.com	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: <i>Craig Walz</i>	Date: 04/17/19
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Craig Walz	
Address: 5550 SW Oleson Rd	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 939-9246	Fax:
E-mail: craig.walz@outlook.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:				
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps			
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories			
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards			
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings			
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings			
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy			
	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
Residential single- or multi-family dwelling unit Includes attached garage.				
1,000 sq. ft. or less	1	194.64	194.64	4
<b>Ea. add'l 500 sq. ft. or portion</b>	1	34.77	34.77	
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
Services or feeders installation, alteration, and/or relocation:				
200 amps or less		115.83		2
201 amps to 400 amps	2	137.89	275.78	2
401 amps to 600 amps.		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
Temporary services or feeders installation, alteration, and/or relocation:				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
Branch circuits - new, alteration, or extension, per panel:				
A. Fee for branch circuits with above service or feeder fee, each branch circuit	20	4.26	85.20	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
<b>Each add'l branch circuit</b>		4.26		
Miscellaneous (Service or feeder not included)				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
Each additional inspection over allowable in any of the above				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL			590.39	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			70.85	
TOTAL PERMIT FEE			\$661.24	

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: RECEIVED	Permit No.: B2019-1645
Date Issued: 04/22/2019	By: <i>CCM</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>USA</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 8905 SW Nimbus Ave.
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Suite 160	Project name: NW Hardwoods
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: NW Hardwoods	
Address: 8905 SW Nimbus Ave. Suite 160	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: 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:
E-mail: bwilliams@pointmonitor.com	CCB lic. no.: 135901
Electrical lic. no.: 34-508CLE	City or metro lic.:
Supervising electrician signature, required: <i>Ben Breit</i>	
Print name: Ben Breit	Date: 04/22/19
Authorized signature: <i>Ben Breit</i>	
Print name: Ben Breit	Date: 04/22/19

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

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. <b>B 2019-1745</b>
Date Issued: <b>4/29/2019</b>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: <b>19072</b>	Job address: <b>9600 SW Nimbus</b>
City/State/ZIP: <b>Beaverton OR</b>	
Sub/bldg./apt. no.: <b>100</b>	Project name: <b>3J CONSULTING</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Low voltage HVAC controls.</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>(Rep) Russell Construction Inc.</b>	
Address: <b>20915 SW 105th Ave</b>	
City/State/ZIP: <b>Tualatin OR 97062</b>	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Hunter-Davison, Inc.</b>	
Contact name: <b>Ryan Poteet</b>	
Address: <b>1800 SE Pershing Street</b>	
City/State/ZIP: <b>Portland OR 97202</b>	
Phone: <b>503-542-3628</b>	Fax:
E-mail: <b>rpoteet@hunterdavison.com</b>	
CONTRACTOR	
Business name: <b>Same As Above</b>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required: <b>[Signature]</b>	
Print name: <b>Jim Davison</b>	Date: <b>3-18-19</b>
Authorized signature: <b>[Signature]</b>	
Print name: <b>Ryan Poteet</b>	Date: <b>3-18-19</b>

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

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

102.73



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/24/19	Permit No. 152019-1741
Date Issued: 4/24/19	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 9205 SW Gemini Dr.
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Suite C	Project name: Rexel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Rexel	
Address: 9205 SW Gemini Dr. Suite C	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: 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:
E-mail: bwilliams@pointmonitor.com	CCB lic. no.: 135901
Electrical lic. no.: 34-508CLE	City or metro lic.:
Supervising electrician signature, required:	
Print name: Ben Breit	Date: 04/26/19
Authorized signature:	
Print name: Ben Breit	Date: 04/26/19

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

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 070-1002 REV 10/17



### Electrical Permit Application

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

COPY Revision/Tracking Number  
 REV 19-087  
 T

OFFICE USE ONLY	
Date Received:	Permit No.: <u>B2015-1309</u>
Date Issued: <u>4/24/2016</u>	By: <u>Ar</u>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>12123 SW Tesla Terrace</u>
City/State/ZIP: <u>Beaverton OR 97008</u>	
Suite/bldg./apt. no.:	Project name: <u>Tesla Terrace</u>
Cross street/directions to job site:	
Subdivision:	Lot no.: <u>9</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name: <u>Westwood Homes LLC</u>	
Address: <u>12700 NW Cornell rd.</u>	
City/State/ZIP: <u>Portland OR 97229</u>	
Phone: <u>503-713-6294</u>	Fax:
E-mail: <u>Allison@westwoodhomesllc.com</u>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name: <u>Westwood Homes LLC</u>	
Contact name: <u>Allison May</u>	
Address: <u>12700 NW Cornell rd</u>	
City/State/ZIP: <u>Portland OR 97229</u>	
Phone: <u>503-713-6294</u>	Fax:
E-mail: <u>Allison@westwoodhomesllc.com</u>	
CONTRACTOR	
Business name: <u>Ross Electric Inc.</u>	
Address: <u>2870 SE 75th Ave. Suite 203</u>	
City/State/ZIP: <u>Hillsboro, Oregon 97123</u>	
Phone: <u>(503) 642-2800</u>	Fax: <u>(503) 642-5815</u>
E-mail: <u>rosselectric@comcast.net</u>	CCB lic. no.: <u>157891</u>
Electrical lic. no.: <u>34-436C</u>	City or metro lic.: <u>7867</u>
Supervising electrician signature, required:	
Print name: <u>Stephen L Ross</u>	Date: _____
Authorized signature: <u>[Signature]</u>	Date: <u>3/7/2019</u>
Print name:	Date:

PLAN REVIEW			
Please check all that apply:			
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system		
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
	<input type="checkbox"/> Recreational vehicle parks		
FEE SCHEDULE			
Description	Qty.	Fee	Total
Residential single- or multi-family dwelling unit includes attached garage			
1,000 sq. ft. or less	<u>1</u>	194.64	4
Ea. add'l 500 sq. ft. or portion	<u>2</u>	34.77	
Limited energy, residential (with above sq. ft.)	<u>1</u>	46.42	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	2
Services or feeders installation, alteration, and/or relocation			
200 amps or less		115.83	2
201 amps to 400 amps		137.89	2
401 amps to 600 amps		229.34	2
601 amps to 1,000 amps		299.93	2
Over 1,000 amps or volts		690.22	2
Utility reconnect		91.72	1
Temporary services or feeders installation, alteration, and/or relocation			
200 amps or less		91.72	2
201 amps to 400 amps		127.41	2
401 amps to 600 amps		184.11	2
601 amps to 1,000 amps		225.29	2
Branch circuits – new, alteration, or extension, per panel			
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14	2
Each add'l branch circuit		4.26	
Miscellaneous (service or feeder not included)			
Each manufactured or modular dwelling, service, and/or feeder		91.72	2
Pump or irrigation circle		91.72	2
Sign or outline lighting		91.72	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	2
Each additional inspection over allowable in any of the above			
Per inspection		81.14	
Investigation fee			
Other:			
Electrical permit fees			
<b>SUBTOTAL</b>			0.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			<u>\$347.87</u>

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



# Electrical Permit Application

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

## OFFICE USE ONLY

Date Received: <b>6-7-18</b>	Permit No.: <b>B2018-2540</b>
Date Issued: <b>4-30-19</b>	By: <b>CEL</b>
Payment Type: <b>check</b>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>151014 SW Thresh Ln</b>
City/State/ZIP: <b>BEAVERTON OR</b>	
Suite/bldg./apt. no.:	Project name: <b>RUSSELL</b>
Cross street/directions to job site:	
Subdivision: <b>WESTMONT</b>	Lot no.: <b>83</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NEW SINGLE FAMILY RESIDENCE</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>DR HORTON INC</b>	
Address: <b>4380 SW MACADAM AVE</b>	
City/State/ZIP: <b>PORTLAND OR 97239</b>	
Phone: <b>5032224151</b>	Fax:
E-mail: <b>PLANCHECK@DRHORTON.COM</b>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>SAME AS ABOVE</b>	
Contact name: <b>AMANDA LOVERIDGE</b>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>Power Line Electric, Inc</b>	
Address: <b>8403 SE Sherrett St</b>	
City/State/ZIP: <b>Portland, OR 97266</b>	
Phone: <b>(971) 645-3807</b>	Fax:
E-mail: <b>PowerLineElectric@yahoo.com</b>	CCB lic. no.: <b>205976</b>
Electrical lic. no.: <b>C1099</b>	City or metro lic.: <b>11838</b>
Supervising electrician signature, required: <b>Alan Brown</b>	
Print name: <b>Alan Brown</b>	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps	
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards	
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings	
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy	
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Six or more residential units			
<input type="checkbox"/> Health-care facilities			
<input type="checkbox"/> Hazardous locations			
FEE SCHEDULE			
Description	Qty.	Fee	Total *
<b>Residential single- or multi-family dwelling unit includes attached garage</b>			
1,000 sq. ft. or less	1	168.52	4
Ea. add'l 500 sq. ft. or portion	5	30.10	
Limited energy, residential (with above sq. ft.)	1	40.19	2
Limited energy, multi-family residential (with above sq. ft.)		79.41	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less	1	100.28	2
201 amps to 400 amps		119.38	2
401 amps to 600 amps		198.56	2
601 amps to 1,000 amps		259.68	2
Over 1,000 amps or volts		597.59	2
Utility reconnect		79.41	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		79.41	2
201 amps to 400 amps		110.31	2
401 amps to 600 amps		159.40	2
601 amps to 1,000 amps		195.05	2
<b>Branch circuits – new, alteration, or extension, per panel</b>			
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		3.69	2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		70.25	2
Each add'l branch circuit		3.69	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		79.41	2
Pump or irrigation circle		79.41	2
Sign or outline lighting		79.41	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		79.41	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		70.25	
Investigation fee			
Other:			
Electrical permit fees			
SUBTOTAL			0.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			<b>\$464.70</b>

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



# Electrical Permit Application

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

## OFFICE USE ONLY

Date Received: 1-4-2019	Permit No.: B2018-3839
Date Issued: 4/26/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 15727 SW Wren Ln
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.: 40
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Garner Electric	
Address: 2920 SE Brookwood Ave. Ste#A	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 648-4552	Fax: (503) 642-7925
E-mail: melgarner@garnerelectric.com	CCB lic. no.: 121159
Electrical lic. no.: 34-3050	City or metro lic.: 4410
Supervising electrician signature, required:	
Print name: Charles Garner	Date:
Authorized signature:	
Print name: Melissa Stock	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy	<input type="checkbox"/> Recreational vehicle parks
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations		
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less	1	160.49		4
Ea. add'l 500 sq. ft. or portion	4	28.67	0.00	
Limited energy, residential (with above sq. ft.)	1	38.28	0.00	2
Limited energy, multi-family residential (with above sq. ft.)		75.63	0.00	2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		95.50		2
201 amps to 400 amps		113.69	0.00	2
401 amps to 600 amps		189.10	0.00	2
601 amps to 1,000 amps		247.31	0.00	2
Over 1,000 amps or volts		569.13	0.00	2
Utility reconnect		75.63	0.00	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		75.63		2
201 amps to 400 amps		105.06	0.00	2
401 amps to 600 amps		151.81	0.00	2
601 amps to 1,000 amps		185.76	0.00	2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		3.51		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		66.90	0.00	2
Each add'l branch circuit		3.51	0.00	
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		75.63	0.00	2
Pump or irrigation circle		75.63	0.00	2
Sign or outline lighting		75.63	0.00	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		75.63	0.00	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		66.90		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			0.00	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			0.00	
<b>TOTAL PERMIT FEE</b>			\$0.00	

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

\* Number of inspections allowed per permit.

425



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 1.4.2019	Permit No. B2019-4352
Date Issued: 4/26/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 15733 SW Wren Lane
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.: 41
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Garner Electric	
Address: 2920 SE Brookwood Ave. Ste#A	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 648-4552	Fax: (503) 642-7925
E-mail: melgarner@garnerelectric.com	CCB lic. no.: 121159
Electrical lic. no.: 34-3050	City or metro lic.: 4410
Supervising electrician signature, required: <i>[Signature]</i>	
Print name: Charles Garner	Date:
Authorized signature: <i>[Signature]</i>	
Print name: Melissa Stock	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Marinas and boatyards	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less	1	160.49		4
Ea. add'l 500 sq. ft. or portion	4	28.67	0.00	
Limited energy, residential (with above sq. ft.)	1	38.28	0.00	2
Limited energy, multi-family residential (with above sq. ft.)		75.63	0.00	2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		95.50		2
201 amps to 400 amps		113.69	0.00	2
401 amps to 600 amps		189.10	0.00	2
601 amps to 1,000 amps		247.31	0.00	2
Over 1,000 amps or volts		569.13	0.00	2
Utility reconnect		75.63	0.00	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		75.63		2
201 amps to 400 amps		105.06	0.00	2
401 amps to 600 amps		151.81	0.00	2
601 amps to 1,000 amps		185.76	0.00	2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		3.51		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		66.90	0.00	2
Each add'l branch circuit		3.51	0.00	
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		75.63	0.00	2
Pump or irrigation circle		75.63	0.00	2
Sign or outline lighting		75.63	0.00	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		75.63	0.00	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		66.90		
Investigation fee				
Other:				
Electrical permit fees				
<b>SUBTOTAL</b>			<b>0.00</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			<b>0.00</b>	
<b>TOTAL PERMIT FEE</b>			<b>\$0.00</b>	

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

\* Number of inspections allowed per permit.



