

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 12/19/2018	Permit No. B2018-6020
Date Issued: 4/9/2019	BR
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14795 SW Murray Scholls Dr	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 108, 109, 110	Project name: Ortho and Fracture Clinic
Cross street/directions to job site: Northwest corner at the intersection of SW Murray Blvd and SW Scholls Ferry Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding and Relocating fire sprinkler heads from existing automatic wet system, for new tenant.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Orthopedic and Fracture Specialists	
Address: 11782 SW Barnes Rd, Suite 300	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 214-5200	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western States Fire Protection	
Contact name: Reece Magnuson	
Address: 17500 SW 65th Ave	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 250-2526	Fax:
E-mail: Reece.Magnuson@wsfp.us	
CONTRACTOR	
Business name: Western States Fire Protection	
Address: 17500 SW 65th Ave	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 250-2526	Fax:
CCB lic.: 104570	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	22310
Existing building area:	square feet 5184
New building area:	square feet N/A
Number of stories:	1
Type of construction:	Type II, Fully Sprinkled
Occupancy groups:	Occupancy Type B
Existing:	Type B
New:	Type B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	731.44
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Reece Magnuson	12/18/18

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 3-6-17	Permit No.: B 2017-0863
Date Issued: 4/4/2019	By: [Signature]
	Payment Type:
1&2 family: Simple	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6730 SW PEACH LN.	
City/State/ZIP: BEAVERTON OR 97007	
Suite/bldg./apt. no.:	Project name: KELTU
Cross street/directions to job site:	
Subdivision: W285480 Lot no.:	
Tax map/parcel no.: 1S121BD03631	
DESCRIPTION OF WORK	
NEW 62X18 ADDITION TO REAR OF FOR NEW ADULT FOSTER CARE HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: MESAY KELTU	
Address: 17745 SW Marty Ln	
City/State/ZIP: Beaverton OR 97003	
Phone: (503) 985-8101	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MIKE MONTGOMERY	
Contact name: SIMPL HOME DESIGNS	
Address: 4931 SW 76TH AVE., PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: (503) 515-6495	Fax: (503) 719-4825
E-mail: mikem@ezpermits.biz	
CONTRACTOR	
Business name: Bryant Builders LLC	
Address: 10320 SW Deloris Ln.	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 318-5031	Fax: ()
CCB lic.: 202180	
Authorized signature: [Signature]	
Print name: Mike Montgomery	Date: 03/05/16

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	35,000.00
Number of bedrooms:	8
Number of bathrooms:	4
Total number of floors:	1
New dwelling area:	1116 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$ 434.38
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 2-4-19	Permit No.: 82019-0483
Date Issued: 4/4/2019	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: TENANT IMPROVEMENT
JOB SITE INFORMATION AND LOCATION	
Job site address: 4545 SW ANGEL	
City/State/ZIP: BEAVERTON, OR 972005	
Suite/bldg./apt. no.: SUITE 161	Project name: RAINDROP TAPHOUSE
Cross street/directions to job site: SW FARMINGTON RD. & SW MAIN AVE.	
Subdivision:	Lot no.: 1-8
Tax map/parcel no.: 1S116AD01300	
DESCRIPTION OF WORK	
THIS PROJECT IS 855 SF TENTANT IMPROVEMENT PROJECT FOR RAINDROP TAPHOUSE, A BEER BAR, LOCATED IN THE NORTH-WEST CORNER OF THE RISE - OLD TOWN APARTMENTS BUILING. THE TAPHOUSE WILL INCLUDE (2) ADA BATHROOMS, (1) WALK-IN COOLER AND (1) SERVING & SEATING AREA.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: MARK FOSTER	
Address: 5820 SW FRANKLIN AVE.	
City/State/ZIP: BEAVERTON, OR 97005	
Phone:	Fax:
E-mail: RAINDROPTAPHOUSE@GMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PROPEL STUDIO ARCHITECTURE	
Contact name: TUAN VU	
Address: 5229 NE MLK BLVD, SUITE #101	
City/State/ZIP: PORTLAND, OR 97211	
Phone: (541) 579-1193	Fax:
E-mail: tuan@propelstudio.com	
CONTRACTOR	
Business name: Deform NW LLC	
Address: PO BOX 42404	
City/State/ZIP: Portland, OR 97242	
Phone: 503-969-4921	Fax:
CCB lic.: 156630	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$100,000
Existing building area:	square feet 855
New building area:	square feet 855
Number of stories:	1
Type of construction:	VA
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$1,398.78
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date: 01/11/2019
Print name: TUAN VU	

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

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

Form B70-1001 REV 2/14

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4-24-19	Permit No.: B2019-13410
Date Issued: 4-4-19	By: CRL
	Payment Type: USAF

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9205 SW Gemini Drive	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: C	Project name: Rexel TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of non structural partitions. Construction of non structural partitions. Install new casework, doors and relights.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lincoln Property Company	
Address: 1211 SW 5th Ave Suite 700	
City/State/ZIP: Portland Oregon 97008	
Phone: (503) 479-5222	Fax:
E-mail: LMorrison@LPC.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Commercial Contractors Inc	
Contact name: Bryan Monroe	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax: (503) 227-6644
E-mail: bryan.monroe@ccigc.com	
CONTRACTOR	
Business name: Commercial Contractors Inc	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax: (503) 227-6644
CCB lic.: 123729	

Authorized signature:	Date:
Print name: Bryan Monroe	4/3/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$88,430
Existing building area:	square feet 40,954
New building area:	square feet 9226
Number of stories:	2
Type of construction:	III-N 2 Story
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
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BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

REV
T 19-005

Building Permit Application

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

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

RECEIVED

OFFICE USE ONLY

Date Received: 03/21/2019	Permit No.: B2018-5395
Date Issued: 4-3-19	By: <i>CRK</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17219 SW Goldcrest Lane	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 73
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: (503) 726-7041	Fax:
CCB Lic.: 189447	

Authorized signature: *Hannah Leas*

Print name: Hannah Leas	Date: 03/20/2019
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REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation	257,516
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1873.37
Garage/carport area:	square feet 453.14
Covered porch area:	square feet 107.93
Deck area:	square feet 0
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

COB Revision/Tracking # **Building Permit Application**

REV

T 19-003

Community Development Department

Building Division

19795 SW Milliken Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2550

Fax: (503) 526-2222

BeavertonOregon.gov

ELECTRONIC SUBMITTAL
SEE I/BLDG DIV WG-8

OFFICE USE ONLY

Date Received: 03/21/2019	Permit No.: B2018-5007
Date Issued: 4-3-19	By: <i>CLW</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK

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

CATEGORY OF CONSTRUCTION

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

JOB SITE INFORMATION AND LOCATION

Job site address: **17211 SW Goldcrest Lane**

City/State/ZIP: **Beaverton, Or 97007**

Suite/bldg./apt. no.: _____ Project name: **SCHM**

Cross street/directions to job site:

Subdivision: **South Cooper Mountain Hts** Lot no.: **71**

Tax map/parcel no.:

DESCRIPTION OF WORK

New Single Family

PROPERTY OWNER

TENANT

Name: **Everett Custom Homes**

Address: **3330 NW Yeon Ave**

City/State/ZIP: **Portland, OR 97210**

Phone: **(503) 726-7041** Fax: _____

E-mail: **Hannah@everetthomesnw.com**

APPLICANT

CONTACT PERSON

Business name: **Everett Custom Homes**

Contact name: **Hannah Leas**

Address: **3330 NW Yeon Ave**

City/State/ZIP: **Portland, OR 97210**

Phone: **(503) 726-7041** Fax: _____

E-mail: **Hannah@everetthomesnw.com**

CONTRACTOR

Business name: **Everett Custom Homes**

Address: **3330 NW Yeon Ave**

City/State/ZIP: **Portland, Oregon 97210**

Phone: **(503) 726-7041** Fax: _____

CCB lic.: **189447**

Authorized signature: *Hannah Leas*

Print name: **Hannah Leas** Date: **03/20/2019**

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation	199,501
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1542.34
Garage/carport area:	square feet 368.94
Covered porch area:	square feet 103.8
Deck area:	square feet 0
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application

REV

T 19-006

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

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

OFFICE USE ONLY	
Date Received: 03/21/2019	Permit No.: B2018-4979
Date Issued: 4-3-19	By: <i>ORL</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 17222 SW KITE LN	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.: Bldg 5	Project name: SCHM
Cross street/directions to job site:	

Subdivision: South Cooper Mountain Hts	Lot no.: 106
Tax map/parcel no.:	

DESCRIPTION OF WORK	
New Single Family	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	

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

Authorized signature: <i>Hannah Leas</i>	Date: 2/19/2019
Print name: Hannah Leas	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	191,128
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1542.34
Garage/carport area:	square feet 368.94
Covered porch area:	square feet 103.8
Deck area:	square feet 0
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome

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

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

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

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

Building Permit Application

REV 19-007 Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2550
 Fax: (503) 526-2222
 BeavertonOregon.gov

RECEIVED

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

OFFICE USE ONLY	
Date Received: <u>03/21/2019</u>	Permit No.: <u>B2018-4980</u>
Date Issued: <u>4-3-19</u>	By: <u>all</u>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: <u>17216 SW KITE LN</u>	
City/State/ZIP: <u>Beaverton, Or 97007</u>	
Suite/bldg./apt. no.: <u>Bldg 5</u>	Project name: <u>SCHM</u>
Cross street/directions to job site:	

Subdivision: <u>South Cooper Mountain Hts</u>	Lot no.: <u>107</u>
Tax map/parcel no.:	

DESCRIPTION OF WORK	
<u>New Single Family</u>	

<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Everett Custom Homes</u>	
Address: <u>3330 NW Yeon Ave</u>	
City/State/ZIP: <u>Portland, OR 97210</u>	
Phone: <u>(503) 726-7041</u>	Fax:
E-mail: <u>Hannah@everethomesnw.com</u>	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Everett Custom Homes</u>	
Contact name: <u>Hannah Leas</u>	
Address: <u>3330 NW Yeon Ave</u>	
City/State/ZIP: <u>Portland, OR 97210</u>	
Phone: <u>(503) 726-7041</u>	Fax:
E-mail: <u>Hannah@everethomesnw.com</u>	

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

Authorized signature: 	Date: <u>2/19/2019</u>
Print name: <u>Hannah Leas</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>191,128</u>
Number of bedrooms:	<u>3</u>
Number of bathrooms:	<u>2.5</u>
Total number of floors:	<u>3</u>
New dwelling area:	square feet <u>1542.34</u>
Garage/carport area:	square feet <u>368.94</u>
Covered porch area:	square feet <u>103.80</u>
Deck area:	square feet <u>0</u>
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	<u>R2</u>
Existing:	
New:	<u>Townhome</u>

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

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

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

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

REV
T 19-008

Building Permit Application

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

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

OFFICE USE ONLY	
Date Received: 03/21/2019	Permit No.: B2018-4981
Date Issued: 4-3-19	By: <i>CEL</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17212 SW KITE LN	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.: bldg 5	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: 108	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single family	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: (503) 726-7041	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	191,128
Number, of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1542.34
Garage/carport area:	square feet 368.94
Covered porch area:	square feet 103.80
Deck area:	square feet 0
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome

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

--	--

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

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

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

Authorized signature: *Hannah Leas*

Print name: Hannah Leas	Date: 02/19/2019
-------------------------	------------------

Routed to Planning Site

Building Permit Application

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



OFFICE USE ONLY		
Date Received:	1/31/2019	Permit No: 152019-0454
Date Issued:	2-3-19	By: [Signature]
		Payment Type: [Signature]