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: <b>5218-3840</b>
Date Issued: <b>4/26/2011</b>	<b>an</b>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>15728 SW Wren Ln</b>
City/State/ZIP: <b>BEAVERTON OR</b>	
Suite/bldg./apt. no.:	Project name: <b>RUSSELL</b>
Cross street/directions to job site:	
Subdivision: <b>WESTMONT</b>	Lot no.: <b>12</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NEW SINGLE FAMILY RESIDENCE</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>DR HORTON INC</b>	
Address: <b>4380 SW MACADAM AVE</b>	
City/State/ZIP: <b>PORTLAND OR 97239</b>	
Phone: <b>5032224151</b>	Fax:
E-mail: <b>PLANCHECK@DRHORTON.COM</b>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>SAME AS ABOVE</b>	
Contact name: <b>AMANDA LOVERIDGE</b>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>Power Line Electric, Inc</b>	
Address: <b>8403 SE Sherrett St</b>	
City/State/ZIP: <b>Portland, OR 97266</b>	
Phone: <b>(971) 645-3807</b>	Fax:
E-mail: <b>PowerLineElectric@yahoo.com</b>	CCB lic. no.: <b>205976</b>
Electrical lic. no.: <b>C1099</b>	City or metro lic.: <b>11838</b>
Supervising electrician signature, required: <b>Alan Brown</b>	
Print name: <b>Alan Brown</b>	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps	
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
<input type="checkbox"/> Hazardous locations		<input type="checkbox"/> Recreational vehicle parks	
FEE SCHEDULE			
Description	Qty.	Fee	Total *
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>			
1,000 sq. ft. or less	<b>1</b>	168.52	4
Ea. add'l 500 sq. ft. or portion	<b>6 2.5</b>	30.10	
Limited energy, residential (with above sq. ft.)	<b>1</b>	40.19	2
Limited energy, multi-family residential (with above sq. ft.)		79.41	2
<b>Services or feeders installation, alteration, and/or relocation</b>			
200 amps or less	<b>1</b>	100.28	2
201 amps to 400 amps		119.38	2
401 amps to 600 amps		198.56	2
601 amps to 1,000 amps		259.68	2
Over 1,000 amps or volts		597.59	2
Utility reconnect		79.41	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>			
200 amps or less		79.41	2
201 amps to 400 amps		110.31	2
401 amps to 600 amps		159.40	2
601 amps to 1,000 amps		195.05	2
<b>Branch circuits - new, alteration, or extension, per panel</b>			
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		3.69	2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		70.25	2
Each add'l branch circuit		3.69	
<b>Miscellaneous (service or feeder not included)</b>			
Each manufactured or modular dwelling, service, and/or feeder		79.41	2
Pump or irrigation circle		79.41	2
Sign or outline lighting		79.41	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		79.41	2
<b>Each additional inspection over allowable in any of the above</b>			
Per inspection		70.25	
Investigation fee			
Other:			
Electrical permit fees			
<b>SUBTOTAL</b>		0.00	
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)		0.00	
<b>TOTAL PERMIT FEE</b>		<b>\$503.64</b>	

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. <b>B 2018-3800</b>
Date Issued:	<b>4/26/2019</b>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>15716 SW Wren Ln</b>
City/State/ZIP: <b>BEAVERTON OR</b>	
Suite/bldg./apt. no.:	Project name: <b>RUSSELL</b>
Cross street/directions to job site:	
Subdivision: <b>WESTMONT</b>	Lot no.: <b>11</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NEW SINGLE FAMILY RESIDENCE</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>DR HORTON INC</b>	
Address: <b>4380 SW MACADAM AVE</b>	
City/State/ZIP: <b>PORTLAND OR 97239</b>	
Phone: <b>5032224151</b>	Fax:
E-mail: <b>PLANCHECK@DRHORTON.COM</b>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>SAME AS ABOVE</b>	
Contact name: <b>AMANDA LOVERIDGE</b>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>Power Line Electric, Inc</b>	
Address: <b>8403 SE Sherrett St</b>	
City/State/ZIP: <b>Portland, OR 97266</b>	
Phone: <b>(971) 645-3807</b>	Fax:
E-mail: <b>PowerLineElectric@yahoo.com</b>	CCB lic. no.: <b>205976</b>
Electrical lic. no.: <b>C1099</b>	City or metro lic.: <b>11838</b>
Supervising electrician signature, required: <b>Alan Brown</b>	
Print name: <b>Alan Brown</b>	Date:
Authorized signature:	
Print name:	Date:

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

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit **503-04**



## Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/25/2019	Permit No.: B2019-1698
Date Issued: 4/25/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 4650 SW Griffith Dr.
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Bella Institute
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Bella Institute	
Address: 4650 SW Griffith Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: 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:
E-mail: bwilliams@pointmonitor.com	CCB lic. no.: 135901
Electrical lic. no.: 34-508CLE	City or metro lic.:
Supervising electrician signature, required: [Signature]	
Print name: Ben Breit	Date: 04/24/19
Authorized signature: [Signature]	
Print name: Ben Breit	Date: 04/24/19

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

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No: <u>52019-1635</u>
Date Issued: <u>4/22/2019</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>11800 NW Cedar Falls Dr</u>
City/State/ZIP: <u>Portland OR 97229</u>	
Suite/bldg./apt. no.: <u>104</u>	Project name: <u>RO16</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1N134CC01300</u>	
DESCRIPTION OF WORK	
Hook up new signsto existing designated sign circuit	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>RO16</u>	
Address: <u>11800 NW Cedar Falls Dr Ste 104</u>	
City/State/ZIP: <u>Portland OR 97229</u>	
Phone: <u>503-639-4910</u>	Fax:
E-mail: <u>info@signcraftpdx.com</u>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>SignCraft Signs, LLC</u>	
Contact name: <u>John, Tim or Debi</u>	
Address: <u>PO Box 23636</u>	
City/State/ZIP: <u>Tigard OR 97281</u>	
Phone: <u>(503) 639-4910</u>	Fax: <u>(503) 620-9568</u>
E-mail: <u>info@signcraftpdx.com</u>	
CONTRACTOR	
Business name: <u>SignCraft Signs, LLC</u>	
Address: <u>PO Box 23636</u>	
City/State/ZIP: <u>Tigard OR 97281</u>	
Phone: <u>(503) 639-4910</u>	Fax: <u>(503) 620-9568</u>
E-mail: <u>info@signcraftpdx.com</u>	CCB lic. no.: <u>155420</u>
Electrical lic. no.: <u>724SIG</u>	City or metro lic.: <u>7991</u>
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>Keith Cox</u>	Date: <u>4-19-19</u>
Authorized signature: <u>[Signature]</u>	
Print name: <u>John Scott</u>	Date: <u>4.19.19</u>

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Building over three stories	<input type="checkbox"/> Marinas and boatyards		
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings		
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy		
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Hazardous locations			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less		168.52		4
Ea. add'l 500 sq. ft. or portion		30.10		
Limited energy, residential (with above sq. ft.)		40.19		2
Limited energy, multi-family residential (with above sq. ft.)		79.41		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		100.28		2
201 amps to 400 amps		119.38		2
401 amps to 600 amps		198.56		2
601 amps to 1,000 amps		259.68		2
Over 1,000 amps or volts		597.59		2
Utility reconnect		79.41		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		79.41		2
201 amps to 400 amps		110.31		2
401 amps to 600 amps		159.40		2
601 amps to 1,000 amps		195.05		2
<b>Branch circuits – new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		3.69		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		70.25		2
Each add'l branch circuit		3.69		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		79.41		2
Pump or irrigation circle		79.41		2
Sign or outline lighting	<u>1</u>	<u>91.73</u>		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		79.41		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		70.25		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL			<u>91.73</u>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			<u>11.01</u>	
TOTAL PERMIT FEE			<u>102.73</u>	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/15



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: 52019-1620
Date Issued: 4/19/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: 3023	Job address: 4545 SW Angel
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 161	Project name: Rain Drop Tap House
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 2 Horn Strobes to existing Fire Alarm System to the bathrooms	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Fire Protection Services, Inc	
Contact name: David M. Phipps	
Address: 9950 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-590-3732	Fax: 503-628-6214
E-mail: fire2112@gmail.com	
CONTRACTOR	
Business name: Fire Protection Services, Inc.	
Address: 9950 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-590-3732	Fax: 503-628-6214
E-mail: fire2112@gmail.com	
Electrical lic. no.: 334-488CLE	City or metro lic.: 7603
Supervising electrician signature, required: [Signature]	
Print name: David M. Phipps	Date: 4/19/19
Authorized signature: [Signature]	
Print name: David M. Phipps	Date: 4/19/19

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

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

\* Number of inspections allowed per permit.



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <b>4-19-19</b>	Permit No.: <b>2099-1116</b>
Date Issued:	By: <b>CEL</b>
Payment Type: <b>USA</b>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>13575 SW Whitworth Ct.</b>
City/State/ZIP: <b>Beaverton OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>Menlo Lot 05</b>
Cross street/directions to job site: <b>FROM MENLO DR. HEAD EAST ON SW</b>	
Subdivision: <b>Menlo</b>	Lot no.: <b>5 WHITWORTH</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Structured, Audio, Security.</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature:	Date:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Same as below</b>	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>PAKA LOW VOLT, LLC</b>	
Address: <b>1103 SE 191st AVE.</b>	
City/State/ZIP: <b>VANCOUVER, WA 98683</b>	
Phone: <b>503-367-7092</b>	Fax:
E-mail: <b>Sang.huynh@pakalovolt.com</b>	<b>209955</b>
Electrical lic. no.: <b>CIE 4134</b>	City or metro lic.: <b>00013130</b>
Supervising electrician signature, required: <b>Sang Huynh</b>	<b>4528LEA</b>
Print name: <b>Sang Huynh</b>	Date: <b>4/19/19</b>
Authorized signature:	
Print name:	Date:

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

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/22/2019	Permit No.: B2019-1433
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: H19013	Job address: 15705 SW Blueridge DR
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.: N/A	Project name: AC by Marriot
Cross street/directions to job site: NW 158th AVE	
Subdivision: N/A	Lot no.:
Tax map/parcel no.: Not issued yet	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brandt Hospitality Group	
Address: 2640 47th St. S	
City/State/ZIP: Fargo ND 58104	
Phone: (701) 551-8919	Fax:
E-mail: pete.draxton@brandthg.com	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Tradesmen Electric	
Contact name: Tim Linge	
Address: P.O. Box 128/1121 SE 22nd St.	
City/State/ZIP: Battleground WA 98604	
Phone: (360) 666-1199	Fax: (360) 666-6124
E-mail: timlinge@tradesmenelectric.com	
CONTRACTOR	
Business name: Tradesmen Electric	
Address: P.O. Box 128/ 1121 SE 22nd St.	
City/State/ZIP: Battleground WA 98604	
Phone: (360) 666-1199	Fax: (360) 666-6124
E-mail: timlinge@tradesmenelectric.com	CCB lic. no.: 196802
Electrical lic. no.: C881	City or metro lic.:
Supervising electrician signature, required: <i>Doug Palmer</i>	
Print name: Doug Palmer	Date: 03/22/2019
Authorized signature: _____	
Print name: _____	Date: 3/22/2019

PLAN REVIEW				
Please check all that apply:				
<input checked="" type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Service or feeder over 600 amps			
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories			
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards			
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings			
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings			
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system			
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy			
	<input type="checkbox"/> Recreational vehicle parks			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps	1	127.41	127.41	2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees	Calculate Fees			
<b>SUBTOTAL</b>			127.41	
Plan review (25% of permit fee)			31.85	
State surcharge (12% of permit fee)			15.29	
<b>TOTAL PERMIT FEE</b>			<b>\$142.70</b>	

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 03/29/2019	Permit No.: B2019-1272
Date Issued: 4/24/2019	Signature: [Handwritten]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: 4137M	Job address: 12345 SW HORIZON BLVD
City/State/ZIP: BEAVERTON OR 97007	
Suite/bldg./apt. no.: SUITE 61	Project name: THE RIDGE GRILL
Cross street/directions to job site: SW BARROWS RD	
Subdivision:	Lot no.:
Tax map/parcel no.: 2S105AA02301	
DESCRIPTION OF WORK	
MOUNT ILLUMINATED SIGN TO CANOPY - EXISTING CIRCUIT	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: THE RIDGE GRILL	
Address: 12345 SW HORIZON BLVD, SUITE 61	
City/State/ZIP: BEAVERTON OR 97007	
Phone: (503) 747-7319	Fax:
E-mail: james@theridgepub.com	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SECURITY SIGNS, INC	
Contact name: CYNDI STOCKS	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	
CONTRACTOR	
Business name: SECURITY SIGNS, INC	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	CCB lic. no.: 122809
Electrical lic. no.: 26-560CLS	City or metro lic.: 2561
Supervising electrician signature, required: [Handwritten]	
Print name: MARC LINDQUIST	Date: 03/28/19
Authorized signature: [Handwritten]	
Print name: CYNDI STOCKS	Date: 03/28/19

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

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/24/2019	Permit No. B2019-1675
Date Issued: 4/24/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 11865 SW Bruce dr
City/State/ZIP: Beaverton, OR 97008	Project name:
Suite/bldg./apt. no.:	Cross street/directions to job site: TR on QUEEN DR. TL on BRUCE DR
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Put up recess lights in kitchen + living room Clean wires in Bathroom change fans in Bathrooms	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TIBOR LAKATOS	
Address:	
City/State/ZIP:	
Phone: (503) 310-4884	Fax:
E-mail: LAKATOS104@COMCAST.NET	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: ABS Electric LLC	
Address: 752 Division st OR	
City/State/ZIP: Oregon City OR 97045	
Phone: 503 888-7676	Fax:
E-mail: Sam_Seriac@yahoo.com	CCB lic. no.: 159874
Electrical lic. no.: 26-1218C	City or metro lic.: 8100
Supervising electrician signature, required: [Signature]	
Print name: GEORGE GALIS	Date:
Authorized signature: [Signature]	
Print name: SAMUEL SERIAC	Date:

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

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



**Electrical Permit Application**

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

OFFICE USE ONLY	
Date Received: <u>4/11/2019</u>	Permit No. <u>13 2019-1598</u>
Date Issued: <u>4/11/2019</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: <u>C190272</u>	Job address: <u>9701 SW Barnes Road</u>
City/State/ZIP: <u>Portland, OR 97225</u>	
Suite/bldg./apt. no.: <u>299 150</u>	Project name: <u>Womens Health Care</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install voice data cable for Comcast service.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Capitol Data &amp; Communications</u>	
Contact name: <u>Christina Williams</u>	
Address: <u>11401 NE Marx St</u>	
City/State/ZIP: <u>Portland, OR 97220</u>	
Phone: <u>(503) 255-9488</u>	Fax: <u>(503) 255-1966</u>
E-mail: <u>Christina@cepdx.com</u>	
CONTRACTOR	
Business name: <u>Capitol Data &amp; Communications</u>	
Address: <u>11401 NE Marx St</u>	
City/State/ZIP: <u>Portland, OR 97220</u>	
Phone: <u>(503) 255-9488</u>	Fax: <u>(503) 255-1966</u>
E-mail: <u>Peter@cepdx.com</u>	CCB lic. no.: <u>142457</u>
Electrical lic. no.: <u>26-1061 CLE</u>	City or metro lic.: <u>6380</u>
Supervising electrician signature, required: <u>[Signature]</u>	
Print name: <u>Peter Bledsoe</u>	Date: <u>04/17/19</u>
Authorized signature: <u>[Signature]</u>	
Print name: <u>Peter Bledsoe</u>	Date: <u>04/17/19</u>

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

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: 4-16-19	Permit No.: B2019-1575
Date Issued: 4-16-19	By: CPO
Payment Type: USA	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Master builder
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.: 4162M	Job address: 14495 SW TUALATIN VALLEY HWY
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: HUMAN BEAN
Cross street/directions to job site: SW MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
(1) ILLUMINATED FREESTANDING SIGN	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: HUMAN BEAN	
Address: 14495 SW TUALATIN VALLEY HWY	
City/State/ZIP: BEAVERTON OR 97005	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SECURITY SIGNS, INC	
Contact name: CYNDI STOCKS	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	
CONTRACTOR	
Business name: SECURITY SIGNS, INC	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	CCB lic. no.: 122809
Electrical lic. no.: 26-560CLS	City or metro lic.: 2561
Supervising electrician signature, required:	
Print name: MARC LINDQUIST	Date: 04/16/19
Authorized signature: <i>Cyndi Stocks</i>	
Print name: CYNDI STOCKS	Date: 04/16/19