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17324 SW CONDOR LANE	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.: LOT 188	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 188
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON ,OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	320,723.92
Number of bedrooms:	4
Number of bathrooms:	2-1/2
Total number of floors:	2
New dwelling area:	square feet 2518
Garage/carport area:	square feet 417
Covered porch area:	square feet 117
Deck area:	square feet NO
Other structure area:	square feet NO

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,343.80
Amount received	
Date received:	

Authorized signature:

Print name: SANDRO GUERRERO	Date: 01/31/19
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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

Form B70-1001 REV 2/14

Routed to Planning / site

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <i>1/31/2019</i>	Permit No.: <i>B2019-0456</i>
Date Issued: <i>1-3-19</i>	By: <i>CMC</i>
Payment Type: <i>anecd</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17338 SW CONDOR LANE	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.: LOT 187	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON ,OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>320,723.92</i>
Number of bedrooms:	4
Number of bathrooms:	2-1/2
Total number of floors:	2
New dwelling area:	square feet 2518
Garage/carport area:	square feet 417
Covered porch area:	square feet 117
Deck area:	square feet NO
Other structure area:	square feet NO
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<i>1,343.80</i>
Amount received	
Date received:	

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

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

Authorized signature:

Print name: <i>Sandro Guerrero</i>	Date: <i>01-31-19</i>
SANDRO GUERRERO	01/30/19

Building Permit Application

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



RECEIVED
 CITY OF BEAVERTON

OFFICE USE ONLY	
Date Received: MAR 07 2019	Permit No.: B2019-0902
Date Issued: 4-3-19	By: CDL
BUILDING SERVICES DIVISION Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14603 SW Millikan	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install 14" type I hood, gas line, screening on the roof to cover equipment	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Rao	
Address: 14603 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-349-8595	Fax:
E-mail: abhivchirest@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PKNW Construction	
Contact name: Karina Leyva	
Address: PO Box 3686	
City/State/ZIP: Hillsboro, OR 97123	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: PKNW Construction, LLC	
Address: PO Box 3686	
City/State/ZIP: Hillsboro OR 97123	
Phone: 503-630-6427	Fax:
CCB lic.: 209936	

Authorized signature: **Karina Leyva** Date: **3-7-19**

Print name: **Karina Leyva**

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 2950.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	91.90
Amount received	
Date received:	

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

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

COB Revision/Tracking #: **Building Permit Application**

REV _____

T 19-002

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

ELECTRONIC SUBMITTAL
 SEE I./BLDG DIV WG-8

RECEIVED

OFFICE USE ONLY

Date Received: 03/21/2019	Permit No.: B2018-5397
Date Issued: 4-3-19	By: CR
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>check</i>	

TYPE OF WORK

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

CATEGORY OF CONSTRUCTION

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

JOB SITE INFORMATION AND LOCATION

Job site address: 17209 SW GOLDCREST LN
 City/State/ZIP: Beaverton, Or 97007
 Suite/bldg./apt. no.: Bld 12 Project name: SCHM
 Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 70
 Tax map/parcel no.:

DESCRIPTION OF WORK

New Single Family Residence

<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	

CONTRACTOR

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

Authorized signature: *Hannah Leas*
 Print name: Hannah Leas Date: 2/19/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation

Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

2672 AZ

Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No: 2208.2509
Date Issued: JUN 05 2018	By: CJA
4-2-19	Payment Type: CHECK

CITY OF BEAVERTON

Revised 6/5/18 mth

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15017 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 155th Terrace & SW Scholls Ferry Rd.	
Subdivision: Westmont	Lot no.: 310
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SINGLE FAMILY RESIDENCE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR HORTON Inc	
Address: 4380 SW Macadam Ave	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR HORTON Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: Same as Above	
CONTRACTOR	
Business name: DR Horton Inc	
Address: 4380 SW Macadam Ave	
City/State/ZIP: Portland OR 97239	
Phone: (503) 222-4151	Fax:
CCB lic.: 130859	

Authorized signature:	Date: 6/1/18
Print name: <i>Am Finkel</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	328,603.28
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	2672 square feet
Garage/carport area:	588 square feet
Covered porch area:	58 square feet
Deck area:	0 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

B-181
1ST-1182
2-1192
G-487
Beaverton
OREGON

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 2/11/2018	Permit No.: B2018-3556
Date Issued: 4-2-19	By: CMC
Payment Type: check	

Rounded 8/14/19

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15711 SW Wren Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 39
Tax map/parcel no.:	
DESCRIPTION OF WORK	
B2018-1956	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	327,066.33
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	2555 square feet
Garage/carport area:	487 square feet
Covered porch area:	53 square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,365.27
Amount received	
Date received:	

Authorized signature:	Date: 10/27/18
Print name: Amanda Loveridge	

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

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



Building Permit Application

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

RECEIVED

OFFICE USE ONLY	
Date Received: MAR 12 2019	Permit No. 15209-0932
Date Issued: 4-2-19	By: AKL
	Payment Type: ONLINE
1&2 family: Simple	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9225 SW Buckskin Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Shafer
Cross street/directions to job site: 9305 SW BUCKSKIN TER	
Subdivision:	Lot no.: R251541
Tax map/parcel no.: 1S128CA07900	
DESCRIPTION OF WORK	
NEW 12'x37' ADDITION WITH 2 NEW BEDROOMS AND 1 BATH ROOM, REMODEL EXISTING KITCHEN AND 314 SQ FT ATTIC SPACE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jake and Marilee Shafer	
Address: 9225 SW Buckskin Terrace	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 706-0901	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SIMPL HOME DESIGNS	
Contact name: MIKE MONTGOMERY	
Address: 4931 SW 76TH AVE PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: (503) 515-6495	Fax: (503) 719-4825
E-mail: mlkem@ezpermits.biz	
CONTRACTOR	
Business name: MCKENZIE REMODELING	
Address:	
City/State/ZIP:	
Phone: (503) 407-4742	Fax: ()
CCB lic.: 191879	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	45,000 -
Number of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	1
New dwelling area:	444 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	519.22
Amount received	
Date received:	

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

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

Authorized signature:	Date: 4-2-19
Print name:	

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4/2/19	Permit No.: 2019-1318
Date Issued: 4/2/19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1815 NW 169TH PLACE	
City/State/ZIP: BEAVERTON, OR, 97006	
Suite/bldg./apt. no.:	Project name: TWIN OAKS BLDG # 4
Cross street/directions to job site:	

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

DESCRIPTION OF WORK
RE-ROOF OVER EXISTING ROOF SYSTEM. REMOVE & DISPOSE OF EXISTING SKYLIGHTS, FLASHINGS

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

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOUIS ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR, 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	

CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR, 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: [Signature]	
Print name: LOUIS ORNELAS	Date: 4-2-19

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	91,794
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>2-22-19</u>	Permit No.: <u>B2019-0731</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"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>8305 SW Davies</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.:	Project name: <u>Meagher</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Total home renovation and ad</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Robert Meagher</u>	
Address: <u>8305 SW Davies</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone: <u>503 971 724-5324</u>	Fax:
E-mail: <u>Meagher.robert.14@gmail.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Laine Renovations Inc</u>	
Contact name: <u>Justin Laine</u>	
Address: <u>8355 SW Monticello Ct</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone: <u>503 312 8169</u>	Fax:
E-mail: <u>lainerenovationsinc@gmail.com</u>	
CONTRACTOR	
Business name: <u>Laine Renovations Inc</u>	
Address: <u>8355 SW Monticello Ct</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone: <u>503 312 8169</u>	Fax:
CCB lic.: <u>181551</u>	
Authorized signature: <u>Kristina R Laine</u>	Date: <u>2-22-2019</u>
Print name: <u>Kristina Laine</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: <u>\$330,000</u>	
Number of bedrooms:	<u>4</u>
Number of bathrooms:	<u>3 1/2</u>
Total number of floors:	<u>1.5</u>
New dwelling area:	<u>800 sq ft</u> square feet
Garage/carport area:	square feet
Covered porch area:	<u>320</u> square feet
Deck area:	square feet
Other structure area:	<u>570</u> square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>\$1,920.48</u>
Amount received	
Date received:	

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

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

T RECEIVED



Building Permit Application

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

OFFICE USE ONLY	
Date Received: MAR 8 2019	Permit No.: 152018-1309
Date Issued: 4/20	BY: [Signature]
Payment Type:	

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12123 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision:	Lot no.: 9
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Single family residential	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Westwood Homes LLC	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Beaverton OR 97008	
Phone: 503-713-6294	Fax:
E-mail: Allison@westwoodhomesllc.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229	
Phone: 503-716-6294	Fax:
Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant Westwood Homes	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature: [Signature]	Date: 3/6/19
Print name: Allison May	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	3
Number of bathrooms:	3.5
Total number of floors:	3
New dwelling area:	1583 square feet
Garage/carport area:	220 square feet
Covered porch area:	12 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

COB REVISION/TRACKING Building Permit Application

REV

T 19-004

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone (503) 526-2550

Fax (503) 526-2222

BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 03/21/2019 Permit No.: B2019-5396

Date Issued: 4/3/19 By: CRJ

CITY OF BEAVERTON

Payment Type:

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

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17215 SW Goldcrest Lane	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: 72	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Hannah Leas	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7041	Fax:
E-mail: Hannah@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: (503) 726-7041	Fax:
CCB lic.: 189447	

REQUIRED DATA - 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	199,501
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	square feet 1542.34
Garage/carport area:	square feet 368.94
Covered porch area:	square feet 103.8
Deck area:	square feet 0
Other structure area:	square feet
REQUIRED DATA - COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: 

Print name: Hannah Leas Date: 03/20/2019

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

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

Building Permit Application

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



(Routed 8-12-16)

OFFICE USE ONLY	
Date Received: 8-12-16	Permit No.: B2016-3654
Date Issued: 4-3-19	By: [Signature]
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site: 11350 SW Canyon Rd.	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Beaverton Commercial
Cross street/directions to job site: HWY 217	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW 2-STORY COMMERCIAL BUILDING - SHELL PERMIT ONLY	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ELLIOTT PROPERTIES INC	
Address: 735 SW 20TH PLACE, #220	
City/State/ZIP: PORTLAND, OR 97205	
Phone: (503) 292-7733	Fax:
E-mail: ED@EDGEDEVELOP.COM	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: EDGE DEVELOPMENT	
Contact name: ED BRUIN	
Address: 735 SW 20TH PLACE, #220	
City/State/ZIP: PORTLAND, OR 97205	
Phone: (503) 292-7733	Fax:
E-mail: ED@EDGEDEVELOP.COM	
CONTRACTOR	
Business name: EDGE DEVELOPMENT	
Address: 735 SW 20TH PLACE, #220	
City/State/ZIP: PORTLAND, OR 97205	
Phone: (503) 292-7733	Fax:
CCB lic.: 147657	

Authorized signature: _____
 Print name: _____ Date: 8/12/16

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,120,900
Existing building area:	square feet 0
New building area:	square feet 13,392
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	M,B
Existing:	
New:	M,B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$5,041.11
Amount received	\$5,041.11
Date received:	8-12-16

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

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

ELECTRONIC SUBMITTAL Building Permit Application

SEE I:/BLDG DIV WORKBOOK...



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

OFFICE USE ONLY

Date Received: 03/14/2019	Permit No.: B2019-1001
Date Issued: 4-15-19	By: <i>ORL</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>one</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9853 SW Denney Rd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: DG # 6
Cross street/directions to job site: SW Scholls Ferry	
Subdivision: Denney Gardens	Lot no.: 15
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Construct new Dwelling	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: - same -	
Contact name: Mike Wille	
Address: - same -	
City/State/ZIP:	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
CONTRACTOR	
Business name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97008	
Phone: (503) 502-8523	Fax:
CCB lic.: 146735	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$198,956.00
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	square feet 1580
Garage/carport area:	square feet 375
Covered porch area:	square feet 32
Deck area:	square feet 0
Other structure area:	square feet 0
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$969.75
Amount received	
Date received:	

Authorized signature: <i>Michael Wille</i>	Date:
Print name:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4-15-19	Permit No.: 82019-1522
Date Issued: 4-15-19	By: CRL
	Payment Type: CHECK

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16025 SW REGATTA LANE	
City/State/ZIP: BEAVERTON, OR. 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RE-ROOF OVER EXISTING ROOF SYSTEM. - INSTALL POLY SEPARATION OVER GULCH LAYER. INSTALL GAF 60MIL TPO MEMBRANE REEFING, CAP METAL AND FLASHINGS.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: PARR FINANCIAL CORP.	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOUIS ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	
CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	
Authorized signature: <i>Louis Ornelas</i>	
Print name: LOUIS ORNELAS	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	18,948
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>4-15-19</u>	Permit No.: <u>B204-1521</u>
Date Issued: <u>4-15-19</u>	By: <u>CPK</u>
Payment Type: <u>CHECK</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>16055 SW REGATTA LANE</u>	
City/State/ZIP: <u>BEAVERTON, OR. 97006</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>RE-ROOF OVER EXISTING ROOF SYSTEM. - INSTALL POLYSEPARATION EVERGLARD LAYER, INSTALL GAF 60MIL TPO MEMBRANE ROOFING, CAP METAL AND FLASHINGS.</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>PARR FINANCIAL CORP.</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>INTERSTATE ROOFING</u>	
Contact name: <u>LOU ORNELAS</u>	
Address: <u>15065 SW 74TH AVE.</u>	
City/State/ZIP: <u>PORTLAND, OR. 97224</u>	
Phone: <u>503-684-5611</u>	Fax: <u>503-639-3056</u>
E-mail: <u>RECEPTION@INTERSTATEROOFING.COM</u>	
CONTRACTOR	
Business name: <u>INTERSTATE ROOFING</u>	
Address: <u>15065 SW 74TH AVE.</u>	
City/State/ZIP: <u>PORTLAND, OR. 97224</u>	
Phone: <u>503-684-5611</u>	Fax: <u>503-639-3056</u>
CCB lic.: <u>55485</u>	

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

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>57,380</u>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4-15-19	Permit No.: B2019-1523
Date Issued: 4-15-19	By: CML
Payment Type: CHECK	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16165 SW REGATTA LANE	
City/State/ZIP: BEAVERTON, OR. 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RE-ROOF OVER EXISTING ROOF SYSTEM, - INSTALL POLY SEPARATION OVER GUARD LAYER, INSTALL GAF 60 MIL TPO MEMBRANE ROOFING, CAP METAL AND FLASHINGS,	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: PARR FINANCIAL CORP.	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	
CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR. 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

Authorized signature: Louis Ornelas
Print name: LOUIS ORNELAS
Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 113,250	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

STR/PLS

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4-4-19	Permit No.: B2019-1353
Date Issued: 4-5-19	By: CRL
	Payment Type: USA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9599 SW Prairie Terrace #D	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: STAIRS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace Staircase Unit D Replace Deck Unit B	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: All Pro Construction	
Contact name: Jeff Hess	
Address: 110109 NW 63rd Circle	
City/State/ZIP: Maple WA 98682	
Phone: 503-576-0335	Fax:
E-mail: allprobuilder@hotmail.com	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 207847	
Authorized signature: <i>[Signature]</i>	
Print name:	Date:

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

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1000
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4-1-19	Permit No.: B2019-1307
Date Issued: 4-1-19	By: CRL
	Payment Type: check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4145 SW Watson Ave	
City/State/ZIP: Beaverton OR 97076	
Suite/bldg./apt. no.: 300	Project name: Pioneer specific college
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
remove unnecessary abandoned fire sprinkler line	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: American Sprinklers	
Address: 10828 NW Smith Hills Hwy	
City/State/ZIP: Portland OR 97231	
Phone: 503-519-360	Fax:
CCB lic.: 64890	
Authorized signature:	
Print name: Travis Hegeler	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 300	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

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

Permit Application

Re-issued Plan Lot 138, B2018-3726
2857A Redwood American



Community Development Department
Building Division
12726 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

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

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12341 SW 174th Terrace	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apl. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 131
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$362,452.90 \$365,145.62
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2832 square feet
Garage/carport area:	464 square feet
Covered porch area:	179 square feet
Deck area:	square feet
Other structure area:	168 square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$740.89
Amount received	
Date received:	

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

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

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

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

Permit Application



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

OFFICE USE ONLY	
Date Received: 12/21/2018	Permit No.: B2018-6054
Date Issued: 4-12-19	By: <i>CR</i>
CITY OF BEAVERTON	
Payment Type: <i>CASH</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12335 SW 174th Ter	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 132
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$318,133.05 \$320,360.17
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2479 square feet
Garage/carport area:	429 square feet
Covered porch area:	182 square feet
Deck area:	square feet
Other structure area:	105 square feet

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

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

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

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

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

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

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8

COB Revision/Tracking #:

Duplicate Plan, 2350A Jade Am,
as Lot 130 both Garage Right

REV 19-092
Permit Application



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

RECEIVED
OFFICE USE ONLY

Date Received: 03/14/2019	Permit No.: B2018-6058
Date Issued: 4-12-19	By: <i>CEL</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>CHECK</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12331 SW 174th Terrace	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 133
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$305,104.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2350 square feet
Garage/carport area:	411 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

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

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8

Permit Application

Re-issued Plan Lot 138, B2018-3726
2857A Redwood American BUT Garage Left



Community Development Department
Building Division
12726 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: 12/21/2018	Permit No.: B2018-6046
Date issued: 1-10-19	By: <i>CLL</i>
CITY OF BEAVERTON Building Division	
Payment Type: <i>check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17332 SW Harrier Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 120
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB No.: 195307	

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

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$362,452.90 365,145.22
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2832 square feet
Garage/carport area:	464 square feet
Covered porch area:	179 square feet
Deck area:	square feet
Other structure area:	168 square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$740.89
Amount received	
Date received:	

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

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

Building Permit Application

Clear Form



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

RECEIVED

OFFICE USE ONLY	
Date Received: MAR 08 2019	Permit No: B2019-0919
Date Issued: 4/12/2019	By: <i>[Signature]</i>
BUILDING SERVICES DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15645 SW Sexton Mountain Road	
City/State/ZIP: Beaverton, Oregon 97007	
Suite/bldg./apt. no.:	Project name: Sexton Mountain ES
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior remodel of entry vestibule & miscellaneous door hardware.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, Oregon 97003	
Phone: (503) 356-4587	Fax:
E-mail: Michael_Lamberty@Beaverton.K12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Solarc Architecture	
Contact name: Nate Carter	
Address: 240 N. Broadway Street, Suite 308	
City/State/ZIP: Portland, Oregon 97227	
Phone: (971) 344-1919	Fax:
E-mail: Nate@Solarc-A.com	
CONTRACTOR	
Business name: Kirby Nagelhout Construction Company	
Address: 10110 SW Nimbus Avenue, Suite B6	
City/State/ZIP: Portland, Oregon 97223	
Phone: (503) 227-5280	Fax:
CCB lic.: 95590	
Authorized signature: <i>[Signature]</i>	Date:
Print name: Nate Carter	03/06/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$100,000
Existing building area:	square feet 67500
New building area:	square feet 67500
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	Education
Existing:	Education
New:	Education
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,761.09
Amount received	
Date received:	

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

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

Stuart Fc kv

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4-11-19	Permit No. B2019-14104
Date Issued: 4-11-19	By: CPL
	Payment Type: USFA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5335 SW OLESON RD	
City/State/ZIP: PORTLAND, OR. 97225	
Suite/bldg./apt. no.:	Project name: BERG
Cross street/directions to job site: SOUTH OF HWY 210 ACCESS PRIVATE DRIVE TO WEST.	
Subdivision:	Lot no.: 15113D 09300
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD "SHOP WC" TO GARAGE - FURR-IN AND INSULATE WALLS - ADD DUCTLESS HVAC	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address: 5335 SW OLESON RD	
City/State/ZIP: PORTLAND OR. 97225	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ROYAL REMODELING RESOURCES	
Contact name: DAVID LEART	
Address: PO BOX 230805	
City/State/ZIP: TIGARD OR. 97281	
Phone: 503 684-7873	Fax:
E-mail: ROYALREMODELING@COMCAST.NET	
CONTRACTOR	
Business name: SAME AS APPLICANT	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 90746	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$22,000
Number of bedrooms:	0
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	0 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet

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

NOTICE

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

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

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

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

Authorized signature:	Date:
Print name: ED SPENCER	



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

OFFICE USE ONLY	
Date Received: 2-19-19	Permit No.: B2019-0674
Date Issued: 4-10-19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14555 SW Taulatin Valley Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: NW Corner of SW Taulatin Valley Hwy and SW Murray Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S108DD 00300	
DESCRIPTION OF WORK	
Removal of all site improvements, cap/plug water and sewer stubs at ht-of-Way	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: BP West Coast Products C/O Richard Reininger/Kim Medicus	
Address: 4519 Grandview Road	
City/State/ZIP: Blaine, WA 98230	
Phone: (425) 221-1571	Fax:
E-mail: Richard.Reininger.bp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Barghausen Consulting Engineers, Inc.	
Contact name: Joshua A. Harlan	
Address: 18215 72nd Avenue South	
City/State/ZIP: Kent, WA 98032	
Phone: (425) 251-6222	Fax: (425) 251-8782
E-mail: jharlan@barghausen.com	
CONTRACTOR	
Business name: Clearcreek Contractors Inc	
Address: 3203 15th Street	
City/State/ZIP: Everett WA 98201	
Phone: 425 360-659-2459	Fax: 360-659-9346
/lic.: 152411	
Authorized signature: [Signature]	
Print name: Richard Reininger	Date: 2/8/19

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$250,000
Existing building area:	square feet +/-2150
New building area:	square feet N/A
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,777.82
Amount received	\$2,212.34
Date received:	\$565.48 due

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 1-18-19	Permit No.: B2019-0204
Date Issued: 4-9-19	By: Cui
Payment Type: check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR.	
Suite/bldg./apt. no.:	Project name: Le Sen Bistro
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
WALK-IN COOLER - Freezer Box's With self contained Refrigeration	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Bulldog mech. inc.	
Address: 3307 NE 39th Ct.	
City/State/ZIP: Vancouver, WA 98661	
Phone: 360-901-2010	Fax: 360-693-1505
CCB lic.: 152993 / 8027 metro	
Authorized signature: [Signature]	
Print name: Rolland Walters	Date: 01-17-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$19,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$458.80
Amount received	
Date received:	

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 3/21/2019	Permit No: B2019-1153
Date Issued: 4-9-19	By: CML
	Payment Type: ML

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement <i>Deck</i>	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>6725 SW Hill Place</i>	
City/State/ZIP: <i>Beaverton, OR 97008</i>	
Suite/bldg./apt. no.:	Project name: <i>Burgoyne Apartment Deck</i>
Cross street/directions to job site: <i>SW DALE AVE</i>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Replacing Deck</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Jack Burgoyne</i>	
Address: <i>6725 SW Hill Place</i>	
City/State/ZIP: <i>Beaverton, OR 97008</i>	
Phone: <i>503-789-8645</i>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>JAS Engineering</i>	
Contact name: <i>Andy Stember</i>	
Address: <i>1419 Washington St Suite 100</i>	
City/State/ZIP: <i>Oregon City, OR 97045</i>	
Phone: <i>503-657-9800</i>	Fax:
E-mail: <i>andy@jasenginc.com</i>	
CONTRACTOR	
Business name: <i>Sackle Construction Inc.</i>	
Address: <i>14245 SE Upper Aldercrest Dr</i>	
City/State/ZIP: <i>Milwaukie, OR 97267</i>	
Phone: <i>503-970-2373</i>	Fax:
CCB lic.: <i>172833</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: <i>\$17,500</i>	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<i>267.56</i>
Amount received	
Date received:	