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

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



# Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <b>03/14/2019</b>	Permit No.: <b>B2019-0998</b>
Date Issued: <b>4-15-19</b>	By: <b>CLW</b>
<b>CITY OF BEAVERTON BUILDING DIVISION</b>	
	Payment Type: <b>Check</b>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>9855 SW Denney Rd</b>
City/State/ZIP: <b>Beaverton, OR 97008</b>	
Suite/bldg./apt. no.:	Project name: <b>Building 6</b>
Cross street/directions to job site: <b>SW Scholls Ferry Rd</b>	
Subdivision: <b>Denney Gardens</b>	Lot no.: <b>16</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Construct new Dwelling</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Willamette West Habitat for Humanity</b>	
Address: <b>5293 NE Elam Young Pkwy, #140</b>	
City/State/ZIP: <b>Hillsboro, OR 97124</b>	
Phone: <b>503-502-8523</b>	Fax:
E-mail: <b>mikewille@habitatwest.org</b>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>- same -</b>	
Contact name: <b>Mike Wille</b>	
Address: <b>- same -</b>	
City/State/ZIP:	
Phone: <b>503-502-8523</b>	Fax:
E-mail: <b>mikewille@habitatwest.org</b>	
CONTRACTOR	
Business name: <b>On Electric LLC</b>	
Address: <b>9720 SW Hillman Ct Ste 815</b>	
City/State/ZIP: <b>Wilsonville, OR 97070</b>	
Phone: <b>503-455-8897</b>	Fax: <b>503-654-2028</b>
E-mail: <b>permits@on-electric.com</b>	CCB lic. no.: <b>205100</b>
Electrical lic. no.: <b>C1078</b>	City or metro lic.:
Supervising electrician signature, required:	
Print name: <b>Don Deyoe</b>	Date:
Authorized signature:	
Print name: <b>Levi Fletcher</b>	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps <input type="checkbox"/> Building over three stories <input type="checkbox"/> Marinas and boatyards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of 150 KVA or larger separately derived system <input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy <input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Service or feeder 400amps or more	<input type="checkbox"/> Fire pump	<input type="checkbox"/> Emergency system	<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Six or more residential units
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Hazardous locations			
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b>				
<b>Includes attached garage</b>				
1,000 sq. ft. or less	<b>1</b>	194.64		4
Ea. add'l 500 sq. ft. or portion	<b>2</b>	34.77		
Limited energy, residential (with above sq. ft.)	<b>1</b>	46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit		81.14		2
Each add'l branch circuit		4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
<b>Electrical permit fees</b>				
<b>SUBTOTAL</b>			<b>0.00</b>	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			<b>0.00</b>	
<b>TOTAL PERMIT FEE</b>			<b>\$347.81</b>	

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



### Electrical Permit Application

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

OFFICE USE ONLY	
Date Received: <b>RECEIVED</b>	Permit No.: <b>B2019-1603</b>
Date Issued: <b>04/18/2019</b>	By: <b>OZL</b>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <b>3831 SW 117 Ave</b>
City/State/ZIP: <b>Beaverton OR 97005</b>	Project name: <b>Enerly &amp; Opal</b>
Suite/bldg./apt. no.: <b>Suite E</b>	Cross street/directions to job site: <b>SW Center St.</b>
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>installation of (1) Stone front sign</b>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <b>Enerly &amp; Opal</b>	
Address: <b>3831 SW 117 Ave</b>	
City/State/ZIP: <b>Beaverton OR 97005</b>	
Phone:	Fax:
E-mail:	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: <b>See Attached</b>	Date:
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Rudnick Electric Signs</b>	
Contact name: <b>Michelle Morris</b>	
Address: <b>1400 SE Township Rd.</b>	
City/State/ZIP: <b>Canby OR 97013</b>	
Phone: <b>503-263-3600</b>	Fax:
E-mail: <b>sales@rudnickelectric.com</b>	
CONTRACTOR	
Business name: <b>Rudnick Electric Signs</b>	
Address: <b>1400 SE Township Rd</b>	
City/State/ZIP: <b>Canby OR 97013</b>	
Phone: <b>503-263-3600</b>	Fax:
E-mail: <b>sales@rudnickelectric.com</b>	CCB lic. no.: <b>186508</b>
Electrical lic. no.: <b>CL37</b>	City or metro lic.: <b>9997</b>
Supervising electrician signature, required:	
Print name: <b>Steven Rudnick</b>	Date: <b>4/16/19</b>
Authorized signature:	
Print name: <b>Michelle Morris</b>	Date: <b>4/16/19</b>

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

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



# Renewable Electrical Energy Permit Application

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

OFFICE USE ONLY	
Date Received: 04/17/2019	Permit No.: B2019-1582
Date Issued: 4/18/2019	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other: Solar PV	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial <input type="checkbox"/> Accessory building
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 15660 Southwest Brighton Court, Beaverton,
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: 120BD	Lot no.: 05300
Tax map/parcel no.: 1S120BD05300	
DESCRIPTION OF WORK	
Residential rooftop solar PV 4.43kw	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____ Date: _____	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	CCB lic. no.: 210112
Electrical lic. no.: C1214	City or metro lic.: 5869S
Supervising electrician signature, required: <i>Samuel Collier</i>	
Print name: Samuel Collier	Date: 04/16/2019
Authorized signature: <i>Jeff Lee</i>	
Print name: Jeff Lee	Date: 04/16/2019

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

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

Form B70-1005

REV 10/17

\$90.88



# Renewable Electrical Energy Permit Application

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

OFFICE USE ONLY	
Date Received: 4/15/2019	Permit No: B2019-1422
Date Issued: 4/15/2019	BY: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other: <b>Solar PV</b>	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial <input type="checkbox"/> Accessory building
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 9095 Southwest Pinto Court, Beaverton, Ore
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1s128DB12600	
DESCRIPTION OF WORK	
<b>Residential rooftop solar PV 4.65kw</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	CCB lic. no.: 210112
Electrical lic. no.: C1214	City or metro lic.: 5869S
Supervising electrician signature, required: <i>Samuel Collier</i>	
Print name: Samuel Collier	Date: 04/08/2019
Authorized signature: <i>Jeff Lee</i>	
Print name: Jeff Lee	Date: 04/08/2019

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

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

90.88



# Renewable Electrical Energy Permit Application

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

OFFICE USE ONLY	
Date Received: 03/29/2019	Permit No.: B2019-1282
Date Issued: 4/16/2019	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other: Solar PV	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 11670 SW 12th, Beaverton, Oregon, 97005, L
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115CD06100	
DESCRIPTION OF WORK	
Residential rooftop solar PV 8.37kw	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	CCB lic. no.: 210112
Electrical lic. no.: C1214	City or metro lic.: 5869S
Supervising electrician signature, required: <i>Samuel Collier</i>	
Print name: Samuel Collier	Date: 03/29/2019
Authorized signature: <i>Jeff Lee</i>	
Print name: Jeff Lee	Date: 03/29/2019

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

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

129.73



# Renewable Electrical Energy Permit Application

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

RECEIVED

OFFICE USE ONLY	
Date Received: <u>4-2-19</u>	Permit No. <u>B2018-3649</u>
Date Issued: <u>4-2-19</u>	By: <u>CM</u>
BUILDING SERVICES DIVISION	Payment Type: <u>MC</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <u>2350 SW Ceder Hills</u>
City/State/ZIP: <u>Portland, OR 97225</u>	
Suite/bldg./apt. no.:	Project name: <u>William Walker</u>
Cross street/directions to job site:	
<u>Walker RD</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
installation of 99.860 kW photovoltaic roof mounted system	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Beaverton School District</u>	
Address: <u>16550 SW Merlo RD</u>	
City/State/ZIP: <u>Beaverton, OR 97003</u>	
Phone: <u>503-356-4500</u>	Fax:
E-mail: <u>megan_finch@beaverton.k12.or.us</u>	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
CONTRACTOR	
Business name: <u>A&amp;R Solar</u>	
Address: <u>6800 NE 59th Place</u>	
City/State/ZIP: <u>Portland, OR 97218</u>	
Phone: <u>503-420-8680</u>	Fax:
E-mail: <u>permits@a-solar.com</u>	CCB lic. no.: <u>207641</u>
Electrical lic. no.: <u>C1179</u>	City or metro lic.: <u>12470</u>
Supervising electrician signature, required: <u>Robert Nieman</u>	
Print name: <u>Robert Nieman</u>	Date: <u>08/08/18</u>
Authorized signature: <u>Tina Kayser</u>	
Print name: <u>Tina Kayser</u>	Date: <u>08/08/18</u>

FEE SCHEDULE			
Number of inspections per item ( ) Renewable energy installation per system total	No. of Items	Cost Each	Total
5 kva or less (2)		81.14	
5.01 to 15 kva (2)		115.83	
15.01 to 25 kva (2)		137.89	
25.01 kva and over (2)		229.34	229.34
Miscellaneous fees, hourly rate		80.00	
Each additional inspection (1) (OAR 918-309-0070)		81.14	
FEE TOTALS		Recalculate	
		Subtotal	0.00
<input checked="" type="checkbox"/>	<< Check box if plan review is required		
		Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee)	
		State surcharge (12% of permit fee)	0.00
		<b>TOTAL PERMIT FEE</b>	<b>\$394.20</b>

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

Form B70-1005

REV 10/17

*\$336.86 due*



# Renewable Electrical Energy Permit Application

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

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

OFFICE USE ONLY	
Date Received: 4-22-19	Permit No.: B2019-1648
Date Issued: 4-23-19	By: <i>MLK</i>
Payment Type: <i>MC</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input checked="" type="checkbox"/> Other: Solar PV	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Other:
<input type="checkbox"/> Accessory building	
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: <i>16739 SW Rogue River Ter.</i>
City/State/ZIP: <i>Beaverton, OR</i>	Project name:
Suite/bldg./apt. no.:	Cross street/directions to job site:
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV 3.1 kW	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	CCB lic. no.: 210112
Electrical lic. no.: c1214	City or metro lic.: 5869S
Supervising electrician signature, required: <i>Samuel Collier</i>	
Print name: Samuel Collier	Date:
Authorized signature: <i>Jeffrey Lee</i>	
Print name: Jeff Lee	Date:

FEE SCHEDULE			
Number of inspections per item ( ) Renewable energy installation per system total	No. of Items	Cost Each	Total
5 kva or less (2)	1	81.14	
5.01 to 15 kva (2)		115.83	
15.01 to 25 kva (2)		137.89	
25.01 kva and over (2)		229.34	
Miscellaneous fees, hourly rate		80.00	
Each additional inspection (1) (OAR 918-309-0070)		81.14	
FEE TOTALS			Recalculate
Subtotal			0.00
<input checked="" type="checkbox"/> << Check box if plan review is required			
Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee)			
State surcharge (12% of permit fee)			0.00
<b>TOTAL PERMIT FEE</b>			<b>\$90.88</b>

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



# Renewable Electrical Energy Permit Application

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

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

OFFICE USE ONLY	
Date Received: 4-22-19	Permit No.: B2019-1658
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement <input checked="" type="checkbox"/> Other: Solar PV
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial <input type="checkbox"/> Accessory building
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job no.:	Job address: 11650 SW 12TH ST
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115CD06000	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV 5.89 kW	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<b>Owner installation:</b> This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: _____ Date: _____	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	CCB lic. no.: 210112
Electrical lic. no.: c1214	City or metro lic.: 5869S
Supervising electrician signature, required: <i>Sam Collier</i>	
Print name: Samuel Collier	Date: 04/22/2019
Authorized signature: <i>Jeff Lee</i>	
Print name: Jeff Lee	Date: 04/22/2019

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

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



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

**Commercial Electrical Authorization To Begin Work**

B2019-1453

05350-BEL-19-00303

Approval Code: 800134 4/10/2019 6:43 am

E-mailed To: billing@ertellselectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12345 SW HORIZON BLVD	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.: 53	
Project Name: Tough Mudder	
Cross Street/directions to job site:	
Tax map/parcel no.: 2S105AA02301	
DESCRIPTION OF WORK	
Provide power and lighting circuits for Tough Mudder T1	
APPLICANT	
Name: Dylan Wentworth	
Phone: 503-841-4511	Fax: 503-359-5652
Email:	
CONTRACTOR	
Elec lic. no.: C390	CCB lic. no.: 180540
Business Name: ERTELL ELECTRIC LLC	
Contact:	
Address: PO BOX 279	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5038495690	Fax: 5033595652
Email: billing@ertellselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	19	\$4.26	\$80.94
<b>Electrical Permit Fees</b>			
Subtotal			\$162.08
State surcharge (12% of permit total)			\$19.45
<b>TOTAL PERMIT FEE</b>			<b>\$181.53</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00300**

Approval Code: 033976 4/8/2019 2:37 pm

E-mailed To: lmceachern@dyna-oregon.com

*B2019-1423*

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 3495 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: New Seasons Cedar Hill	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S1090000200	
DESCRIPTION OF WORK	
Dedicated circuit for smart safe	
APPLICANT	
Name: Eric Teune	
Phone: 5032010794	Fax: 5032267720
Email:	
CONTRACTOR	
Elec lic. no.: 26-59C	CCB lic. no.: 66793
Business Name: DYNALECTRIC CO	
Contact:	
Address: 5805 SW HOOD AVE	
City/State/ZIP: PORTLAND, OR 97239	
Phone: 5032266771	Fax: 5032267818
Email: lmceachern@dyna-portland.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

32019-1425

**05350-BEL-19-00301**

Approval Code: 066721 4/8/2019 3:10 pm

E-mailed To: lmcumrphy@adt.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7725 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: JJT Enterprises LLC 402897768	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Low voltage burglar alarm for JJT Enterprises LLC 99198025	
APPLICANT	
Name: Lori McMurphy	
Phone: 503-469-7241	Fax: 503-469-7110
Email:	
CONTRACTOR	
Elec lic. no.: CLE317	CCB lic. no.: 196560
Business Name: ADT LLC	
Contact:	
Address: PO BOX 310702	
City/State/ZIP: BOCA RATON, FL 33431	
Phone: 5034697241	Fax: 5034697110
Email: srburdick@adt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00299**

Approval Code: 03796S 4/8/2019 12:01 pm

E-mailed To: mikeselectric@mikeselectric.biz

B2019-1401

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9625 SW LUELLING PL	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: LIGHT	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127CC01100	
DESCRIPTION OF WORK	
PANEL REPLACEMENT	
APPLICANT	
Name: Darryl Mollenhauer	
Phone: 5036496991	Fax: 5032967860
Email:	
CONTRACTOR	
Elec lic. no.: C643	CCB lic. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC	
Contact:	
Address: 11070 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036496991	Fax: 5036411902
Email: mikeselectric@mikeselectric.biz	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00298**