Authorized signature:	
Print name: <i>Christine Kerstulovich</i>	Date: <i>3/21/19</i>
<i>Christine Kerstulovich</i>	

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

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

Building Permit Application

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



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

Approved

RECEIVED

OFFICE USE ONLY	
Date Received: 03/11/2019	Permit No.: B2019-0942
Date issued: 4-9-19	By: <i>ML</i>
CITY OF BEAVERTON	Payment Type: <i>Check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3905 SW 117th, Suite G	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Nobibi Bubble Tea and Ice
Cross street/directions to job site: SW 117th and SW Canyon	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvement 1. demo interior non-loadbearing partitions 2. Selective Plumbing, electrical and HVAC modifications 3. New counters and equip. 4. reconfigure accessible restroom.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Karen Wang - World CHA Company	
Address: 16654 SW Autumnvale Ln.	
City/State/ZIP: Beaverton, OR 97007	
Phone: 612-978-9882	Fax:
E-mail: karenqing8023@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Engstrand Architecture LLC	
Contact name: Matt Engstrand	
Address: 6442 SW 46th Place	
City/State/ZIP: Portland, OR 97221	
Phone: 971-285-7606	Fax:
E-mail: engstrandarch@gmail.com	
CONTRACTOR	
Business name: <i>Pacific Crest Structures</i>	
Address: <i>17750 SW Upper Boonys Fry Rd #190</i>	
City/State/ZIP: <i>Durham OR 97224</i>	
Phone: <i>503-968-8949</i>	Fax:
CCB lic.: <i>66915</i>	
Authorized signature: <i>Matt Engstran</i>	
Print name: Matt Engstrand, Architect	Date: 03/11/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	40,000
Existing building area:	square feet 1,100
New building area:	square feet 1,100
Number of stories:	1
Type of construction:	Type V
Occupancy groups:	A-2
Existing:	Unknown
New:	A-2
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	783.31
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4/9/2019	Permit No. 152019-142
Date Issued: 4/9/2019	CAH
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9095 Southwest Pinto Court, Beaverton, Oregon, 97008, Unit	
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	
Residential rooftop solar PV kw 4.65	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Michael Broussard	
Address: 9095 Southwest Pinto Court, Beaverton, Oregon,	
City/State/ZIP:	
Phone: 5037932799	Fax:
E-mail: beckybroussard@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,115.47
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.80
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Jeff Lee	04/08/2019

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

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

Form B70-1001 REV 2/14



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 4-9-19	Permit No: 82019-14258
Date Issued: 4-9-19	By: CM
Payment Type: Oneck	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4545 SW Angel #1001	
City/State/ZIP: BUTN	
Suite/bldg./apt. no.:	Project name: Rain Drop
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
SELF cont. REFRIGERATION	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bulldogmech, INC.	
Contact name: Rolland W.	
Address: 3307 NE 39th St.	
City/State/ZIP: VANCOUVER, WA 98066	
Phone: 360.901.2610	Fax: 360.693.1505
E-mail: bulldogmech@gmail.com	
CONTRACTOR	
Business name: SAME as APPLICANT	
Address:	
City/State/ZIP:	
Phone:	Fax:
CGB lic.: 152993	8027
Authorized signature: [Signature]	
Print name: Rolland W.	Date: 4.9.19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	
* Fee methodology set by Tri-County Building Industry Service Board	

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4-2-19	Permit No.: 19-1319
Date Issued: 4-8-19	By: CLK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Repair
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4850 SW Larch Dr.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Ricard Attic Framing Repair
Cross street/directions to job site:	
Subdivision:	Lot no.: S000
Tax map/parcel no.: 1S115AC	
DESCRIPTION OF WORK	
Repair roof trusses Damaged by overload from HVAC Equipment.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Rosalyn Ricard	
Address: 4850 SW Larch Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: West Coast Forensics Engineering and design LLC	
Contact name: Jeff Lewis	
Address: 3835 SW Kelly Ave	
City/State/ZIP: Portland, OR 97239	
Phone: 503.232.5744	Fax: 503.232.5372
E-mail: jeff@westcoastforensics.com	
CONTRACTOR	
Business name: Willamette Restoration	
Address: PO BOX 2679	
City/State/ZIP: Oregon City, OR 97045	
Phone: 503.720.3369	Fax:
CCB lic.: 158552	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	NO
Number of bathrooms:	CHANGES
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

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

Authorized signature: <i>Dena Khany</i>	Date:
Print name: Jeff Lewis	3.28.2019

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2/7/2019	Permit No.: B2019-0535
Date Issued: 4-8-19	By: CM
	Payment Type: CHECK

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2420 SW 75th Terrace	
City/State/ZIP: Portland Or	
Suite/bldg./apt. no.:	Project name: Sylvan West
Cross street/directions to job site: SW Canyon In & SW 75 th Terrace	
Subdivision: Sylvan West	Lot no.: 3
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Westwood Custom Homes	
Address: 22470 SW 76th Ave	
City/State/ZIP: Tualatin Or 97062	
Phone: 503-317-9777	Fax:
E-mail: westwoodhomes@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Westwood Custom Homes	
Contact name: Gene Brodsky	
Address: 22470 SW 76th Ave	
City/State/ZIP: Tualatin Or 97062	
Phone: 503-317-9777	Fax:
E-mail: westwoodhomes@gmail.com	
CONTRACTOR	
Business name: Westwood Custom Homes	
Address: 22470 SW 76th Ave	
City/State/ZIP: Tualatin Or 97062	
Phone: 503-317-9777	Fax:
CCB lic.: 180922	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	4
Number of bathrooms:	4
Total number of floors:	2
New dwelling area:	4,018 square feet
Garage/carport area:	781 square feet
Covered porch area:	400 square feet
Deck area:	100 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,953.38
Amount received	
Date received:	

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

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

Authorized signature:	
Print name:	Gene Brodsky
Date:	2/6/2019

Building Permit Application

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



OFFICE USE ONLY		
Date Received:	03/29/2019	Permit No.: B2019-1280
Date issued:	4/5/2019	By: <i>[Signature]</i>
CITY OF BEAVERTON		Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11670 SW 12th, Beaverton, Oregon, 97005, US	
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 kw 8.37	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sammy Cates	
Address: 11670 SW 12th, Beaverton, Oregon, 97005, US	
City/State/ZIP:	
Phone: 9713375079	Fax:
E-mail: samcanwin@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	15782.64
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	207.20
Amount received	
Date received:	

Authorized signature:	<i>[Signature]</i>
Print name:	Jeff Lee
Date:	03/29/2019

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

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

Form B70-1001 REV 2/14

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

ment Department
 Building Division
 1220 SW Municipal 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: 05/10/2018	Permit No.: B2018-2012
Date Issued: 4/15/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15901 SW Jenkins Road	
City/State/ZIP: Aloha, OR. 97006	
Suite/bldg./apt. no.:	Project name: Costco Wholesale
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Alteration of the bakery, meat, deli, and rotisserie prep work areas, removal and installation of the produce, dairy, and storage coolers and freezers.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Costco Wholesale - PM: Todd Philabaum	
Address: 999 Lake Drive	
City/State/ZIP: Issaquah, WA 98027	
Phone: (425) 313-8100	Fax:
E-mail: tphilabaum@costco.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: MG2	
Contact name: Ken Wong - Dee Martinez	
Address: 1101 Second Ave, Suite 100	
City/State/ZIP: Seattle, WA 98101	
Phone: (206) 962-6646	Fax:
E-mail: Ken.Wong@MG2.com	
CONTRACTOR	
Business name: Refrigeration Unlimited, Inc.	
Address: 5102 20th St. E	
City/State/ZIP: Fife, WA 98424	
Phone: (253) 448-6111	Fax:
CCB lic.: 175319	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	675,000
Existing building area:	+ \$ 230,130 square feet 148030
New building area:	square feet 148030
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	Mercantile
Existing:	
New:	

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

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

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

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

Authorized signature:	Date: 5/14/18
Print name: Ken Wong	

REV 19-095

Permit Application

Duplicate plan, 2350A Jade Am,
as Lot 130 both Garage Right

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

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



RECEIVED

OFFICE USE ONLY

Date Received: 03/15/2019	Permit No.: B2018-5170
Date Issued: 4/2/2019	Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17337 SW Harrier Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 141
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$305,104.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2350 square feet
Garage/carport area:	411 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,297.81
Amount received	
Date received:	

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

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4-4-19	Permit No.: B2019-1387
Date Issued: 4-4-19	By: CWB
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3615 SW Hall Blvd	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Renu
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TI chiroprator	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Duy Bui	
Address:	
City/State/ZIP:	
Phone: 503 516 0451	Fax:
E-mail: Duy.Bui@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Apple Home Construction	
Address: 5515 N Concord	
City/State/ZIP: Portland OR 97217	
Phone: 503 421 2496	Fax:
CCB lic.: 222074	
Authorized signature:	
Print name: Chau Chu	Date: 3-22-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	50,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

SW Bible Church
Fire Sprinklers

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1-3-2019	Permit No.: B2019-0024
Date Issued: 4-4-19	By: <i>[Signature]</i>
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14605 SW Weir Rd	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: SW Bible Children's Wing
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Complete Wet Fire Sprinkler System to NFPA 13 for new church wing	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ashley Nishihara	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: a.nishihara@wyattfire.com	
CONTRACTOR	
Business name: Wyatt Fire Protection	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

Authorized signature: *Ashley Nishihara*
Print name: Ashley Nishihara Date: 01/02/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	46846
Existing building area:	square feet 90380
New building area:	square feet 29749
Number of stories:	3
Type of construction:	III, V
Occupancy groups:	
Existing:	A2.1, B2, E1
New:	A2.1, B2, E1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1202.59
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY

Date Received: 3-15-19	Permit No.: B2019-1023
Date Issued: 4-4-19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 20	Project name: Evergreens TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add fire sprinkler drops in ceiling of back of house area of new restaurant space. 1296 sqft	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ashley Nishihara	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: a.nishihara@gmail.com	
CONTRACTOR	
Business name: Wyatt Fire Protection	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2725
Existing building area:	square feet 122227
New building area:	square feet 0
Number of stories:	2
Type of construction:	1B
Occupancy groups:	B
Existing:	
New:	

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

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

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

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

Authorized signature: [Signature]	Date:
Print name: Ashley Nishihara	03/07/20

Building Permit Application

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

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

OFFICE USE ONLY	
Date Received: 10-15-2018	Permit No.: B2018-4739
Date Issued: 4-4-19	By: <i>TK</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3215 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: B of A ATM Replacement
Cross street/directions to job site: SW Jenkins Rd & SW Cedar Hills Blvd.	
Subdivision:	Lot no.: 200
Tax map/parcel no.: 1S1090000200	
DESCRIPTION OF WORK	
Replace ATM with new ATM Kiosk and associated work.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Center Developments OR LTD	
Address: 3205 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 643-7117	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CIM Group, Inc.	
Contact name: Andrea Rios	
Address: 960 E Discovery Ln	
City/State/ZIP: Anaheim, CA 92801	
Phone: (714) 956-2827	Fax: (714) 956-8157
E-mail: arios@cimgroupinc.com	
CONTRACTOR	
Business name: Quadrus Inc	
Address: 4647 SW Huber St	
City/State/ZIP: Portland, OR 97219	
Phone: 503-293-8931	Fax: 503-293-8934
CCB lic.: 88404	
Authorized signature: 	
Print name: Andrea Rios	Date: 10/15/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	19,200
Existing building area:	square feet 40.55
New building area:	square feet 82.16
Number of stories:	n/a
Type of construction:	VB
Occupancy groups:	U
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$290.98
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14