Approval Code: 118071 4/8/2019 9:17 am

E-mailed To: badgerelectric@qwestoffice.net

32019-1385

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6765 SW GRIFFIN DR	
City/State/ZIP: BEAVERTON, OR 97223	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S124AA02100	
DESCRIPTION OF WORK	
(1) circuit for floor heat.	
APPLICANT	
Name: TODD GABER	
Phone: 5032884756	Fax: 5034937173
Email:	
CONTRACTOR	
Elec lic. no.: 3-571C	CCB lic. no.: 156581
Business Name: BADGER ELECTRIC INC	
Contact:	
Address: PO BOX 55446	
City/State/ZIP: PORTLAND, OR 97238	
Phone: 5032884756	Fax: 5034937173
Email: badgerelectric@qwestoffice.net	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00283**

Approval Code: 092413 4/1/2019 10:24 am

E-mailed To: peter@dickinsonselectric.com

B20P-1302

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2315 SW 84TH AVE	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: Briann Jones	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S112BB09800	
DESCRIPTION OF WORK	
200 amp service change, kitchen and living room remodel	
APPLICANT	
Name: Peter Dickinson	
Phone: 5037406100	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1190	CCB lic. no.: 209997
Business Name: P DICKINSON ELECTRIC INC	
Contact:	
Address: 20719 SW LIDO CT	
City/State/ZIP: ALOHA, OR 97078	
Phone: 5037406100	Fax:
Email: PETER@DICKINSONSELECTRIC.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	6	\$4.26	\$25.56
<b>Electrical Permit Fees</b>			
Subtotal			\$141.39
State surcharge (12% of permit total)			\$16.97
<b>TOTAL PERMIT FEE</b>			<b>\$158.36</b>

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

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

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

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



**Beaverton**  
OREGON

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

B2019-1370

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00297**

Approval Code: 115015 4/5/2019 9:51 am

E-mailed To: office@youngelectricco.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13970 SW BONNIE BRAE CT	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Panel Replacement	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116CD00614	
DESCRIPTION OF WORK	
Panel replacement and RV outlet	
APPLICANT	
Name: Young Electric Office	
Phone: 9718885081	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C353	CCB lic. no.: 178887
Business Name: YOUNG ELECTRIC LLC	
Contact:	
Address: 9999 SW WILSHIRE ST STE 221	
City/State/ZIP: PORTLAND, OR 97225	
Phone: 9718885081	Fax: 5036460960
Email: office@youngelectricco.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$120.09
State surcharge (12% of permit total)			\$14.41
<b>TOTAL PERMIT FEE</b>			<b>\$134.50</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00296**

Approval Code: 02786G 4/4/2019 8:08 pm

B2019-1304

E-mailed To: ron@brightstarpdx.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7665 SW COPEL ST	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S112BD01601	
DESCRIPTION OF WORK	
New 200A Overhead Service with Grounding and Bonding. Wiring for Garage, Master, Kitchen Bathroom and Laundry	
APPLICANT	
Name: Ronald Mitar	
Phone: 9719988459	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1076	CCB lic. no.: 205016
Business Name: BRIGHT STAR ELECTRIC COMPANY	
Contact:	
Address: 3143 SW 22ND ST	
City/State/ZIP: GRESHAM, OR 97080	
Phone: 9719988459	Fax:
Email: MINARCIS@YAHOO.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	25	\$4.26	\$106.50
<b>Electrical Permit Fees</b>			
Subtotal			\$222.33
State surcharge (12% of permit total)			\$26.68
<b>TOTAL PERMIT FEE</b>			<b>\$249.01</b>

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

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

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

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



**Beaverton**  
OREGON

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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00289**

B2019-1304

Approval Code: 03400D 4/2/2019 3:29 pm

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

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7655 SW BEL AIRE DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Valles	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122CD05000	
DESCRIPTION OF WORK	
Replace fed pac panel with Siemens main breaker. Add ground rods and gas bond	
APPLICANT	
Name: Michael McAuley	
Phone: 5032587203	Fax: 5036556317
Email:	
CONTRACTOR	
Elec lic. no.: C165	CCB lic. no.: 161271
Business Name: MICHAEL PATRICK MCAULEY	
Contact:	
Address: 17413 WAKE ROBIN CIR	
City/State/ZIP: OREGON CITY, OR 970454503	
Phone: 5032587203	Fax: 5036556317 FAX
Email: M_MC_AULEY@MSN.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00288**

B2019-1325 Approval Code: 077109 4/2/2019 2:39 pm

E-mailed To: gg@ggteleco.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8705 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: 300	
Project Name: ProKarma	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AC00900	
DESCRIPTION OF WORK	
Data Cabling	
APPLICANT	
Name: Chas Ford	
Phone: 5032952922	Fax: 5032950886
Email:	
CONTRACTOR	
Elec lic. no.: 34-248CLE	CCB lic. no.: 59692
Business Name: GG TELECOMMUNICATION CO	
Contact:	
Address: 121 SW SALMON P1	
City/State/ZIP: PORTLAND, OR 97204	
Phone: 5032952922	Fax: 5032950886
Email: GGTE4LECO@CALLATG.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

B2019-1304

05350-BEL-19-00284

Approval Code: 00108E 4/1/2019 11:23 am

E-mailed To: jerry@peakelectricgroup.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 11875 SW BELMONT TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 190125	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122CC00638	
DESCRIPTION OF WORK	
Hot tub circuit	
APPLICANT	
Name: Jerry Larson	
Phone: 5035774311	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1109	CCB lic. no.: 206443
Business Name: PEAK ELECTRIC GROUP LLC	
Contact:	
Address: 11007 NE 109TH ST	
City/State/ZIP: VANCOUVER, WA 98662	
Phone: 3609844205	Fax:
Email: timb@peakelectricgroup.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



**Beaverton**  
OREGON

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

### Commercial Electrical Authorization To Begin Work

**05350-BEL-19-00287**

B2019-1314

Approval Code: 050698 4/2/2019 8:34 am

E-mailed To: lmceachern@dyna-oregon.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8705 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: 300	
Project Name: Prokarma 3rd Floor	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AC00900	
DESCRIPTION OF WORK	
3rd Floor Expansion-(4) Circuits	
APPLICANT	
Name: Eric Teune	
Phone: 5032010794	Fax: 5032267720
Email:	
CONTRACTOR	
Elec lic. no.: 26-59C	CCB lic. no.: 66793
Business Name: DYNALECTRIC CO	
Contact:	
Address: 5805 SW HOOD AVE	
City/State/ZIP: PORTLAND, OR 97239	
Phone: 5032266771	Fax: 5032267818
Email: lmceachern@dyna-portland.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00286**

Approval Code: 448735 4/1/2019 4:16 pm

E-mailed To: leeann@aandj-electric.com

*B2001-1312*

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10280 SW CRESTWOOD DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S126BB01800	
DESCRIPTION OF WORK	
Panel change	
APPLICANT	
Name: Leeann Greason	
Phone: 503-359-5891	Fax: 503-359-1981
Email:	
CONTRACTOR	
Elec lic. no.: 34-1C	CCB lic. no.: 959
Business Name: A & J ELECTRIC INC	
Contact:	
Address: PO BOX 330	
City/State/ZIP: FOREST GROVE, OR 971160330	
Phone: 5033595891	Fax:
Email: Leeann@aandj-electric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



**Beaverton**  
OREGON

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

**Commercial Electrical Authorization To Begin Work**  
**B2019-1310**

**05350-BEL-19-00285**

Approval Code: 611093 4/1/2019 2:39 pm

E-mailed To: cassieh@rcss.us

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 1600 NW 173RD AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Five Oaks MS Security Renovation	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N1310000500	
DESCRIPTION OF WORK	
Installation of devices and cabling for Access Control, Intrusion Detection and Intercom Systems	
APPLICANT	
Name: Wezley Dodds	
Phone: 5039629732	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 34-174CLE	CCB lic. no.: 67147
Business Name: RFI ELECTRONICS INC OREGON	
Contact:	
Address: 25977 SW CANYON CREEK RD #E	
City/State/ZIP: WILSONVILLE, OR 97070	
Phone: 5036829900	Fax: 5036829500
Email: ginar@rfibt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

B2019-1544

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00329**

Approval Code: 01296G 4/15/2019 4:03 pm

E-mailed To: crystalr@westsideelectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 5545 SW DOVER LN	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: P02030-HOUSE/RED ROOSTER	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S113DA07900	
DESCRIPTION OF WORK	
MASTER BATH & LAUNDRY WIRING.	
APPLICANT	
Name: CRYSTAL KREGER	
Phone: 5032311548	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 26-135C	CCB lic. no.: 13306
Business Name: WEST SIDE ELECTRIC COMPANY INC	
Contact:	
Address: 1834 SE 8TH AVE	
City/State/ZIP: PORTLAND, OR 972143532	
Phone: 5032311548	Fax: 5037360677
Email: DICKK@WESTSIDEELECTRIC.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

B2019-1542

05350-BEL-19-00328

Approval Code: 715160 4/15/2019 3:06 pm

E-mailed To: permits@bearelectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4130 SW 117TH AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: F	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S110CD00702	
DESCRIPTION OF WORK	
New RTU Circuit, service outlet	
APPLICANT	
Name: Bear Electric	
Phone: 503-678-1355	Fax: 503-678-1108
Email:	
CONTRACTOR	
Elec lic. no.: 24-107C	CCB lic. no.: 20919
Business Name: BEAR ELECTRIC INC	
Contact:	
Address: PO BOX 389	
City/State/ZIP: DONALD, OR 97020	
Phone: 5036781355	Fax: 5036781108
Email: sshepherd@bearelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**  
 B2019-1539 05350-BEL-19-00327  
 Approval Code: 05418G 4/15/2019 12:55 pm

E-mailed To: doug.hunt@electricalcontrolservice.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6175 SW 112TH AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122AB01003	
DESCRIPTION OF WORK	
Add 3 phase 208v receptacles for small CNC machines qty 3 on one 30 amp circuit.	
APPLICANT	
Name: Douglas Hunt	
Phone: 5414201475	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1447	CCB lic. no.: 224199
Business Name: ELECTRICAL CONTROL SERVICES LLC	
Contact:	
Address: 4655 SW 202ND AVE	
City/State/ZIP: BEAVERTON, OR 97078	
Phone: 5414201475	Fax:
Email: DOUG.HUNT@ELECTRICALCONTROLSERVI	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00326**

B2019-1538

Approval Code: 315144 4/15/2019 11:44 am

E-mailed To: greg@cepdx.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 3180 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: Ste 113	
Project Name: C190220 - Bank Branch Move BOW	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109DA03000	
DESCRIPTION OF WORK	
Cable new branch and equipment from old branch to new.	
APPLICANT	
Name: Greg Harmon	
Phone: 5032559488	Fax: 5032577121
Email:	
CONTRACTOR	
Elec lic. no.: 26-1054CLE	CCB lic. no.: 142457
Business Name: CAPITOL DATA & COMMUNICATIONS INC	
Contact:	
Address: 11401 NE MARX	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: RICHARDM@CPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00325**

*B2019-1535*

Approval Code: 015251 4/15/2019 11:27 am

E-mailed To: JOHN@BLUELNELECTRIC.COM

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14180 SW BARLOW RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Basement Renovation	
Cross Street/directions to job site: SW 142nd Ave.	
Tax map/parcel no.: 1S121BC03280	
DESCRIPTION OF WORK	
Updated Basement to have another living area	
APPLICANT	
Name: John Gregor	
Phone: 9712878873	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1344	CCB lic. no.: <i>218741</i>
Business Name: BLUE LINE ELECTRIC LLC	
Contact:	
Address: PO BOX 741	
City/State/ZIP: YAMHILL, OR 97148	
Phone: 9712413203	Fax:
Email: JOHN@BLUELNELECTRIC.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 201 to 400 amps	1	\$137.89	\$137.89
Branch circuits			
Branch circuits with service or feeder each circuit	11	\$4.26	\$46.86
Electrical Permit Fees			
Subtotal			\$184.75
State surcharge (12% of permit total)			\$22.17
<b>TOTAL PERMIT FEE</b>			<b>\$206.92</b>

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

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

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

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



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

B2019-1435

**Residential Electrical Authorization To Begin Work**  
**05350-BEL-19-00302**  
 Approval Code: 009799 4/9/2019 9:11 am  
 E-mailed To: precisionnwelectrical@yahoo.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 15259 SW KILCHIS ST	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: AKB/Smith	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S120AB04100	
DESCRIPTION OF WORK	
1- circuit range 1- circuit microwave 1- circuit alter lighting	
APPLICANT	
Name: Kevin Riggs	
Phone: 503-860-2754	Fax: 503-594-2873
Email:	
CONTRACTOR	
Elec lic. no.: C47	CCB lic. no.: 163318
Business Name: PRECISION NW ELECTRICAL CONTRACTORS LLC	
Contact:	
Address: 14842 SE REGNER TERRACE	
City/State/ZIP: BORING, OR 97009	
Phone: 5038802754	Fax: 5036581615
Email: PRECISIONNWELECTRICAL@YAHOO.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**  
 B2019-1532  
**05350-BEL-19-00324**  
 Approval Code: 01593J 4/15/2019 11:11 am

E-mailed To: info@parkinelectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13885 SW 31ST CT	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 19-0239	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121CA05200	
DESCRIPTION OF WORK	
2 ckt for wiring to Hot Tub	
APPLICANT	
Name: Amanda OR Tonya	
Phone: 5036574958	Fax: 5035571059
Email:	
CONTRACTOR	
Elec lic. no.: 34-4C	CCB lic. no.: 35151
Business Name: PARKIN ELECTRIC INC	
Contact:	
Address: 14001 S FIR ST	
City/State/ZIP: OREGON CITY, OR 97045	
Phone: 5036574958	Fax: 5035571059
Email: laura@parkinelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00323**

B2019-1531

Approval Code: 215121 4/15/2019 10:12 am

E-mailed To: permits@bearelectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8009 SW CANYON LN	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S112BC01800	
DESCRIPTION OF WORK	
Service change, new ac circuit, and service outlet	
APPLICANT	
Name: Bear Electric	
Phone: 503-678-1355	Fax: 503-678-1108
Email:	
CONTRACTOR	
Elec lic. no.: 24-107C	CCB lic. no.: 20919
Business Name: BEAR ELECTRIC INC	
Contact:	
Address: PO BOX 389	
City/State/ZIP: DONALD, OR 97020	
Phone: 5036781355	Fax: 5036781108
Email: sshpherd@bearelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	2	\$4.26	\$8.52
<b>Electrical Permit Fees</b>			
Subtotal			\$124.35
State surcharge (12% of permit total)			\$14.92
<b>TOTAL PERMIT FEE</b>			<b>\$139.27</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00322**