Building Permit Application

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

RECEIVED

OFFICE USE ONLY	
Date Received: MAR 19 2019	Permit No.: 152019-0933
Date Issued: 4/23/2019	By: [Signature]
	Payment Type:
1 & 2 family BUILDING SERVICES DIVISION	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15220 SW Lark Ln.	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: David Hines
Cross street/directions to job site:	
Subdivision: W268219	Lot no.:
Tax map/parcel no.: 1S132AC01200	
DESCRIPTION OF WORK	
ADD 528 SQ. FT OF LIVING SPACE IN EXISTING BASEMENT AREA.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David & Joyce Hines	
Address: 15200 SW Lark Ln.	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 840-4517 c	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MIKE MONTGOMERY	
Contact name: SIMPL HOME DESIGNS	
Address: 4931 SW 76TH AVE., PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: (503) 515-6495	Fax: (503) 719-4825
E-mail: mikem@ezpermits.biz	
CONTRACTOR	
Business name: HOME OWNERS	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	35,000.00
Number of bedrooms:	5
Number of bathrooms:	6
Total number of floors:	2
New dwelling area:	528 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	312.79
Amount received	
Date received:	

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

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

Authorized signature:

Print name: Mike Montgomery

Date: 03/05/16

Building Permit Application

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

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

OFFICE USE ONLY

Date Received: 04/22/2019	Permit No.: B2019-1647
Date Issued: 4-23-19	By: <i>ML</i>
Payment Type: MC	

CITY OF BEAVERTON

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16739 SW Rogue River Terrace, Beaverton, Oregon, 97006, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S106AA19100	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 3.1 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Susana Quan	
Address: 16739 SW Rogue River Terrace, Beaverton, Oregon, 97006, United	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E STE 430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1220 S 630 E STE 430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

BUILDING DIVISION DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7775.65
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$128.80
Amount received	
Date received:	

Authorized signature: <i>Jeffrey Lee</i>	Date:
Print name: Jeff Lee	04/19/2019

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

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



Building Permit Application

City of Beaverton 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: 4/19/2019	Permit No: B2019-1614
Date Issued: 4/19/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8905 SW Nimbus Ave, Suite 160 & 190	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 160 & 190	Project name: INVOICE PAY NW Hardwood
Cross street/directions to job site: SW Nimbus Ave. and SW Gemini Dr.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocate (2) and Delete (2) sprinkler to accommodate new tenant remodel.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Lincoln Properties Company	
Address: 1211 SW 5th Ave, Suite 700	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 673-2805	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Joseph Plattner	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: joseph.plattner@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$750.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	4.00
Type of construction:	5B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	109.57
Amount received	
Date received:	

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

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

Authorized signature: <i>Joseph Plattner</i>	Date: 04/12/19
Print name: Joseph Plattner	

Building Permit Application

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

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

OFFICE USE ONLY

Date Received: 4-15-2019	Permit No.: B2019-1634
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4545 SW Angel, Suite 170	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Raindrop Tap House
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add & Relocate Fire Sprinkler Heads as required for TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Wyatt Fire Protection	
Address: same	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1116
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: *Ronin Campbell*

Print name:	Date:
Ronin Campbell	04/11/19

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4/19/2019	Permit No. B2019-1623
Date Issued:	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3500 SW 113TH AVE	
City/State/ZIP: BEAVERTON, OREGON, 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 113TH AVE / CABOT ST.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALLING NEW FRENCH DOORS ON EXTERIOR WALL 72" SPAN	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: JACOB MURRAY	
Address: 3500 SW 113TH AVE	
City/State/ZIP: BEAVERTON, OREGON, 97005	
Phone: 541-980-4066	Fax:
E-mail: JAKE_0000@hotmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: HOME OWNER	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: HOME OWNER	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized signature:

Print name: JACOB MURRAY	Date: 4-19-19
---------------------------------	----------------------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 1,200.00	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

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

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

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

Form B70-1001 REV 2/14

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>4/19/2019</u>	Permit No. <u>BS 2019.1624</u>
Date Issued: <u>4/19/2019</u>	<u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>8525 SW GAYLE LANE</u>	
City/State/ZIP: <u>PORTLAND</u>	
Suite/bldg./apt. no.:	Project name: <u>GUZMAN</u>
Cross street/directions to job site: <u>SW 85 AVE</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
<u>KITCHEN & BASEMENT REMODEL</u>

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>ED & SUZANNE GUZMAN</u>	
Address: <u>8525 SW GAYLE LN</u>	
City/State/ZIP: <u>PDX 97225</u>	
Phone: <u>503-297-5083</u>	Fax:
E-mail: <u>ED.GUZMAN@COGEN.IT.COM</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

CONTRACTOR	
Business name: <u>CASCADE CUSTOM REMODEL & CON</u>	
Contact name: <u>LARRY MOCK</u>	
Address: <u>7756 SW CHAUCE CT</u>	
City/State/ZIP: <u>PDX 97224</u>	
Phone: <u>503-473-5253</u>	Fax: <u>N/A</u>
E-mail: <u>Larry@ccr-pdx.com</u>	

Business name:	
Address: <u>SEE ABOVE</u>	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <u>192730</u>	

Authorized signature: <u>[Signature]</u>	Date: <u>4.19.19</u>
Print name: <u>LARRY MOCK</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>70,000</u>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

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

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No. B2019-1620
Date Issued: 4/19/2019	Payment Type: 19420

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 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 in the bathrooms.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: 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@ymail.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
CCB lic.: 154333	
Authorized signature:	
Print name: David M. Phipps	Date: 4/19/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$850.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	115.42
Amount received	
Date received:	

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

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

Building Permit Application

RECEIVED



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

OFFICE USE ONLY	
Date Received: <u>APR 4 2018</u>	Permit No.: <u>B2018-4557</u>
Date Issued: <u>4-10-18</u>	By: <u>OW</u>
	Payment Type: <u>W/AT</u>

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>10950 SW 5TH STREET</u>	
City/State/ZIP: <u>BEAVERTON, OR 97005</u>	
Suite/bldg./apt. no.: <u>#100 & #300</u>	Project name: <u>IRON MOUNTAIN</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>UPGRADE THE EARTHQUAKE BRACING ON THE EXISTING WET AND PRE-ACTION FIRE SPRINKLER SYSTEMS AT IRON MOUNTAIN BUILDING #100 AND #300</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>IRON MOUNTAIN</u>	
Address: <u>PO BOX 8057</u>	
City/State/ZIP: <u>NIRCROSS / GA / 30091</u>	
Phone: <u>(617) 535-4951</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>JOHNSON CONTROLS</u>	
Contact name: <u>JOON SONG</u>	
Address: <u>6305 SW ROSEWOOD ST. SUITE A</u>	
City/State/ZIP: <u>LAKE OSWEGO, OR 97035</u>	
Phone: <u>(503) 683-2500</u>	Fax:
E-mail: <u>joon.song@jci.com</u>	
CONTRACTOR	
Business name: <u>JOHNSON CONTROLS</u>	
Address: <u>6305 SW ROSEWOOD ST. SUITE A</u>	
City/State/ZIP: <u>LAKE OSWEGO, OR 97035</u>	
Phone: <u>(503) 683-2500</u>	Fax:
CCB lic.: <u>149921</u>	
Authorized signature: <u>J.S.</u>	
Print name: <u>Joon Song</u>	Date: <u>10-4-2018</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$18,000
Existing building area:	square feet 35,000
New building area:	square feet
Number of stories:	1
Type of construction:	METAL BUTTLER TYPE
Occupancy groups:	COMMERCIAL ORD GR 1
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application

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

ELECTRONIC SUBMITTAL
 SEE 1/BLDG DIV W08...

OFFICE USE ONLY

Date Received: 11-30-18	Permit No.: B2018-5677
Date Issued: 4/11/2019	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15975 W. REGATTA LANE	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.:	Project name: MCDONALDS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S105BA01200	
DESCRIPTION OF WORK	
Modifying mansard into a parapets, new paint, siding, adding new accent walls, replacing drive thru menu boards, new building wall signs, modifying service counter, new seating and finishes in dining area and restrooms, and ADA upgrades throughout the site and public interior spaces.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: MCDONALD'S CORPORATION	
Address: 2999 OAK ROAD STE 900	
City/State/ZIP: WALNUT CREEK, CA 94597	
Phone: (425) 577-0415	Fax:
E-mail: DOUG.BATES@US.MCD.COM	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: FREIHEIT ARCHITECTURE	
Contact name: MATT GRINNELL	
Address: 929 108TH AVE NE STE 210	
City/State/ZIP: BELLEVUE, WA, 98004	
Phone: (425) 827-2100	Fax:
E-mail: MGRINNELL@FREIHEITARCH.COM	
CONTRACTOR	
Business name: Rich Duncan Coasts	
Address: 2295 Rural Ave SE	
City/State/ZIP: Salem Or 97302	
Phone: 503-999-3417	Fax: 503-390-3633
CCB lic.: 158330	
Authorized signature: <i>[Signature]</i>	Date:
Print name: MATT GRINNELL	Date: 11/02/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	200,000
Existing building area:	square feet 4337
New building area:	square feet 4337
Number of stories:	1
Type of construction:	vb
Occupancy groups:	a2
Existing:	no change
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,162.39
Amount received	
Date received:	

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

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

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2443 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

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

OFFICE USE ONLY	
Date Received: 4-5-19	Permit No.: B2019-1373
Date Issued: 4/19/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14380 SW Yearling Way	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.:	Project name: Garry and Linda Dahl
Cross street/directions to job site: SW Murray and SW Maverick	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove bearing wall between kitchen and dining room and install post/beam	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Evolve Remodel	
Contact name: Matt Post	
Address: 7007 SW Pine Street	
City/State/ZIP: Tigard oregon 97223	
Phone: (503) 954-5611	Fax:
E-mail: matt@evolveremodel.com	
CONTRACTOR	
Business name: Evolve Remodel	
Address: 7007 SW Pine St.	
City/State/ZIP: Tigard Or. 97223	
Phone: (503) 954-5611	Fax:
CCB lic.: 220184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4140.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$102.51
Amount received	
Date received:	04/05/19

Authorized signature:	Date:
Print name: Matt Post	04/05/19

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

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

COB REVISION/Tracking #: Building Permit Application
REV 19-084

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

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

OFFICE USE ONLY

Date Received: 03/08/2019
 Date Issued: 4/10/2019
 Permit No.: B2019-0883
 By: [Signature]
 Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9600 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: 3J CONSULTING
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 19127DD00600	
DESCRIPTION OF WORK	
THE SCOPE OF WORK FOR THE PROJECT INCLUDES NEW EXTERIOR WINDOWS FOR AN EXISTING TENANT SUITE ON THE FIRST OF TWO FLOORS. WORK TO INCLUDE DEMOLITION OF PORTIONS OF EXTERIOR WALLS AND PLACEMENT OF NEW EXTERIOR WINDOWS, AND NEW STOREFRONT DOORS AT EXISTING WINDOW LOCATION. REMOVAL OF METAL CAP ON LIFT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SHORENSTEIN - ROB FABIAN	
Address: 5335 MEADOWS ROAD, SUITE 275	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: (503) 412-4844	Fax:
E-mail: RFABIAN@SHORENSTEIN.COM	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MACKENZIE	
Contact name: CHRISTINE MACK	
Address: 1515 SE WATER AVE, SUITE 100	
City/State/ZIP: PORTLAND, OR 97214	
Phone: (503) 224-9560	Fax:
E-mail: CMACK@MCKNZE.COM	
CONTRACTOR	
Business name: RUSSELL CONSTRUCTION - DONN STURDIVANT	
Address: 20915 SW 105TH AVE	
City/State/ZIP: TUALITIN, OR 97062	
Phone: (503) 692-9002	Fax:
CCB lic.: 58918	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	29,000
Existing building area:	square feet 51,304
New building area:	square feet N/A
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	B
Existing:	B
New:	NA