Approval Code: 576220 4/15/2019 10:11 am

E-mailed To: jconsiglio@jce.us

B2019-1520

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10375 SW BEAVERTON HILLSDALE HWY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Parker Furniture	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S114BC02900	
DESCRIPTION OF WORK	
(1) ckt for can lights	
APPLICANT	
Name: Jon Coulimore	
Phone: 3608877889	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 37-724C	CCB lic. no.: 118452
Business Name: JC ELECTRIC INC	
Contact:	
Address: 9014 NE ST JOHNS RD #101	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: 3608877889	Fax:
Email: JILL@JCE.US	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



**Beaverton**  
O R E G O N

**City Of Beaverton**

12725 SW Millikan Way  
Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

PO2019-1527

**05350-BEL-19-00320**

Approval Code: 02143D 4/14/2019 5:07 pm

E-mailed To: yevfibratus@gmail.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2055 SW 85TH AVE	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: resipro	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S111AA00100	
DESCRIPTION OF WORK	
Replace electrical panel, update bonding and grounding, pre-wire for new AC Disconnect	
APPLICANT	
Name: Yevgeniy Gerasimenko	
Phone: 5033023354	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1073	CCB lic. no.: 204826
Business Name: G & H ELECTRICAL CONSULTING LLC	
Contact:	
Address: PO BOX 12901	
City/State/ZIP: SALEM, OR 97309	
Phone: 5033023354	Fax:
Email: YEVFIBRATUS@GMAIL.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> Floating buildings
		<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Commercial-use agricultural buildings
		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Branch circuits			
Branch circuits with service or feeder each circuit	1	\$4.26	\$4.26
Electrical Permit Fees			
Subtotal			\$120.09
State surcharge (12% of permit total)			\$14.41
<b>TOTAL PERMIT FEE</b>			<b>\$134.50</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

132019-1528

05350-BEL-19-00321

Approval Code: 015597 4/15/2019 9:00 am

E-mailed To: precisionwelectrical@yahoo.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8525 SW GAYLE LN	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: CCR/ Guzman	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S111AA00900	
DESCRIPTION OF WORK	
200 amp service upgrade 10- circuit kitchen and partial basement remodel	
APPLICANT	
Name: Kevin Riggs	
Phone: 503-880-2754	Fax: 503-594-2873
Email:	
CONTRACTOR	
Elec lic. no.: C47	CCB lic. no.: 163318
Business Name: PRECISION NW ELECTRICAL CONTRACTORS LLC	
Contact:	
Address: 14842 SE REGNER TERRACE	
City/State/ZIP: BORING, OR 97009	
Phone: 5038802754	Fax: 5036581615
Email: PRECISIONWELECTRICAL@YAHOO.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations		
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more		
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor		
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards		
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings		
	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys		
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"		
	<input type="checkbox"/> Recreational Vehicle Parks		
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	10	\$4.26	\$42.60
<b>Electrical Permit Fees</b>			
Subtotal			\$158.43
State surcharge (12% of permit total)			\$19.01
<b>TOTAL PERMIT FEE</b>			<b>\$177.44</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**  
 B2019-1514

**05350-BEL-19-00319**

Approval Code: 412100 4/12/2019 12:00 pm

E-mailed To: office@youngelectricco.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 17740 NW FIELDSTONE DR	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Panel Replacement	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N131BD05500	
DESCRIPTION OF WORK	
Install new electrical panel and car charger	
APPLICANT	
Name: Young Electric Office	
Phone: 9718885081	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C353	CCB lic. no.: 178887
Business Name: YOUNG ELECTRIC LLC	
Contact:	
Address: 9999 SW WILSHIRE ST STE 221	
City/State/ZIP: PORTLAND, OR 97225	
Phone: 9718885081	Fax: 5036460960
Email: office@youngelectricco.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$120.09
State surcharge (12% of permit total)			\$14.41
<b>TOTAL PERMIT FEE</b>			<b>\$134.50</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

B2019-1515

**05350-BEL-19-00318**

Approval Code: 053085 4/12/2019 11:47 am

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

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6585 SW FALLBROOK PL	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 719004-07 TT&L	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S123BD01800	
DESCRIPTION OF WORK	
add 3 branch circuits in Bldg B for CNC machine	
APPLICANT	
Name: Kathy Kelley	
Phone: 5032243511	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 26-45C	CCB lic. no.: 49737
Business Name: EC COMPANY	
Contact:	
Address: PO BOX 10286	
City/State/ZIP: PORTLAND, OR 97296	
Phone: 5032243511	Fax: 5032953012
Email: cindyb@e-c-co.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00317**

Approval Code: 314622 4/12/2019 10:14 am

E-mailed To: jconsiglio@jce.us

B2019-1507

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14555 SW TEAL BLVD	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: Suite 609	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S132AD00300	
DESCRIPTION OF WORK	
4 ckts	
APPLICANT	
Name: Jon Coulimore	
Phone: 360-887-7880	Fax: 360-887-5584
Email:	
CONTRACTOR	
Elec lic. no.: 37-724C	CCB lic. no.: 118452
Business Name: JC ELECTRIC INC	
Contact:	
Address: 9014 NE ST JOHNS RD #101	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: 3608877889	Fax:
Email: JILL@JCE.US	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

82019-1505

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00316**

Approval Code: 08053G 4/12/2019 9:39 am

E-mailed To: Grant@carrickinc.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6120 SW 124TH AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: 46	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122BB01600	
DESCRIPTION OF WORK	
Installation of service	
APPLICANT	
Name: G Carrick	
Phone: 5037474194	Fax: 5035313801
Email:	
CONTRACTOR	
Elec lic. no.: 34-439C	CCB lic. no.: 120169
Business Name: CARRICK INC	
Contact:	
Address: 4875 NW KAHNEETA DR	
City/State/ZIP: PORTLAND, OR 97229	
Phone: 5035918474	Fax: 5035313801
Email: CARRICELECTRIC@VERIZON.NET	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Branch circuits			
Branch circuits with service or feeder each circuit	2	\$4.26	\$8.52
Electrical Permit Fees			
Subtotal			\$124.35
State surcharge (12% of permit total)			\$14.92
<b>TOTAL PERMIT FEE</b>			<b>\$139.27</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

B2019-1513

05350-BEL-19-00315

Approval Code: 09657D 4/12/2019 8:53 am

E-mailed To: JNwinnelectric@gmail.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14723 SW TEAL BLVD	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: Evan Aldrete - Insomnia Coffee	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S132AD00300	
DESCRIPTION OF WORK	
New coffee shop. Adding lights and plugs	
APPLICANT	
Name: Paul Nelson	
Phone: 5039808585	Fax: 8662376472
Email:	
CONTRACTOR	
Elec lic. no.: 34-150C	CCB lic. no.: 14794
Business Name: WINNER ELECTRIC CONSTRUCTION INC	
Contact:	
Address: 17087 SE WILEY WAY	
City/State/ZIP: MILWAUKIE, OR 97267	
Phone: 5036385028	Fax: 8662376472
Email: jnwinnelectric@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

B2019-1500

05350-BEL-19-00314

Approval Code: 062243 4/12/2019 7:47 am

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

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 1260 NW WATERHOUSE AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: 77217-01 Columbia Sportswear	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N132CA00400	
DESCRIPTION OF WORK	
David Lawner's office extend 120v extension circuit & HDMI cable	
APPLICANT	
Name: Kathy Kelley	
Phone: 5032243511	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 26-45C	CCB lic. no.: 49737
Business Name: EC COMPANY	
Contact:	
Address: PO BOX 10286	
City/State/ZIP: PORTLAND, OR 97296	
Phone: 5032243511	Fax: 5032953012
Email: cindyb@e-c-co.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Marinas and boat yards	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$172.86
State surcharge (12% of permit total)			\$20.74
<b>TOTAL PERMIT FEE</b>			<b>\$193.60</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00313**

B2019-1496

Approval Code: 00461G 4/11/2019 2:57 pm

E-mailed To: METROELECTRIC90@GMAIL.COM

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13670 SW CHARIOT CT	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: SHEETS RESIDENCE	
Cross Street/directions to job site: SW BUCKSKIN TERRACE	
Tax map/parcel no.: 1S128CA09700	
DESCRIPTION OF WORK	
REPLACE DROP CEILING LIGHTS WITH CAN LIGHTS	
APPLICANT	
Name: FINIS LOGUE	
Phone: 5034909000	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1391	CCB lic. no.: 221066
Business Name: CORPORATE FINANCIAL SOLUTIONS LLC	
Contact:	
Address: 25027 SE HWY 224	
City/State/ZIP: BORING, OR 97009	
Phone: 5033202703	Fax:
Email: METROELECTRIC90@GMAIL.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



**Beaverton**  
O R E G O N

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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00312**

B2019-1485

Approval Code: 01131G 4/11/2019 1:43 pm

E-mailed To: procircuitoffice@gmail.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6825 SW ROLLINGWOOD DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Thomas	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S123BC02900	
DESCRIPTION OF WORK	
panel upgrade	
APPLICANT	
Name: Dave Nagy	
Phone: 9715638211	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 3-601C	CCB lic. no.: 161382
Business Name: PRO CIRCUIT ELECTRIC LLC	
Contact:	
Address: PO BOX 3948	
City/State/ZIP: WILSONVILLE, OR 97070	
Phone: 9715638211	Fax: 5032661349
Email: procircuitdave@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00309**

B2019-1460

Approval Code: 017700 4/11/2019 8:33 am

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

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2755 SW 153RD DR	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: 31C737750N - Jike Air Trainer HVAC	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S108AC00300	
DESCRIPTION OF WORK	
Air Trainer HVAC Cabling - provide low voltage cabling for HVAC controls	
APPLICANT	
Name: Nick Badger	
Phone: 5037530781	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C448	CCB lic. no.: 182452
Business Name: IES COMMERCIAL INC	
Contact:	
Address: 16135 SW 74TH AVE	
City/State/ZIP: PORTLAND, OR 97224	
Phone: 5036481900	Fax: 5036709572
Email: cathy.herinckx@ies-co.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

B2019-14108

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00310**

Approval Code: 011799 4/11/2019 9:21 am

E-mailed To: sabrina@coxelectricoregon.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12250 SW CANYON RD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Beaverton Pharmacy	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115BB03000	
DESCRIPTION OF WORK	
One for one LED lighting upgrade.	
APPLICANT	
Name: Sabrina Lipanovich	
Phone: 5039813320	Fax: 5039809920
Email:	
CONTRACTOR	
Elec lic. no.: C1096	CCB lic. no.: 206055
Business Name: COX ELECTRIC INC	
Contact:	
Address: 290 YOUNG STREET	
City/State/ZIP: WOODBURN, OR 97071	
Phone: 5039819920	Fax:
Email: zandi@coxelectricoregon.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Marinas and boat yards	
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings	
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks	
		<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	5	\$4.26	\$21.30
<b>Electrical Permit Fees</b>			
Subtotal			\$102.44
State surcharge (12% of permit total)			\$12.29
<b>TOTAL PERMIT FEE</b>			<b>\$114.73</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00311**

B2019-1474

Approval Code: 099614 4/11/2019 11:33 am

E-mailed To: gary@atempheating.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14455 SW ARABIAN DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: WILLIAMS	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S128CB07400	
DESCRIPTION OF WORK	
INSTALLING AND REPLACING EXISTING FURNACE & AIR CONDITIONER.	
APPLICANT	
Name: GARY TRAN	
Phone: 5036505014	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C55	CCB lic. no.: 71878
Business Name: A-TEMP HEATING & COOLING INC	
Contact:	
Address: 15927 SE 122ND AVE	
City/State/ZIP: CLACKAMAS, OR 97015	
Phone: 5036505014	Fax: 5035572990
Email: corey@atempheating.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00308**

Approval Code: 01030J 4/10/2019 3:06 pm

E-mailed To: justin@frahlerelectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7625 SW ERICA PL	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Bedoya Res	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121DD02514	
DESCRIPTION OF WORK	
Replace electrical panel.	
APPLICANT	
Name: Justin Kau	
Phone: 5036394627	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C861	CCB lic. no.: 197172
Business Name: JRA INC	
Contact:	
Address: 11860 SW GREENBURG RD	
City/State/ZIP: TIGARD, OR 97223	
Phone: 5036394627	Fax: 5036394673
Email: SANDY@FRAHLERELECTRIC.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00307**

Approval Code: 019659 4/10/2019 1:33 pm

E-mailed To: lmcmmurphy@adt.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9520 SW BEAVERTON HILLSDALE HWY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: G&L Acupuncture & Wellness 402763417	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S114BD00100	
DESCRIPTION OF WORK	
CCTV installation for G&L Acupuncture & Wellness 99187457	
APPLICANT	
Name: Lori McMurphy	
Phone: 503-469-7241	Fax: 503-469-7110
Email:	
CONTRACTOR	
Elec lic. no.: CLE317	CCB lic. no.: 196560
Business Name: ADT LLC	
Contact:	
Address: PO BOX 310702	
City/State/ZIP: BOCA RATON, FL 33431	
Phone: 5034697241	Fax: 5034697110
Email: srburdick@adt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00306**

Approval Code: 510191 4/10/2019 1:19 pm

E-mailed To: hillaryp@cepdx.com

32019-1456

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4050 SW 139TH WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Audi CW Heaters	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116BA00600	
DESCRIPTION OF WORK	
Install 120v circuit to gas heaters	
APPLICANT	
Name: Capitol Electric	
Phone: 5032559488	Fax: 5032577121
Email:	
CONTRACTOR	
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL ELECTRIC CO INC	
Contact:	
Address: 11401 NE MARX ST	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00304**

B2019-1454

Approval Code: 08624G 4/10/2019 10:38 am

E-mailed To: paul@timberlineelectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 18300 NW WALKER RD	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Building 13 Unit C	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N131CB01500	
DESCRIPTION OF WORK	
Update switches, receptacles, lights add circuit for microwave.	
APPLICANT	
Name: Timberline Contractors	
Phone: 503-459-4089	Fax: 503-245-4227
Email:	
CONTRACTOR	
Elec lic. no.: 26-1211C	CCB lic. no.: 160037
Business Name: TIMBERLINE ELECTRICAL CONTRACTORS INC	
Contact:	
Address: PO BOX 918	
City/State/ZIP: LAKE OSWEGO, OR 97034	
Phone: 5034594089	Fax: 5032544227
Email: pat@timberlineelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



**Beaverton**  
OREGON

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

**Commercial Electrical Authorization To Begin Work**  
**05350-BEL-19-00305**

B2019-1461

Approval Code: 634364 4/10/2019 12:44 pm

E-mailed To: leeann@aandj-electric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8313 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Special Olympics	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AB01300	
DESCRIPTION OF WORK	
Add outlets and data lines	
APPLICANT	
Name: Leeann Greason	
Phone: 503-359-5891	Fax: 503-359-1981
Email:	
CONTRACTOR	
Elec lic. no.: 34-1C	CCB lic. no.: 959
Business Name: A & J ELECTRIC INC	
Contact:	
Address: PO BOX 330	
City/State/ZIP: FOREST GROVE, OR 971160330	
Phone: 5033595891	Fax:
Email: Leeann@aandj-electric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations		
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> A service or feeder rated at 600 amps or more		
<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Buildings more than three stor		
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Marinas and boat yards		
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings		
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings		
	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys		
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"		
	<input type="checkbox"/> Recreational Vehicle Parks		
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	2	\$4.26	\$8.52
Miscellaneous			
Signal circuit(s) or limited-energy panel, alteration, or extension	1	\$91.72	\$91.72
Electrical Permit Fees			
Subtotal			\$181.38
State surcharge (12% of permit total)			\$21.77
<b>TOTAL PERMIT FEE</b>			<b>\$203.15</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00356**

Approval Code: 903255 4/23/2019 7:55 am

E-mailed To: office@youngelectricco.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7310 SW KIMBERLY CT	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Panel Replacement	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121CB94700	
DESCRIPTION OF WORK	
Install new main panel and install 14-50 outlet in garage.	
APPLICANT	
Name: Young Electric Office	
Phone: 9718885081	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C353	CCB lic. no.: 178887
Business Name: YOUNG ELECTRIC LLC	
Contact:	
Address: 9999 SW WILSHIRE ST STE 221	
City/State/ZIP: PORTLAND, OR 97225	
Phone: 9718885081	Fax: 5036460960
Email: office@youngelectricco.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Branch circuits			
Branch circuits with service or feeder each circuit	1	\$4.26	\$4.26
Electrical Permit Fees			
Subtotal			\$120.09
State surcharge (12% of permit total)			\$14.41
<b>TOTAL PERMIT FEE</b>			<b>\$134.50</b>

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

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

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

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



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

B 2019-1666

**Residential Electrical Authorization To Begin Work**  
**05350-BEL-19-00357**

Approval Code: 02980S 4/23/2019 11:34 am

E-mailed To: mikeselectric@mikeselectric.biz

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6125 SW ERICKSON AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: JACOBS	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121AB06500	
DESCRIPTION OF WORK	
REPLACING ALUMINUM WIRING- GARAGE CIRCUIT, KITCHEN CIRCUITS, BATHROOM CIRCUITS, BEDROOM CIRCUITS & FAMILY/LIVING ROOM CIRCUITS	
APPLICANT	
Name: Darryl Mollenhauer	
Phone: 5036496991	Fax: 5032967860
Email:	
CONTRACTOR	
Elec lic. no.: C643	CCB lic. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC	
Contact:	
Address: 11070 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036496991	Fax: 5036411902
Email: mikeselectric@mikeselectric.biz	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	6	\$4.26	\$25.56
<b>Electrical Permit Fees</b>			
Subtotal			\$106.70
State surcharge (12% of permit total)			\$12.80
<b>TOTAL PERMIT FEE</b>			<b>\$119.50</b>

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

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

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

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



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

B2019-1652

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00353**

Approval Code: 03036G 4/22/2019 2:41 pm

E-mailed To: service@clackamaselectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14278 SW FARMINGTON RD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Janine McDonald-20015	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116BC03600	
DESCRIPTION OF WORK	
Panel Change , Add circuit for Living room	
APPLICANT	
Name: Scott Johnston	
Phone: 5036322420	Fax: 5036322421
Email:	
CONTRACTOR	
Elec lic. no.: 3-606C	CCB lic. no.: 161923
Business Name: CLACKAMAS ELECTRIC INC	
Contact:	
Address: PO BOX 51	
City/State/ZIP: BEAVERCREEK, OR 97004	
Phone: 5036322420	Fax: 5036322421
Email: donna@clackamaselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$120.09
State surcharge (12% of permit total)			\$14.41
<b>TOTAL PERMIT FEE</b>			<b>\$134.50</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00351**

Approval Code: 06671G 4/22/2019 2:32 pm

E-mailed To: service@clackamaselectric.com

B 2019-1651

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14276 SW FARMINGTON RD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Larry Burbidge-20038	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116BC03500	
DESCRIPTION OF WORK	
Panel Change, Add Light over peninsula	
APPLICANT	
Name: Scott Johnston	
Phone: 5036322420	Fax: 5036322421
Email:	
CONTRACTOR	
Elec lic. no.: 3-606C	CCB lic. no.: 161923
Business Name: CLACKAMAS ELECTRIC INC	
Contact:	
Address: PO BOX 51	
City/State/ZIP: BEAVERCREEK, OR 97004	
Phone: 5036322420	Fax: 5036322421
Email: donna@clackamaselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	1	\$4.26	\$4.26
<b>Electrical Permit Fees</b>			
Subtotal			\$120.09
State surcharge (12% of permit total)			\$14.41
<b>TOTAL PERMIT FEE</b>			<b>\$134.50</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00352**

Approval Code: 01110G 4/22/2019 2:37 pm

E-mailed To: service@clackamaselectric.com

B2019-1650

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14252 SW FARMINGTON RD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Larry Burbidge-20038	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116BC04800	
DESCRIPTION OF WORK	
Panel Change	
APPLICANT	
Name: Scott Johnston	
Phone: 5036322420	Fax: 5036322421
Email:	
CONTRACTOR	
Elec lic. no.: 3-606C	CCB lic. no.: 161923
Business Name: CLACKAMAS ELECTRIC INC	
Contact:	
Address: PO BOX 51	
City/State/ZIP: BEAVERCREEK, OR 97004	
Phone: 5036322420	Fax: 5036322421
Email: donna@clackamaselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00350**

Approval Code: 02027Z 4/22/2019 1:07 pm

E-mailed To: autocomm001@yahoo.com

B2019-1649

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12725 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.: 100	
Project Name: Chic-Fil-A	
Cross Street/directions to job site: 2940 sw cedar hills blvd	
Tax map/parcel no.: 1S116AA08700	
DESCRIPTION OF WORK	
install speakers	
APPLICANT	
Name: TOM EDWARDS	
Phone: 5414101750	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: CLE428	CCB lic. no.: 205253
Business Name: AUTOMATED COMMUNICATIONS LLC	
Contact:	
Address: PO BOX 5611	
City/State/ZIP: BEND, OR 97708	
Phone: 5414101750	Fax:
Email: autocomm001@yahoo.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00354**

Approval Code: 02242J 4/22/2019 2:49 pm

E-mailed To: justin@frahlerelectric.com

B2019-1653

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 5500 SW WESTERN AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Box plant	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S114CD01200	
DESCRIPTION OF WORK	
Provide circuit for data cabinet. provide power to 2 blower fans.	
APPLICANT	
Name: Justin Kau	
Phone: 5036394627	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C861	CCB lic. no.: 197172
Business Name: JRA INC	
Contact:	
Address: 11860 SW GREENBURG RD	
City/State/ZIP: TIGARD, OR 97223	
Phone: 5036394627	Fax: 5036394673
Email: SANDY@FRAHLERELECTRIC.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	3	\$4.26	\$12.78
<b>Electrical Permit Fees</b>			
Subtotal			\$128.61
State surcharge (12% of permit total)			\$15.43
<b>TOTAL PERMIT FEE</b>			<b>\$144.04</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00355**

Approval Code: 022334 4/22/2019 4:24 pm

E-mailed To: kwild@msn.com

B2019-1655

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13785 SW LATIGO CIR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Hot tub	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S128CD08200	
DESCRIPTION OF WORK	
Install new hot tub and GFI Disconnect to existing hot tub feeder.	
APPLICANT	
Name: Kurt Wildgrube	
Phone: 5037247535	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1362	CCB lic. no.: 219435
Business Name: KURT LEWIS WILDGRUBE	
Contact:	
Address: 14220 SW WILSON DR	
City/State/ZIP: BEAVERTON, OR 97008	
Phone: 5037247535	Fax:
Email: kwild@msn.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00349**

Approval Code: 65509P 4/22/2019 9:13 am

E-mailed To: lisap@roth-heat.com

B2019-1637

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7430 SW 162ND PL	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: MOLL/150936	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S120CB12400	
DESCRIPTION OF WORK	
Panel replacement, replace all switches and plugs, install 4 smoke detectors.	
APPLICANT	
Name: Ellen Moll	
Phone: 5033179891	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C535	CCB lic. no.: 14008
Business Name: ROTH ZACHRY HEATING INC	
Contact:	
Address: PO BOX 1265	
City/State/ZIP: CANBY, OR 97013	
Phone: 5032661249	Fax: 5032663478
Email: korym@roth-heat.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	2	\$4.26	\$8.52
<b>Electrical Permit Fees</b>			
Subtotal			\$124.35
State surcharge (12% of permit total)			\$14.92
<b>TOTAL PERMIT FEE</b>			<b>\$139.27</b>

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00347**

Approval Code: 012255 4/22/2019 8:55 am

E-mailed To: DARRELL@CEPDX.COM

B2019-1638

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13955 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: 7/4 Bldg Shutdown	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109CD00200	
DESCRIPTION OF WORK	
7/4/19 Building Shutdown Service 4MDP-4 RECONNECT ONLY	
APPLICANT	
Name: Darrell McNeel	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL ELECTRIC CO INC	
Contact:	
Address: 11401 NE MARX ST	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00348**

Approval Code: 012285 4/22/2019 8:58 am

E-mailed To: DARRELL@CEPDX.COM

B2019-1639

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13955 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: 7/4 Bldg Shutdown	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109CD00200	
DESCRIPTION OF WORK	
7/4/19 Building Shutdown Service 4MDP-5 RECONNECT ONLY	
APPLICANT	
Name: Darrell McNeel	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL ELECTRIC CO INC	
Contact:	
Address: 11401 NE MARX ST	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00344**

Approval Code: 012213 4/22/2019 8:31 am

E-mailed To: DARRELL@CEPDX.COM

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13955 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: 7/4 Bldg Shutdown	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109CD00200	
DESCRIPTION OF WORK	
7/4/19 Building Shutdown Service 4MDP-1 RECONNECT ONLY	
APPLICANT	
Name: Darrell McNeel	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL ELECTRIC CO INC	
Contact:	
Address: 11401 NE MARX ST	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00345**

Approval Code: 012263 4/22/2019 8:36 am

E-mailed To: DARRELL@CEPDX.COM

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13955 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: 7/4 Bldg Shutdown	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109CD00200	
DESCRIPTION OF WORK	
7/4/19 Building Shutdown Service 4MDP-2 RECONNECT ONLY	
APPLICANT	
Name: Darrell McNeel	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL ELECTRIC CO INC	
Contact:	
Address: 11401 NE MARX ST	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of Inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00346**

Approval Code: 012225 4/22/2019 8:52 am

E-mailed To: DARRELL@CEPDX.COM

B2019-1642

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13955 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: 7/4 Bldg Shutdown	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109CD00200	
DESCRIPTION OF WORK	
7/4/19 Building Shutdown Service 4MDP-3 RECONNECT ONLY	
APPLICANT	
Name: Darrell McNeel	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL ELECTRIC CO INC	
Contact:	
Address: 11401 NE MARX ST	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00340**

Approval Code: 72217D 4/19/2019 9:05 am

E-mailed To: jochsner2@msn.com

B2019-1626

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6585 SW FALLBROOK PL	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S123BD01800	
DESCRIPTION OF WORK	
Connect (2) new ductless mini split outdoor and indoor units using (1) existing RTU circuit	
APPLICANT	
Name: JUSTIN OCHSNER	
Phone: 5038873682	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 26-823C	CCB lic. no.: 88522
Business Name: OCHSNER ELECTRIC INC	
Contact:	
Address: 8724 SE YAMHILL ST	
City/State/ZIP: PORTLAND, OR 97216	
Phone: 5032540015	Fax:
Email: JOCHSNER2@MSN.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00343**

Approval Code: 00559S 4/19/2019 2:10 pm

E-mailed To: mikeselectric@mikeselectric.biz

B2019-1630

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6165 SW ERICKSON AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: HIBBETT	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121AB07300	
DESCRIPTION OF WORK	
2 GARAGE CIRCUITS & 3 LIGHTING CIRCUITS	
APPLICANT	
Name: Darryl Mollenhauer	
Phone: 5036496991	Fax: 5032967860
Email:	
CONTRACTOR	
Elec lic. no.: C643	CCB lic. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC	
Contact:	
Address: 11070 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036496991	Fax: 5036411902
Email: mikeselectric@mikeselectric.biz	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00342**

Approval Code: 05404S 4/19/2019 9:28 am

E-mailed To: mikeselectric@mikeselectric.biz

B2019-1629

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13820 SW BONNIE BRAE ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: MILLER	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116CD00624	
DESCRIPTION OF WORK	
NEW RANGE CIRCUIT	
APPLICANT	
Name: Darryl Mollenhauer	
Phone: 5036496991	Fax: 5032967860
Email:	
CONTRACTOR	
Elec lic. no.: C643	CCB lic. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC	
Contact:	
Address: 11070 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036496991	Fax: 5036411902
Email: mikeselectric@mikeselectric.biz	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

B 2019-1628

05350-BEL-19-00341

Approval Code: 619042 4/19/2019 9:27 am

E-mailed To: agilbert.vox@gmail.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16100 NW CORNELL RD	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.: 260	
Project Name: Edward Jones Network cables	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N132BC05200	
DESCRIPTION OF WORK	
Install network cat 5 cabling for edward jones	
APPLICANT	
Name: John Twist	
Phone: 6364492015	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: CLE519	CCB lic. no.: 220308
Business Name: DYNAMIC TECH SOLUTIONS INC	
Contact:	
Address: 3795 RIVER RD SUITE 105	
City/State/ZIP: KEIZER, OR 97303	
Phone: 5035598693	Fax:
Email: ALEX@DYNAMICTECHOR.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00339**

Approval Code: 01439G 4/19/2019 7:18 am

E-mailed To: paul@timberlineelectric.com

B2019-1927

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 18300 NW WALKER RD	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Building 13 Unit F	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N131CB01500	
DESCRIPTION OF WORK	
Upgrade switches, receptacles, lights and add circuit for microwave.	
APPLICANT	
Name: Timberline Contractors	
Phone: 503-459-4089	Fax: 503-245-4227
Email:	
CONTRACTOR	
Elec lic. no.: 26-1211C	CCB lic. no.: 160037
Business Name: TIMBERLINE ELECTRICAL CONTRACTORS INC	
Contact:	
Address: PO BOX 918	
City/State/ZIP: LAKE OSWEGO, OR 97034	
Phone: 5034594089	Fax: 5032544227
Email: pat@timberlineelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00338**

Approval Code: 063524 4/18/2019 9:02 am

E-mailed To: lmceachern@dyna-oregon.com

B 2019-1607

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8905 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: 160	
Project Name: NW Hardwoods	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AC01000	
DESCRIPTION OF WORK	
Tenant Improvement-(10) Circuits	
APPLICANT	
Name: Vince Bataluna	
Phone: 9712844752	Fax: 5032267720
Email:	
CONTRACTOR	
Elec lic. no.: 26-59C	CCB lic. no.: 66793
Business Name: DYNALECTRIC CO	
Contact:	
Address: 5805 SW HOOD AVE	
City/State/ZIP: PORTLAND, OR 97239	
Phone: 5032266771	Fax: 5032267818
Email: lmceachern@dyna-portland.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00337**