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature: *Christine Mack*

Print name:	Date:
CHRISTINE MACK	03/06/19

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 2-14-19	Permit No.: B2019-0633
Date Issued: 4/18/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7702 SW CANYON LANE	
City/State/ZIP: PORTLAND, OR 97225	
Suite/bldg./apt. no.:	Project name: CANYON LANE
Cross street/directions to job site: SW CANYON LANE / FLAG LOT	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S112BD03400	
DESCRIPTION OF WORK	
ADDITION TO EXISTING SFR. REMOVE ROOF & 2ND FLOOR. ADD 1-LEVEL ADDITION + BASEMENT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: MONICA CARP & GEORGE CARP	
Address: 7702 SW CANYON LANE	
City/State/ZIP: BEAVERTON, OR 97225	
Phone: 503 481 8161	Fax: 503 297 3295
E-mail: MONICAFAR2001@Yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: EPR DESIGN LLC	
Contact name: EDWARD RADULESCU	
Address: 919 NE 19th AVE #155	
City/State/ZIP: PORTLAND, OR 97232	
Phone: 503-679-2493	Fax:
E-mail: eddie@eprdesign.com	
CONTRACTOR	
Business name: FBA Monica & George Carp	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$595,000
Number of bedrooms:	5
Number of bathrooms:	6
Total number of floors:	2
New dwelling area:	4,926 square feet
Garage/carport area:	569 square feet
Covered porch area:	97 square feet
Deck area:	475 square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,098.77
Amount received	
Date received:	

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

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

Authorized signature:	Date: 2/11/19
Print name: EDWARD RADULESCU	

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 04/17/2019	Permit No.: B2019-1581
Date Issued: 4/18/2019	<i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15660 Southwest Brighton Court, Beaverton, Oregon, 97007,	
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 kw 4.43	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Steven Merriss	
Address: 15660 Southwest Brighton Court, Beaverton, Ore	
City/State/ZIP:	
Phone: 5413903014	Fax:
E-mail: steve@hss-cpas.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	9651.22
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$128.80
Amount received	
Date received:	

Authorized signature: <i>Jeffery Lee</i>	Date:
Print name: Jeff Lee	04/16/2019

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

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

Form B70-1001 REV 2/14



Electrical Permit Application

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

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2019-0615
Date Issued: 4-17-19	By: <i>CEL</i>
	Payment Type: <i>check</i>

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: 12090 SW 173RD TERRACE
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 175TH AVE AND SW BARROWS RD	
Subdivision: SOUTH COOPER MT	Lot no.: 178
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW CONSTRUCTION	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.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: 01/29/19
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
CONTRACTOR	
Business name: Garner Electric	
Address: 2920 SE BROOKWOOD AVE STE A	
City/State/ZIP: HILLSBORO, OR 97123	
Phone: (503) 648-4552	Fax:
E-mail: melgarner@garnerelectric.com	CCB lic. no.: 121159
Electrical lic. no.: 34-305C	City or metro lic.: 4410
Supervising electrician signature, required: <i>[Signature]</i>	
Print name: Chuck Garner	Date: 01/29/19
Authorized signature: <i>[Signature]</i>	
Print name: Melissa Stock	Date: 01/29/19

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"/> 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	*
Residential single- or multi-family dwelling unit Includes attached garage				
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	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	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
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				
SUBTOTAL			162.25	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				19.47
TOTAL PERMIT FEE			\$425.76	

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

ELECTRONIC SUBMITTAL Permit Application

SEE I:/BLDG DIV WORK PERMIT APPLICATION



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

OFFICE USE ONLY	
Date Received: 02/13/2019	Permit No.: B2019-0615
Date Issued: 4-7-19	By: <i>CRJ</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12090 SW 173RD TERRACE	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.: LOT 178	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$332,938.66
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2618
Garage/carport area:	square feet 398
Covered porch area:	square feet 176
Deck area:	square feet NA
Other structure area:	square feet NA
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,380.60
Amount received	
Date received:	

Authorized signature:	Date:
Sandro Guerrero	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2-12-19	Permit No.: B2019-0605
Date Issued: 4-17-19	By: CEL
Payment Type: M/C	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14603 SW Millikan Way	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Abhiruchi Indr Koteh
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install UL 300 Fire system in Cooking hood	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Rao	
Address:	
City/State/ZIP:	
Phone: 503 349-8595	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ABC Fire Extinguisher	
Contact name: Bob Ward	
Address: 4848 NE 102nd AVE	
City/State/ZIP: Portland OR 97220	
Phone: 503 772 1643	Fax:
E-mail: office@ABCFirex.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 133214	

Authorized signature:	Print name: Bob Ward	Date: 2-13-19
	Bob Ward	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	3750
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	\$232.37
Date received:	2-12-19

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

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

Form B70-1001
REV 2/14

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4-7-19	Permit No: 2019-1578
Date Issued: 4-7-19	By: ORL
	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5627 SW Arctic Drive	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Arctic Drive
Cross street/directions to job site: Adjacent intersection of SW Arctic Drive and SW Harvest Court.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear off existing roofing down to substrate including coping caps, wall skirt and counter flashings. Install a 1/4" SecureShield recover board mechanically fastened with 60mil Carlisle TPO roof membrane. Building already has internal insulation which meets current code requirements.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pacific NW Properties	
Address: 6600 SW 105th Avenue, Suite 175	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 626-3500	Fax:
E-mail: brad.stern@pnwprop.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Columbia Construction Services, Inc.	
Contact name: Sam Robertson	
Address: 18525 SW 126th Place	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 684-9123	Fax: (503) 684-1458
E-mail: ops@reroofnow.com	
CONTRACTOR	
Business name: Columbia Construction Services, Inc.	
Address: 18525 SW 126th Place	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 684-9123	Fax: (503) 684-1458
CCB lic.: 116607	

Authorized signature: <i>Sam Robertson</i>	Date:
Print name: Sam Robertson	Date: 04/10/19

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$263,393.00
Existing building area:	square feet 45,449
New building area:	square feet 45,449
Number of stories:	2
Type of construction:	Commercial Re-Roof
Occupancy groups:	Industrial/Office
Existing:	Same
New:	Same

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

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

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4/10/2019	Permit No: B2019-1967
Date Issued: 4/10/2019	Payment Type: [Signature]

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9400 SW NIMBUS BLVD # 13	
City/State/ZIP:	
Suite/bldg./apt. no.: 100	Project name: 35 CONSTRUCTION
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADJUST 39 HDS TO NEW CEILING HEIGHT	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PACIFIC FIRE	
Contact name: KEIT MADERA	
Address:	
City/State/ZIP:	
Phone: 503 710-1482	Fax:
E-mail:	
CONTRACTOR	
Business name: PACIFIC FIRE	
Address: 6704 RIVIERA CT	
City/State/ZIP: WEST LIND OR 97068	
Phone: 503 710-1482	Fax:
CCB lic.: 180140	
Authorized signature: [Signature]	
Print name: KEIT MADERA	Date: 4-15-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 229,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	363.71
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No. 152019-1566
Date Issued:	4/16/2019
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12400 SW Gingham Lane	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Gingham Lane	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing Stairs for Unit C & D	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: SKITHDEEP@adl.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: All Pro Construction	
Contact name: Jeff Hess	
Address: 16409 NE 163rd Circle	
City/State/ZIP: Vancouver WA 98682	
Phone: 503-596-0335	Fax:
E-mail: 98probuilder@hotmail.com	
CONTRACTOR	
Business name: All Pro Construction	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 207847	
Authorized signature: <i>Jeff Hess</i>	
Print name: Jeff A. Hess	Date: 4/16/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$1500	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	217.70
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>2/12/2019</u>	Permit No. <u>B2019-0608</u>
Date Issued: <u>4-16-19</u>	By: <u>MK</u>
	Payment Type: <u>check</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>8532 SW APPLE WAY</u>	
City/State/ZIP: <u>BEAVERTON, OR 97225</u>	
Suite/bldg./apt. no.: <u>SUITE 8556</u>	Project name: <u>APPLE NAILS & SPA</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<p>-TENANT IMPROVEMENTS TO EXISTING "B" OCCUPANCY "NAILS SALON" - MECHANICAL PERMIT, SPRINKLERED SYSTEM & FIRE ALARM WILL BE OBTAINED SEPARATELY.</p>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>TIM HUYNH</u>	
Address: <u>2515 SE 105TH AVE</u>	
City/State/ZIP: <u>PORTLAND, OR 97266</u>	
Phone: <u>(503) 901-4718</u>	Fax:
E-mail: <u>timhuynh01@yahoo.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>HARMONY DECOR</u>	
Contact name: <u>MINH NGUYEN</u>	
Address: <u>522 NW 23RD AVE, SUITE E</u>	
City/State/ZIP: <u>PORTLAND, OR 97210</u>	
Phone: <u>(360) 690-6320</u>	Fax:
E-mail: <u>minhnguyen.hndecor@gmail.com</u>	
CONTRACTOR	
Business name: <u>SL CONSTRUCTION</u>	
Address: <u>11981 SW SURREY ST</u>	
City/State/ZIP: <u>WILLSONVILLE, OR 97070</u>	
Phone: <u>(503) 459-6564</u>	Fax:
CCB lic.: <u>222098</u>	
Authorized signature:	
Print name: <u>MINH NGUYEN</u>	Date: <u>01/30/19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 100,000
Existing building area:	square feet 1590
New building area:	square feet 1590
Number of stories:	1
Type of construction:	VB-SPRINKLERED
Occupancy groups:	B
Existing:	B
New:	B "NAILS SALON"
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	1,398.79
Amount received	
Date received:	

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

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

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8



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

RECEIVED

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

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9855 SW Denney Rd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: DG # 6
Cross street/directions to job site: <p style="text-align: center;">SW Scholls Ferry Rd</p>	
Subdivision: Denney Gardens	Lot no.: 16
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Construct new Dwelling	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: - same -	
Contact name: Mike Wille	
Address: - same -	
City/State/ZIP:	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
CONTRACTOR	
Business name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
CCB lic.: 146735	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$207,445.00
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	square feet 1600
Garage/carport area:	square feet 375
Covered porch area:	square feet 32
Deck area:	square feet 0
Other structure area:	square feet 0

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

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	997.35
Amount received	
Date received:	

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

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

Authorized signature: <i>Michael Wille</i>	
Print name:	Date:

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 4-30-19	Permit No.: B2019-1759
Date Issued: 4-30-19	By: <i>[Signature]</i>
Payment Type: VISA	

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

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 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: Murray Blvd and Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add new Ansul Kitchen Hood system to existing fire alarm system per code.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Western States Fire Protection	
Contact name: William T Stewart	
Address: 17500 SW 65th Ave	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 407-0279	Fax:
E-mail: William.Stewart@wsfp.us	
CONTRACTOR	
Business name: Western States Fire Protection	
Address: 17500 SW 65th Ave	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 407-0279	Fax:
CCB lic.: 104570	
Authorized signature: <i>[Signature]</i>	
Print name: William T Stewart	Date: 04/26/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1882
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	A <input checked="" type="checkbox"/>
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
APR 2019	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$173.99
Amount received	
Date received:	

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

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

Building Permit Application

COPY

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

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

OFFICE USE ONLY	
Date Received: 03/07/2019	Permit No.: B2019-0896
Date Issued: 4-30-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 4590 SW Watson Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg /apt. no.: N/A	Project name: Lionheart Coffee
Cross street/directions to job site: SW 1ST Street	

Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AD00500	

DESCRIPTION OF WORK
Project consists of interior tenant improvements and restroom core.

<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Lionheart Coffee	
Address: 11421 SW Scholls Ferry Road	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 521-7056	Fax:
E-mail: lauren@lionheartcoffee.com & ben@lionheartcoffee.com	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Scott Edwards Architecture LLC	
Contact name: JP Spearman	
Address: 2525 E Burnside	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 896-5380	Fax:
E-mail: jspearman@seallp.com	

CONTRACTOR	
Business name: Edge Development	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
CCB lic.: 147657	

Authorized signature: <i>[Signature]</i>	Date:
Print name: JP Spearman	03/07/19

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$208,200.00
Existing building area:	square feet 4,591
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	B Occupancy
Existing:	B Occupancy
New:	B Occupancy (No Change proposed)

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,231.12
Amount received	
Date received:	

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

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

200BR

Building Permit Application

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



OFFICE USE ONLY

Date Received: 6-7-18	Permit No.: B2018-2540
Date Issued: 4/30/19	By: CURE
	Payment Type: Check

Revised 6/11/18

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15614 SW THURSON LN	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 83
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$494,110.49
Number of bedrooms:	0
Number of bathrooms:	3.5
Total number of floors:	3
New dwelling area:	3534 square feet
Garage/carport area:	417 square feet
Covered porch area:	61 square feet
Deck area:	185 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,567.62
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: Amanda Loveridge	

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 3/26/19	Permit No.: B009-1205
Date Issued: 4-30-19	By: MK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Foundation Support
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7625 SW 131st Ave.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW corner of 31st St and 131st Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121DC01001, R188308	
DESCRIPTION OF WORK	
Add push pier foundation supports to small addition foundation	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address: 7625 SW 131st Ave	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Zarosinski Engineering and Design, Inc.	
Contact name: Dean P. Zarosinski PE	
Address: 1400 NW 155th Circle	
City/State/ZIP: Vancouver, WA 98685	
Phone: (360) 513-2746	Fax:
E-mail: dpzski@hotmail.com	
CONTRACTOR	
Business name: Concrete Lifting Solutions, LLC	
Address: PO Box 4614	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 595-5110	Fax:
CCB lic.: 161279	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7000
Number of bedrooms:	NA
Number of bathrooms:	NA
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	117.12
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Dean P. Zarosinski PE	03/26/19

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>4-29-19</u>	Permit No.: <u>B2019-1750</u>
Date Issued: <u>4-29-19</u>	By: <u>ORL</u>
Payment Type: <u>USA</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>3831 SW 117th Ave.</u>	
City/State/ZIP: <u>Beaverton, Oregon 97005</u>	
Suite/bldg./apt. no.: <u>Bldg. E Suite E</u>	Project name: <u>Penzey's Spices</u>
Cross street/directions to job site: <u>Canyon Road</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior TI for a Mercantile Space. Existing plumbing to remain. Work includes demo., electrical, framing, minor HVAC modifications, finishes.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Penzey's Spices</u>	
Address: <u>19300 W. Janacek St.</u>	
City/State/ZIP: <u>Brookfield, WI 53045</u>	
Phone: <u>414 339-8196</u>	Fax:
E-mail: <u>aj.simon@penzeys.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>GA Miller Architecture PC</u>	
Contact name: <u>Glen Miller</u>	
Address: <u>141 Del Prado</u>	
City/State/ZIP: <u>Lake Oswego, OR 97035</u>	
Phone: <u>503 636-7979</u>	Fax: <u>503 636-9898</u>
E-mail: <u>glen@gamillerarchitecture.com</u>	
CONTRACTOR	
Business name: <u>R&H Construction</u>	
Address: <u>2019 NW Wilson St.</u>	
City/State/ZIP: <u>Portland, OR 97209</u>	
Phone: <u>503 228-7177</u>	Fax:
CCB lic.: <u>38304</u>	
Authorized signature:	
Print name: <u>Glen A. Miller</u>	Date: <u>4-24-19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$87,500
Existing building area:	square feet 3,228
New building area:	square feet 3,228
Number of stories:	one
Type of construction:	Assumed II-B
Occupancy groups:	
Existing:	M
New:	M
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>4-26-19</u>	Permit No.: <u>B2019-1733</u>
Date Issued: <u>4-26-19</u>	By: <u>ML</u>
Payment Type: <u>MC</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>9755 SW Barnes Rd</u>	
City/State/ZIP: <u>Portland, OR 97225</u>	
Suite/bldg./apt. no.: <u>#210</u>	Project name: <u>Oregon Forest Resource</u>
Cross street/directions to job site: <u>Peterkort Centre Campus</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Interior Remodel</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Tina Beavers (Property Manager)</u>	
Address: <u>9755 SW Barnes Rd #620</u>	
City/State/ZIP: <u>Portland, OR 97225</u>	
Phone: <u>(503) 546-5632</u>	Fax:
E-mail: <u>tbeavers@peterkort.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Ankrom Moisan Architects</u>	
Contact name: <u>Lori Kellow</u>	
Address: <u>38 NW Davis St #300</u>	
City/State/ZIP: <u>Portland, OR 97209</u>	
Phone: <u>(503) 977-5222</u>	Fax:
E-mail: <u>lorik@ankrommoisan.com</u>	
CONTRACTOR	
Business name: <u>Denali Construction</u>	
Address: <u>PO Box 69</u>	
City/State/ZIP: <u>Canby, OR 97013</u>	
Phone: <u>(503) 849-4435</u>	Fax:
CCB lic.: <u>208947</u>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	67,000
Existing building area:	square feet 2300
New building area:	square feet 2300
Number of stories:	6
Type of construction:	Type II-A, Sprinklered
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$2,494.20</u>
Amount received	
Date received:	

Authorized signature:	
Print name: <u>Lori Kellow</u>	Date:
Lori Kellow	04/25/19

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

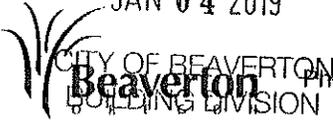
* Fee methodology set by Tri-County Building Industry Service Board

RECEIVED

Building Permit Application

CCOB Review, Planning Committee
REV 19-005
TT

JAN 04 2019



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

OFFICE USE ONLY	
Date Received: 1.4.19	Permit No.: B2018-4352
Date Issued: 4/26/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15733 SW Wren Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apl. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 41
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 3729BR - 2 Car Garage	
Re-submission due to Plan Change	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	344,880
Number of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2506 square feet
Garage/carport area:	368 square feet
Covered porch area:	62 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	
Print name:	Amanda Loveridge
Date:	4/27/18

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

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

Building Permit Application

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



B500 AR
 LEISSUE 18-2540

OFFICE USE ONLY	
Date Received: 8/17/2018	Permit No: B 2018-3840
Date Issued: 4/20/2019	Payment Type:

Rounded 9/14/16

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15728 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 12
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	397,373.07
Number of bedrooms:	5
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	3165 square feet
Garage/carport area:	387 square feet
Covered porch area:	97 square feet
Deck area:	100 square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,579.89
Amount received	
Date received:	

Authorized signature:	
Print name: Amanda Loveridge	Date: 10/27/18

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

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

RECEIVED

Building Permit Application

COB Revision/Tracking Number
REV 19-008

JAN 04 2019

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



OFFICE USE ONLY	
Date Received: 1.4.2019	Permit No.: B2018-3839
Date Issued: 4/27/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15727 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 40
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 3724BL - 2 Car Garage	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	292,518.69
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	4
New dwelling area:	2297 square feet
Garage/carport area:	385 square feet
Covered porch area:	94 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	
Print name:	Amanda Loveridge
Date:	4/27/19

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

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

B400 BR

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 8/17/2018	Permit No: 2018-3800
Date Issued: 4/2/2019	Payment Type:

Routed 7/14/18 MH

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15716 SW Wien Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 11
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB #c.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	442,528.50
Number of bedrooms:	4
Number of bathrooms:	3.5
Total number of floors:	3
New dwelling area:	5520 square feet
Garage/carport area:	417 square feet
Covered porch area:	65 square feet
Deck area:	175 square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,717.80
Amount received	
Date received:	

Authorized signature: Amanda Loveridge Date: 8/17/18
 Name: Amanda Loveridge

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

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

Building Permit Application

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



OFFICE USE ONLY

Date Received: 4-4-19	Permit No.: B2019-1352
Date Issued: 4-20-19	By: HZ
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12270 SW Center Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Office Unit	Project name: Beaver Creek Apts
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo car port cover	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaver Creek apartments LLC	
Address: 12270 SW Center Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-644-6654	Fax: 503-644-9536
E-mail: beavercreek@carlaprop.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TBI 17@ Cascade Access.com	
Contact name: Fidencio Nuño	
Address: 27560 SE Eagle Creek Rd	
City/State/ZIP: Estacada, OR 97023	
Phone: 503-969-4807	Fax: 503-630-7369
E-mail: TBI17@Cascade Access.com	
CONTRACTOR	
Business name: TBI Installation & Remodeling	
Address: 27560 SE Eagle Creek Rd	
City/State/ZIP: Estacada, OR 97023	
Phone: 503-969-4807	Fax: 503-630-7369
CCB lic.: 211483	
*Authorized signature:	
Print name: Fidencio Nuño	Date: 4/4/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$9,800.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$278.00
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4-26-19	Permit No.: B2019-1712
Date Issued: 4-26-19	By: MK
	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8770 SW Nimbus Ave.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: B	Project name: Keysight TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo non-bearing partition walls and finishes. Construct new non-bearing partition walls and finishes. Modify structure for new 15 ton roof top unit.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Keysight	
Address: 8770 SW Nimbus Ave Suite B	
City/State/ZIP: Beaverton OR 97008	
Phone: (818) 444-2950	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Commercial Contractors Inc	
Contact name: Bryan Monroe	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax:
E-mail: bryan.monroe@ccigc.com	
CONTRACTOR	
Business name: Commercial Contractors Inc	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax:
CCB lic.: 123729	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$45,172.00
Existing building area:	square feet 19507
New building area:	square feet 650
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,064.62
Amount received	\$2,064.62
Date received:	4-26-19

Authorized signature:	Date:
Print name: Bryan Monroe	04/26/19

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4/25/2019	Permit No.: 152019-1697
Date Issued: 4/25/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4650 SW Griffith 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 - Notification Devices (Relocates only)	
<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:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,673
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

Authorized signature: [Signature]	Date:
Print name: Ben Breit	04/24/19

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

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

Form B70-1001 REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8



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

RECEIVED

OFFICE USE ONLY

Date Received: 03/13/2019	Permit No.: B2019-0970
Date Issued: 4-24-19	By: <i>ML</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4580 SW Watson Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: N/A	Project name: The Whole Bowl
Cross street/directions to job site: SW 1ST Street	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AD00500	
DESCRIPTION OF WORK	
The project consists of a walk-up food service Tenant Improvements including: new storefront entry system with accessible pass-thru window counter, new exterior concrete landing, new exterior walls, new furred out interior walls, and new roof top equipment screening.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Tali Ovadia	
Address: 8026 SE Morrison Street	
City/State/ZIP: Portland OR 97215	
Phone: (503) 757-2695	Fax:
E-mail: taliovadia@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Scott Edwards Architecture LLC	
Contact name: JP Spearman	
Address: 2525 E Burnside	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 896-5380	Fax:
E-mail: jspearman@seallp.com	
CONTRACTOR	
Business name: Edge Development	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
CCB lic.: 147657	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$14,843.62
Existing building area:	square feet 4,591
New building area:	square feet N/A
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	B Occupancy
Existing:	B Occupancy
New:	B Occupancy (No Change proposed)