Approval Code: 08215G 4/18/2019 8:51 am

E-mailed To: info@tritonnw.com

B2019-1606

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 3900 SW MURRAY BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: 6100 GIS	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109CC04200	
DESCRIPTION OF WORK	
Install 4 outdoor cameras	
APPLICANT	
Name: Aaron Van Fleet	
Phone: 5036155800	Fax: 5036285689
Email:	
CONTRACTOR	
Elec lic. no.: 34-648CLE	CCB lic. no.: 154665
Business Name: TRITON COMMUNICATIONS LLC	
Contact:	
Address: PO BOX 1091	
City/State/ZIP: HILLSBORO, OR 97123	
Phone: 5036155800	Fax: 5036285689
Email: info@tritonnw.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

B2019-1596

**05350-BEL-19-00336**

Approval Code: 006591 4/17/2019 4:16 pm

E-mailed To: Andrew@squireselectric.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input checked="" type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12270 SW CENTER ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Beaver Creek Building A Laundry panel	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S110CC00200	
DESCRIPTION OF WORK	
Panel change in laundry room of Building A	
APPLICANT	
Name: Andrew Cohen	
Phone: 5032521609	Fax: 5032535831
Email:	
CONTRACTOR	
Elec lic. no.: 26-1101C	CCB lic. no.: 135085
Business Name: SQUIRES ELECTRIC INC	
Contact:	
Address: 2203 NE MARTIN LUTHER KING JR BLVD	
City/State/ZIP: PORTLAND, OR 97212	
Phone: 5032521609	Fax: 5032535831
Email: office@squireselectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00331**

Approval Code: 116104 4/16/2019 9:40 am

E-mailed To: office@youngelectricco.com

B2019-1569

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12875 SW DEER OAK LN	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Hot Tub	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121DD02700	
DESCRIPTION OF WORK	
Install new hot tub circuit	
APPLICANT	
Name: Young Electric Office	
Phone: 9718885081	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C353	CCB lic. no.: 178887
Business Name: YOUNG ELECTRIC LLC	
Contact:	
Address: 9999 SW WILSHIRE ST STE 221	
City/State/ZIP: PORTLAND, OR 97225	
Phone: 9718885081	Fax: 5036460960
Email: office@youngelectricco.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

B 2019-1587

**05350-BEL-19-00333**

Approval Code: 080463 4/17/2019 11:39 am

E-mailed To: gary@atempheating.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 15730 SW SPRINGFIELD LN	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt.no.:	
Project Name: OTT	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S117CD05400	
DESCRIPTION OF WORK	
INSTALLING AND REPLACING EXISTING AIR CONDITIONER.	
APPLICANT	
Name: GARY TRAN	
Phone: 5036505014	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C55	CCB lic. no.: 71878
Business Name: A-TEMP HEATING & COOLING INC	
Contact:	
Address: 15927 SE 122ND AVE	
City/State/ZIP: CLACKAMAS, OR 97015	
Phone: 5036505014	Fax: 5035572990
Email: corey@atempheating.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00334**

Approval Code: 043102 4/17/2019 2:31 pm

E-mailed To: DCTECHOFFICE@YMAIL.COM

B2019-1591

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7475 SW OLESON RD	
City/State/ZIP: BEAVERTON, OR 97223	
Suite/bldg./apt.no.:	
Project Name: Garden Home Library	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S124DB01800	
DESCRIPTION OF WORK	
Low Voltage Cabling / Telecom	
APPLICANT	
Name: Dwayne Campbell	
Phone: 5033565700	Fax: 5035236491
Email:	
CONTRACTOR	
Elec lic. no.: CLE378	CCB lic. no.: 195391
Business Name: DC TECH INC	
Contact:	
Address: 2280 SE IMLAY AVE	
City/State/ZIP: HILLSBORO, OR 97123	
Phone: 5033565700	Fax: 5035236491
Email: DCTECHOFFICE@YMAIL.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00335**

Approval Code: 000641 4/17/2019 3:07 pm

E-mailed To: bandanaelectricllc@yahoo.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 12370 SW 1ST ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115BC02200	
DESCRIPTION OF WORK	
Demo/add wall. Add lighting	
APPLICANT	
Name: Darren Onion	
Phone: 5032660151	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C941	CCB lic. no.: 198102
Business Name: BANDANA ELECTRIC LLC	
Contact:	
Address: PO BOX 623	
City/State/ZIP: CANBY, OR 97013	
Phone: 5032660151	Fax:
Email: bandanaelectricllc@yahoo.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	5	\$4.26	\$21.30
<b>Electrical Permit Fees</b>			
Subtotal			\$102.44
State surcharge (12% of permit total)			\$12.29
<b>TOTAL PERMIT FEE</b>			<b>\$114.73</b>

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00332**

Approval Code: 03606G 4/17/2019 5:51 am

E-mailed To: wiredup97016@gmail.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2780 SW WEST POINT AVE	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S112BD02706	
DESCRIPTION OF WORK	
Replace existing load center	
APPLICANT	
Name: Joshua Watson	
Phone: 5033692985	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C122	CCB lic. no.: 168100
Business Name: WIRED UP ELECTRIC LLC	
Contact:	
Address: 73863 CEDAR GROVE DR	
City/State/ZIP: CLATSKANIE, OR 97016	
Phone: 5037282406	Fax: 5037280700
Email: twowats@hotmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

B2019-1547

**05350-BEL-19-00330**

Approval Code: 631232 4/16/2019 7:25 am

E-mailed To: phelectricllc@gmail.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14255 SW BARLOW CT	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Coffman	
Cross Street/directions to job site: SW Murray Blvd	
Tax map/parcel no.: 1S121BC03297	
DESCRIPTION OF WORK	
new service and branch circuits	
APPLICANT	
Name: Rodney Loder	
Phone: 5035519611	Fax: 5033759829
Email:	
CONTRACTOR	
Elec lic. no.: C761	CCB lic. no.: 192114
Business Name: PHOTO ELECTRIC LLC	
Contact:	
Address: PO BOX 13657	
City/State/ZIP: SALEM, OR 97309	
Phone: 5035519611	Fax: 5033759829
Email: phelectricllc@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Marinas and boat yards	
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Floating buildings	
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	
	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks	
	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Services or feeders</b>			
Services 200 amps or less	1	\$115.83	\$115.83
<b>Branch circuits</b>			
Branch circuits with service or feeder each circuit	2	\$4.26	\$8.52
<b>Electrical Permit Fees</b>			
Subtotal			\$124.35
State surcharge (12% of permit total)			\$14.92
<b>TOTAL PERMIT FEE</b>			<b>\$139.27</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00388**

Approval Code: 05742G 4/30/2019 2:33 pm

E-mailed To: kenny@acandeelectric.com

B2019-1779

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 11940 SW LYNNFIELD LN	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Lynnfield Street lights	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S110BB00600	
DESCRIPTION OF WORK	
Install five street lights on Lynnfield Lane. This is an extension of lighting from new development.	
APPLICANT	
Name: Vitaliy Zima	
Phone: 5034804649	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 24-1C	CCB lic. no.: 591
Business Name: A C & E SERVICE ELECTRIC CO	
Contact:	
Address: 3535 DEL WEBB AVE NE STE 100	
City/State/ZIP: SALEM, OR 97301	
Phone: 5033632301	Fax: 5033632302
Email: db@acandeelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

April 2019

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00387**

Approval Code: 212135 4/30/2019 2:08 pm

E-mailed To: suzi.flowers@christenson.com

B2019-1778

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14179 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: LEVEL COMMUNICATIONS	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109CC04400	
DESCRIPTION OF WORK	
JOB 26380 (6) CKTS FOR EQUIPMENT	
APPLICANT	
Name: CHRISTENSON ELECTRIC	
Phone: 5034193300	Fax: 5034193333
Email:	
CONTRACTOR	
Elec lic. no.: 26-34C	CCB lic. no.: 458
Business Name: CHRISTENSON ELECTRIC INC	
Contact:	
Address: 17201 NE SACRAMENTO ST	
City/State/ZIP: PORTLAND, OR 97230	
Phone: 5034193300	Fax: 5034193333
Email: marjo.beckman@christenson.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other  <input type="checkbox"/> Fire pumps <input type="checkbox"/> Emergency systems <input type="checkbox"/> Addition of a new motor load of 100 HP or more <input type="checkbox"/> Six or more residential units in one structure <input type="checkbox"/> Health care facilities			
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Branch circuits			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	5	\$4.26	\$21.30
Electrical Permit Fees			
Subtotal			\$102.44
State surcharge (12% of permit total)			\$12.29
<b>TOTAL PERMIT FEE</b>			<b>\$114.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00386**

Approval Code: 310384 4/30/2019 11:48 am

E-mailed To: dan@imagekingsigns.com

B2019-1777

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8705 SW HALL BLVD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Neclar	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S126BC01300	
DESCRIPTION OF WORK	
INSTALL LED ILLUMINATED WALL SIGNS	
APPLICANT	
Name: Dan Culnane	
Phone: 5414841482	Fax: 5414658994
Email:	
CONTRACTOR	
Elec lic. no.: 20-530CLS	CCB lic. no.: 161313
Business Name: IMAGE KING INC	
Contact:	
Address: 275 GRIMES ST UNIT A	
City/State/ZIP: EUGENE, OR 97402	
Phone: 5414841482	Fax:
Email: BRUCE@IMAGEKINGSIGNS.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00385**

Approval Code: 310370 4/30/2019 11:07 am

E-mailed To: permits@bearelectric.com

B2019-1776

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 11655 SW 12TH ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115CD05700	
DESCRIPTION OF WORK	
Panel Change, new ac, new gas furnace, outdoor gfci, terminate wires at dishwasher	
APPLICANT	
Name: Bear Electric	
Phone: 503-678-1355	Fax: 503-678-1108
Email:	
CONTRACTOR	
Elec lic. no.: 24-107C	CCB lic. no.: 20919
Business Name: BEAR ELECTRIC INC	
Contact:	
Address: PO BOX 389	
City/State/ZIP: DONALD, OR 97020	
Phone: 5036781355	Fax: 5036781108
Email: sshpherd@bearelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
Please check all that apply:		<input type="checkbox"/> Hazardous locations <input type="checkbox"/> A service or feeder rated at 600 amps or more <input type="checkbox"/> Buildings more than three stor <input type="checkbox"/> Marinas and boat yards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys <input type="checkbox"/> "A", "E", or "I-2" or "I-3" <input type="checkbox"/> Recreational Vehicle Parks <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more
<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Health care facilities		
FEE SCHEDULE			
Description	Qty.	Ea.	Total
Services or feeders			
Services 200 amps or less	1	\$115.83	\$115.83
Branch circuits			
Branch circuits with service or feeder each circuit	4	\$4.26	\$17.04
Electrical Permit Fees			
Subtotal			\$132.87
State surcharge (12% of permit total)			\$15.94
<b>TOTAL PERMIT FEE</b>			<b>\$148.81</b>

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

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

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

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



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

B2019-1773  
**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00384**

Approval Code: 030436 4/30/2019 9:58 am

E-mailed To: precisionnwelectrical@yahoo.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 540 SW 173RD AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: RAM/Loop	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S106AC00200	
DESCRIPTION OF WORK	
4- alter circuit kitchen	
APPLICANT	
Name: Kevin Riggs	
Phone: 503-880-2754	Fax: 503-594-2873
Email:	
CONTRACTOR	
Elec lic. no.: C47	CCB lic. no.: 163318
Business Name: PRECISION NW ELECTRICAL CONTRACTORS LLC	
Contact:	
Address: 14842 SE REGNER TERRACE	
City/State/ZIP: BORING, OR 97009	
Phone: 5038802754	Fax: 5036581615
Email: PRECISIONNWELECTRICAL@YAHOO.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00382**

Approval Code: 110370 4/30/2019 9:07 am

E-mailed To: kandice@nwsteele.com

B2019-1772

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7762 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 181174 H	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00600	
DESCRIPTION OF WORK	
Office Remodel	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00381**

Approval Code: 110340 4/30/2019 9:04 am

E-mailed To: kandice@nwsteele.com

B2019-1771

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7766 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 181174 G	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00600	
DESCRIPTION OF WORK	
Office Remodel	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00380**

Approval Code: 010375 4/30/2019 8:57 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7774 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 181174 E	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00600	
DESCRIPTION OF WORK	
Office remodel	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



**Beaverton**  
O R E G O N

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

**Residential Electrical Authorization To Begin Work**  
**05350-BEL-19-00376**

B2019-1748 Approval Code: 07058G 4/29/2019 10:31 am

E-mailed To: procircuitoffice@gmail.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 6995 SW JUNIPER TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Burton	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121DA10000	
DESCRIPTION OF WORK	
panel upgrade	
APPLICANT	
Name: Dave Nagy	
Phone: 9715638211	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 3-601C	CCB lic. no.: 161382
Business Name: PRO CIRCUIT ELECTRIC LLC	
Contact:	
Address: PO BOX 3948	
City/State/ZIP: WILSONVILLE, OR 97070	
Phone: 9715638211	Fax: 5032661349
Email: procircuitdave@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

### Residential Electrical Authorization To Begin Work

05350-BEL-19-00373

Approval Code: 02193S 4/26/2019 3:04 pm

E-mailed To: mikeselectric@mikeselectric.biz

B2019-1739

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13295 SW 17TH ST	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: ROBINSON	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121AB07200	
DESCRIPTION OF WORK	
REPLACE ALUMINUM WIRING IN HOME 2 KITCHEN CIRCUITS, WASHER CIRCUIT, MICRO-HOOD CIRCUIT, 2 LIGHTING CIRCUITS & BATHROOM OUTLETS	
APPLICANT	
Name: Darryl Mollenhauer	
Phone: 5036496991	Fax: 5032967860
Email:	
CONTRACTOR	
Elec lic. no.: C643	CCB lic. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC	
Contact:	
Address: 11070 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036496991	Fax: 5036411902
Email: mikeselectric@mikeselectric.biz	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	6	\$4.26	\$25.56
<b>Electrical Permit Fees</b>			
Subtotal			\$106.70
State surcharge (12% of permit total)			\$12.80
<b>TOTAL PERMIT FEE</b>			<b>\$119.50</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00375**

Approval Code: 028683 4/28/2019 11:12 am

E-mailed To: office@coxelectricoregon.com

B2019-1751

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 16205 NW BETHANY CT	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.: 122	
Project Name: Pump it up	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N132BC04900	
DESCRIPTION OF WORK	
One for One LED lighting upgrade.	
APPLICANT	
Name: Sabrina Lipanovich	
Phone: 5039813320	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1096	CCB lic. no.: 206055
Business Name: COX ELECTRIC INC	
Contact:	
Address: 290 YOUNG STREET	
City/State/ZIP: WOODBURN, OR 97071	
Phone: 5039819920	Fax:
Email: zandi@coxelectricoregon.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00371**

Approval Code: 08398G 4/25/2019 11:56 pm

E-mailed To: johno@craftsmanelectricinc.com

B2019.1728

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7765 SW MATHENY DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122CC10900	
DESCRIPTION OF WORK	
Water damage to Kitchen and Bath. total of 7 circuits worked on	
APPLICANT	
Name: John Olson	
Phone: 5038998479	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C1239	CCB lic. no.: 212709
Business Name: CRAFTSMAN ELECTRIC INC	
Contact:	
Address: 14325 SE 242ND AVE	
City/State/ZIP: DAMASCUS, OR 97089	
Phone: 5035044122	Fax:
Email: DALEW65@GMAIL.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	6	\$4.26	\$25.56
<b>Electrical Permit Fees</b>			
Subtotal			\$106.70
State surcharge (12% of permit total)			\$12.80
<b>TOTAL PERMIT FEE</b>			<b>\$119.50</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00368**

Approval Code: 004339 4/25/2019 8:43 am

E-mailed To: info@electricnorm.com

B2019-1727

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4275 SW 139TH WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S116BA00604	
DESCRIPTION OF WORK	
Run 40amp circuit for electric vehicle charger	
APPLICANT	
Name: Tom Herzog	
Phone: 5036449121	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 4-1C	CCB lic. no.: 30615
Business Name: ELECTRIC NORM INC	
Contact:	
Address: 6775 SW 111TH SUITE 20	
City/State/ZIP: BEAVERTON, OR 97008	
Phone: 5036433500	Fax: 5038611688
Email: mistersparkybeaverton@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00372**

Approval Code: 06946D 4/26/2019 8:34 am

E-mailed To: william.stewart@wsfp.us

B2019-1730

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14603 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: Abhiruchi India Kitchen	
Cross Street/directions to job site: Millikan Way and Murray Blvd	
Tax map/parcel no.: 1S108DA00500	
DESCRIPTION OF WORK	
Hook up Ansul Hood system to fire alarm system as required by fire code.	
APPLICANT	
Name: William Stewart WSFP	
Phone: 5034070279	Fax: 5036575182
Email:	
CONTRACTOR	
Elec lic. no.: CLE108	CCB lic. no.: 104570
Business Name: WESTERN STATES FIRE PROTECTION COMPANY	
Contact:	
Address: 17500 SW 65TH AVE	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: 5036575155	Fax: 5036575182
Email: LAUREN.BARSHAW@WSFP.US	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00374**

Approval Code: 868469 4/26/2019 3:16 pm

E-mailed To: leeann@aandj-electric.com

B 2019-1740

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2560 SW 75TH TER	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S112AB07900	
DESCRIPTION OF WORK	
add and replace lights, replace bath fan, add exterior lights and plugs	
APPLICANT	
Name: Leeann Greason	
Phone: 503-359-5891	Fax: 503-359-1981
Email:	
CONTRACTOR	
Elec lic. no.: 34-1C	CCB lic. no.: 959
Business Name: A & J ELECTRIC INC	
Contact:	
Address: PO BOX 330	
City/State/ZIP: FOREST GROVE, OR 971160330	
Phone: 5033595891	Fax:
Email: Leeann@aandj-electric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00366**

Approval Code: 695356 4/25/2019 8:19 am

E-mailed To: volt1@comcast.net

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 15975 SW REGATTA LN	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: McDonalds	
Cross Street/directions to job site: Walker	
Tax map/parcel no.: 1S105BA01200	
DESCRIPTION OF WORK	
Remodel of existing restaurant	
APPLICANT	
Name: Fredric Ekstrom	
Phone: 5038075156	Fax: 5034305966
Email:	
CONTRACTOR	
Elec lic. no.: C1113	CCB lic. no.: 206659
Business Name: ACCESS ELECTRICAL LLC	
Contact:	
Address: 13525 SW FARMINGTON RD	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 5036424333	Fax: 5034305966
Email: volt1@comcast.net	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00367**

Approval Code: 04281G 4/25/2019 8:42 am

E-mailed To: paul@timberlineelectric.com

B2019-1709

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 4720 SW WASHINGTON AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: Mattson - Hellickson	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S115BC07200	
DESCRIPTION OF WORK	
Temp service for construction	
APPLICANT	
Name: Timberline Contractors	
Phone: 503-459-4089	Fax: 503-245-4227
Email:	
CONTRACTOR	
Elec lic. no.: 26-1211C	CCB lic. no.: 160037
Business Name: TIMBERLINE ELECTRICAL CONTRACTORS INC	
Contact:	
Address: PO BOX 918	
City/State/ZIP: LAKE OSWEGO, OR 97034	
Phone: 5034594089	Fax: 5032544227
Email: pat@timberlineelectric.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Temp services or feeders</b>			
Temp services 200 amps or less	1	\$91.72	\$91.72
<b>Electrical Permit Fees</b>			
Subtotal			\$91.72
State surcharge (12% of permit total)			\$11.01
<b>TOTAL PERMIT FEE</b>			<b>\$102.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00370**

Approval Code: 615231 4/25/2019 2:13 pm

E-mailed To: greg@cepdx.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13955 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt.no.:	
Project Name: C190377 - Workstations AZA	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S109CD00200	
DESCRIPTION OF WORK	
Provide, install, terminate and test 7 network cat6 cables from MDF A-2 to new stations on 2nd floor.	
APPLICANT	
Name: Greg Harmon	
Phone: 5032559488	Fax: 5032577121
Email:	
CONTRACTOR	
Elec lic. no.: 26-1054CLE	CCB lic. no.: 142457
Business Name: CAPITOL DATA & COMMUNICATIONS INC	
Contact:	
Address: 11401 NE MARX	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: RICHARDM@CPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00369**

Approval Code: 01378G 4/25/2019 1:20 pm

E-mailed To: Scottc@teamelectricco.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 10470 SW BARNES RD	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: 9333	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S102CB00200	
DESCRIPTION OF WORK	
Elevator upgrades and associated work.	
APPLICANT	
Name: Scott Croteau	
Phone: 5035577180	Fax: 5035578201
Email:	
CONTRACTOR	
Elec lic. no.: 3-225C	CCB lic. no.: 173043
Business Name: TEAM ELECTRIC CO	
Contact:	
Address: 9400 SE CLACKAMAS RD	
City/State/ZIP: CLACKAMAS, OR 970159703	
Phone: 5035577180	Fax: 5035578201
Email: miket@teamelectricco.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>			
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure
<input type="checkbox"/> Health care facilities	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	3	\$4.26	\$12.78
<b>Miscellaneous</b>			
Signal circuit(s) or limited-energy panel, alteration, or extension	3	\$91.72	\$275.16
<b>Electrical Permit Fees</b>			
Subtotal			\$369.08
State surcharge (12% of permit total)			\$44.29
<b>TOTAL PERMIT FEE</b>			<b>\$413.37</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00364**

Approval Code: 069049 4/25/2019 7:06 am

E-mailed To: suzi.flowers@christenson.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 8625 SW CASCADE AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: 250	
Project Name: PACIFIC EAST RESEARCH	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AD00102	
DESCRIPTION OF WORK	
JOB# 14860 (2) CKTS FOR LIGHTING	
APPLICANT	
Name: CHRISTENSON ELECTRIC	
Phone: 5034193300	Fax: 5034193333
Email:	
CONTRACTOR	
Elec lic. no.: 26-34C	CCB lic. no.: 458
Business Name: CHRISTENSON ELECTRIC INC	
Contact:	
Address: 17201 NE SACRAMENTO ST	
City/State/ZIP: PORTLAND, OR 97230	
Phone: 5034193300	Fax: 5034193333
Email: marijo.beckman@christenson.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00365**

Approval Code: 201093 4/25/2019 8:05 am

E-mailed To: phelectricllc@gmail.com

B20191547

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14255 SW BARLOW RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: Soloman	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121BC03224	
DESCRIPTION OF WORK	
another 200amp feeder	
APPLICANT	
Name: Rodney Loder	
Phone: 5035519611	Fax: 5033759829
Email:	
CONTRACTOR	
Elec lic. no.: C761	CCB lic. no.: 192114
Business Name: PHOTO ELECTRIC LLC	
Contact:	
Address: PO BOX 13657	
City/State/ZIP: SALEM, OR 97309	
Phone: 5035519611	Fax: 5033759829
Email: phelectricllc@gmail.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of Inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Residential Electrical Authorization To Begin Work**

**05350-BEL-19-00363**

Approval Code: 614293 4/24/2019 2:39 pm

E-mailed To: drew@protechpdx.com

B2019-1688

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 2665 SW WEST POINT AVE	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt.no.:	
Project Name: Priggie	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S112BD02725	
DESCRIPTION OF WORK	
Demo wall heater, 4 cans, vent fan/humidistat, plugs, switch, rework electrical for 1/2 wall, rough-in and install (3) sconces, add floor up lights, remove exterior sconce/replace with 4" can, add single pole dimmer for (3) sconces, floor up lights and LED tape light, remove and replace floor plug, remove exterior wall mounted	
APPLICANT	
Name: Drew Anderson	
Phone: 5037806207	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C916	CCB lic. no.: 198878
Business Name: PRO TECH POWER CORP	
Contact:	
Address: PO BOX 988	
City/State/ZIP: DALLAS, OR 97338	
Phone: 5037806207	Fax: 5036236023
Email: ba_acct@msn.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00361**

Approval Code: 614221 4/24/2019 2:12 pm

E-mailed To: cassieh@rcss.us

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 13845 NW SCIENCE PARK DR	
City/State/ZIP: BEAVERTON, OR 97229	
Suite/bldg./apt.no.:	
Project Name: Sunset HS Portables Intrusion	
Cross Street/directions to job site:	
Tax map/parcel no.: 1N133CB00100	
DESCRIPTION OF WORK	
Installation of devices and cabling for Intrusion Detection system in portables #1 and #2.	
APPLICANT	
Name: Dave Carson	
Phone: 5036829900	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: 34-174CLE	CCB lic. no.: 67147
Business Name: RFI ELECTRONICS INC OREGON	
Contact:	
Address: 25977 SW CANYON CREEK RD #E	
City/State/ZIP: WILSONVILLE, OR 97070	
Phone: 5036829900	Fax: 5036829500
Email: ginar@rfibt.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00362**

Approval Code: 614222 4/24/2019 2:22 pm

E-mailed To: greg@cepdx.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9600 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: 100	
Project Name: C190364 - 3J Data	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127DD00600	
DESCRIPTION OF WORK	
Install cat6e network, rack and fiber cable.	
APPLICANT	
Name: Greg Harmon	
Phone: 5032559488	Fax: 5032551966
Email:	
CONTRACTOR	
Elec lic. no.: 26-1054CLE	CCB lic. no.: 142457
Business Name: CAPITOL DATA & COMMUNICATIONS INC	
Contact:	
Address: 11401 NE MARX	
City/State/ZIP: PORTLAND, OR 972201041	
Phone: 5032559488	Fax: 5032551966
Email: RICHARDM@CPDX.COM	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00360**

Approval Code: 058673 4/24/2019 12:59 pm

E-mailed To: lmceachern@dyna-oregon.com

B2019-1682

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 9205 SW GEMINI DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.: C	
Project Name: Rexel TI	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127DB00700	
DESCRIPTION OF WORK	
Tenant Improvement - (20) Circuits	
APPLICANT	
Name: Ryan Hunt	
Phone: 5033120565	Fax: 5032267720
Email:	
CONTRACTOR	
Elec lic. no.: 26-59C	CCB lic. no.: 66793
Business Name: DYNALECTRIC CO	
Contact:	
Address: 5805 SW HOOD AVE	
City/State/ZIP: PORTLAND, OR 97239	
Phone: 5032266771	Fax: 5032267818
Email: lmceachern@dyna-portland.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Marinas and boat yards
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Floating buildings	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Recreational Vehicle Parks	<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	19	\$4.26	\$80.94
<b>Electrical Permit Fees</b>			
Subtotal			\$162.08
State surcharge (12% of permit total)			\$19.45
<b>TOTAL PERMIT FEE</b>			<b>\$181.53</b>

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

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

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

Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov

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



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

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-19-00358**

Approval Code: 03873G 4/24/2019 8:01 am

E-mailed To: office@ericolsonelectricinc.com

B2019-1681

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 14603 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt.no.:	
Project Name: ABHIRUCHI	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S108DA00500	
DESCRIPTION OF WORK	
1 CIRCUIT FOR HOOD CONTROL, 1 CIRCUIT FOR EXHAUST, 1 CIRCUIT FRESH AIR, 2 CIRCUIT MICROWAVE, 2 CIRCUITS PORTABLE FOOD UNITS	
APPLICANT	
Name: ERIC OLSON	
Phone: 3602581849	Fax: 3602581859
Email:	
CONTRACTOR	
Elec lic. no.: 37-1053C	CCB lic. no.: 179408
Business Name: ERIC OLSON ELECTRIC INC	
Contact:	
Address: 10013 NE HAZEL DELL AVE PMB#432	
City/State/ZIP: VANCOUVER, WA 98685	
Phone: 3602581849	Fax: 3602581859
Email: office@ericolsonelectricinc.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

PLAN REVIEW			
<b>Please check all that apply:</b>		<input type="checkbox"/> Hazardous locations	
<input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	<input type="checkbox"/> A service or feeder rated at 600 amps or more	<input type="checkbox"/> Buildings more than three stor	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Fire pumps	<input type="checkbox"/> Emergency systems	<input type="checkbox"/> Commercial-use agricultural buildings	<input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys
<input type="checkbox"/> Addition of a new motor load of 100 HP or more	<input type="checkbox"/> Six or more residential units in one structure	<input type="checkbox"/> "A", "E", or "I-2" or "I-3"	<input type="checkbox"/> Recreational Vehicle Parks
<input type="checkbox"/> Health care facilities		<input type="checkbox"/> Supply voltage for more than 600 supply volts nominal	
FEE SCHEDULE			
Description	Qty.	Ea.	Total
<b>Branch circuits</b>			
Branch circuits without service or feeder	1	\$81.14	\$81.14
Branch circuits each additional circuit without service	5	\$4.26	\$21.30
<b>Electrical Permit Fees</b>			
Subtotal			\$102.44
State surcharge (12% of permit total)			\$12.29
<b>TOTAL PERMIT FEE</b>			<b>\$114.73</b>

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

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

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

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



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

**Commercial Electrical Authorization To Begin Work**

B2019-1680

05350-BEL-19-00359

Approval Code: 114233 4/24/2019 9:33 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2 family dwelling	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Accessory
JOB SITE INFORMATION AND LOCATION	
Job Address: 7689 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 32E	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S122DD00300	
DESCRIPTION OF WORK	
Panel replacement x 2	
APPLICANT	
Name: Kandice Brown	
Phone: 5032681311	Fax:
Email:	
CONTRACTOR	
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 97116	
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services:	
Residential Service:	4
Reconnect Only:	1
All Other Services:	2

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

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

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

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

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