NOTICE

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$381.85
Amount received	
Date received:	

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

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

Authorized signature: *[Signature]*

Print name:	Date:
JP Spearman	03/12/19

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2498 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 Beaverton
 SEE IT/BLDG DIV W@8

OFFICE USE ONLY	
Date Received: 1-24-2019	Permit No.: B2019-0328
Date Issued: <i>1/24/2019</i>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12345 SW Horizon Blvd	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 53	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 checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DS Progress Ridge LLC	
Address: 200 E Baker Street, Suite 100	
City/State/ZIP: Costa Mesa, CA 92626	
Phone:	Fax:
E-mail: jsteinhauer@dsrg.com	
<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: FALCON CONSTRUCTION LLC	
Address: 11222 SE LONG ST	
City/State/ZIP: PORTLAND OR 97266	
Phone: (503) 544-6911	Fax:
CCB lic.: 151810	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	150,000.00
Existing building area:	square feet 3,688
New building area:	square feet 3,688
Number of stories:	1
Type of construction:	Existing II-B
Occupancy groups:	A-3
Existing:	
New:	A-3
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,780.59
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Sheyanna Day	01/22/19

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

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

Building Permit Application

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

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

OFFICE USE ONLY	
Date Received: 03/08/2019	Permit No.: B2019-1002
Date Issued: 4/24/19	Payment Type:
CITY OF BEAVERTON	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buidler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9600 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: 3J CONSULTING
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 19127DD00600	
DESCRIPTION OF WORK	
THE SCOPE OF WORK FOR THE PROJECT INCLUDES NEW EXTERIOR WINDOWS FOR AN EXISTING TENANT SUITE ON THE FIRST OF TWO FLOORS. WORK TO INCLUDE DEMOLITION OF PORTIONS OF ECTERIOR WALLS AND PLACEMENT OF NEW EXTERIOR WINDOWS, AND NEW STOREFRONT DOORS AT EXISTING WINDOW LOCATION. REMOVAL OF METAL CAP ON LIFT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SHORENSTEIN - ROB FABIAN	
Address: 5335 MEADOWS ROAD, SUITE 275	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: (503) 412-4844	Fax:
E-mail: RFABIAN@SHORENSTEIN.COM	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MACKENZIE	
Contact name: CHRISTINE MACK	
Address: 1515 SE WATER AVE, SUITE 100	
City/State/ZIP: PORTLAND, OR 97214	
Phone: (503) 224-9560	Fax:
E-mail: GMACK@MCKNZE.COM	
CONTRACTOR	
Business name: RUSSELL CONSTRUCTION - DONN STURDIVANT	
Address: 20915 SW 105TH AVE	
City/State/ZIP: TUALITIN, OR 97062	
Phone: (503) 692-9002	Fax:
CCB lic.: 58918	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	X
Number. of bedrooms:	X
Number of bathrooms:	X
Total number of floors:	X
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	29,000
Existing building area:	square feet 51,304
New building area:	square feet N/A
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	B
Existing:	B
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$629.99
Amount received	
Date received:	

Authorized signature: *Christine Mack*

Print name:	Date:
CHRISTINE MACK	03/06/19

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

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

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1:/BLDG DIV WG-8

Development Department
Building Division
Milikan 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: 03/29/2019 Permit No.: B2019-1271
Date Issued: 4/24/2019
CITY OF BEAVERTON Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>12345 SW HORIZON BLVD</u>	
City/State/ZIP: <u>BEAVERTON OR 97007</u>	
Suite/bldg./apt. no.: <u>SUITE 61</u>	Project name: <u>THE RIDGE GRILL</u>
Cross street/directions to job site: <u>SW BARROWS RD</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>2S105AA02301</u>	
DESCRIPTION OF WORK	
REMOVE PORTION OF EXISTING SIGN, AND INSTALL REPLACEMENT ILLUMINATED RACEWAY MOUNTED TO THE CANOPY ON SOUTH ELEVATION	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>THE RIDGE GRILL</u>	
Address: <u>12345 SW HORIZON BLVD, SUITE 61</u>	
City/State/ZIP: <u>BEAVERTON OR 967007</u>	
Phone:	Fax:
E-mail: <u>james@theridgepub.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>SECURITY SIGNS, INC</u>	
Contact name: <u>CYNDI STOCKS</u>	
Address: <u>2424 SE HOLGATE BLVD</u>	
City/State/ZIP: <u>PORTLAND OR 97202</u>	
Phone: <u>(503) 546-7102</u>	Fax: <u>(503) 230-1861</u>
E-mail: <u>permits@securitysigns.com</u>	
CONTRACTOR	
Business name: <u>SECURITY SIGNS, INC</u>	
Address: <u>2424 SE HOLGATE BLVD</u>	
City/State/ZIP: <u>PORTLAND OR 97202</u>	
Phone: <u>(503) 546-7102</u>	Fax: <u>(503) 230-1861</u>
CCB lic.: <u>122809</u>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2,295.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$238.93
Amount received	
Date received:	

Authorized signature:	Date:
Print name: CYNDI STOCKS	03/28/19

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

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

Building Permit Application

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

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

RECEIVED OFFICE USE ONLY	
Date Received: 04/24/2019	Permit No.: B2019-1676
Date Issued: 4-24-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 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 - Notification Devices (Relocates only)	
<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:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,464
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Ben Breit	04/23/19

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

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

Form B70-1001 REV 2/14



Building Permit Application

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: 4-23-19	Permit No.: B2019-1664
Date Issued: 4-24-19	By: MK
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8770 SW Nimbus Ave, Suite B	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: B	Project name: Keysight
Cross street/directions to job site: SW Nimbus Ave. and SW Gemini Dr.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add (2), Relocate (2), and Delete (1) sprinkler to accommodate new tenant remodel.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Keysight	
Address: 8770 SW Nimbus Ave, Suite B	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 473-8350	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Joseph Plattner	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: joseph.plattner@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$550.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1.00
Type of construction:	5B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$977.86
Amount received	
Date received:	

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

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

Authorized signature: *Joseph Plattner*

Print name: Joseph Plattner	Date: 04/19/19
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Mechanical Permit Application

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

OFFICE USE ONLY	
Date Received: 4/24/2019	Permit No: 2019-1077
Date Issued: 4/24/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other, Specify:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other, Specify:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14845 SW Murry # 103	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Like for like water heater	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
APPLICANT	
Business name: Azure Heating	
Contact name: Curt	
Address: P.O. Box 62 Gladstone, OR	
City/State/ZIP: Gladstone OR 97027	
Phone: 503 706 2568	Fax:
E-mail:	
CONTRACTOR	
Business name: Azure Heating	
Address: P.O. Box 62	
City/State/ZIP: Gladstone OR 97027	
Phone: 503 706 2568	Fax:
E-mail:	
CCB lic.: 11451	City or metro lic.:

Authorized signature:

Print name: Curt Rossman Date: 4-23-19

COMMERCIAL FEE SCHEDULE - USE CHECKLIST			
Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit. *Use Table on Page 2 for value.			
1600.00	*Value: \$0.00		
RESIDENTIAL EQUIPMENT / SYSTEMS FEES			
For special information use checklist.			
Description	Qty.	Ea.	Total
Heating/cooling **For Furnace, select >> Over 100K BTU			
Furnace, incl. ductwork, vent, and liner **		54.91	
Air conditioner 1		46.75	
Heat pump 1		61.06	
Duct work, alterations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. vent** Select One		0.00	
Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent.		46.75	
Other:		23.32	
Other fuel appliances			
Water heater	1	23.32	
Gas fireplace/insert/stove		33.39	
Gas log/log lighter		23.32	
Pool or spa heater, kiln*		23.32	
Wood/pellet stove/insert		33.39	
Wood fireplace		33.39	
Chimney/liner/flue/vent w/o appliance		33.39	
Oil tanks/gas/diesel generators		23.32	
Other:		23.32	
Environmental exhaust and ventilation			
Range hood/other kitchen equipment		33.39	
Clothes dryer exhaust		33.39	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		23.32	
Attic/crawlspace fans		23.32	
Whole house ventilation or Radon mitigation		23.32	
Other:		23.32	
Fuel piping			
\$14.15 for first four; \$4.03 for each additional			
Furnace		#/outlets	Total # of fuel piping outlets:
Wall/suspended/unit heater		#/outlets	
Water heater		#/outlets	Total cost for fuel piping outlets:
Fireplace/log lighter/gas log		#/outlets	
Range		#/outlets	Total cost for fuel piping outlets:
Barbecue		#/outlets	
Clothes dryer		#/outlets	
Other:		#/outlets	
CALCULATE MECHANICAL PERMIT FEES			
Subtotal			
Minimum permit fee		97.63	
<input type="checkbox"/> Check for Plan Review (25% of permit fee)			
State surcharge (12% of permit fee)		11.72	
TOTAL PERMIT FEE		\$109.35	

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

1 - Site plan required for an outdoor unit.

2 - Requires approval from Building Codes Division.

133.76

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4/24/2019	Permit No: B2019-1669
Date Issued: 4/24/2019	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14090 SW MARTINGALE CT	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: DAVIES / BROCKMAN IN SOUTH BEAVERTON	
Subdivision: SURRENO	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ACCESSORY BUILDING 14'1/2' x 18' SLAB ON GRADE FOUNDATION WITH STUD WALLS (2x4) 16" OC, 5/12 PITCH ROOF	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TODD INMAN	
Address: 14090 SW MARTINGALE CT	
City/State/ZIP: BEAVERTON, OR 97008	
Phone: (503)-270-0541	Fax:
E-mail: toddinman123@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAME AS OWNER	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: [Signature]	Date: 4/24/19
Print name: TODD INMAN	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 15,000
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	604.31
Amount received	
Date received:	

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

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

Building Permit Application

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

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4756
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 02/15/2019	Permit No.: B2019-0643
Date Issued: 4-24-19	By: MK
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: P.O.	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13000 SW 2nd Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Beaverton High School
Cross street/directions to job site: SW Erickson Ave., project in the auditorium	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AD10900	
DESCRIPTION OF WORK	
Improvements in the auditorium including replacement of an existing ladder with new ladder & cage and a new guardrail at the edge of the walking grid (above stage). Upgrades to the house, stage & work lighting fixtures and control systems will be covered in a deferred submittal.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4571	Fax: (503) 356-4484
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Opsis Architecture	
Contact name: Lindsay Furlong	
Address: 920 NW 17th Ave.	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 525-9511	Fax: (503) 525-0440
E-mail: lindsayf@opsisarch.com	
CONTRACTOR	
Business name: HOLLYWOOD LIGHTS INC	
Address: 5251 SE MCLOUGHLIN BLVD	
City/State/ZIP: PORTLAND, OR 97202	
Phone: (503) 232-9001	Fax:
CCB lic.: 78109	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$20,000
Existing building area:	square feet 6974
New building area:	square feet 6974
Number of stories:	1
Type of construction:	V
Occupancy groups:	E
Existing:	E
New:	E
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$478.04
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Lindsay Furlong	02/14/19

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 3-25-19	Permit No.: B2019-1188
Date Issued: 4-23-19	By: AK
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15745 SW Galena Way	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.:	Project name: Deck
Cross street/directions to job site: Corner lot. Galena Way on both sides of house.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck in back yard. Removing existing deck and building new extending 5' in length and 10' 11" width at the longest measurements.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nick Cupell	
Address: 15745 SW Galena Way	
City/State/ZIP: Beaverton OR, 97007	
Phone: (503) 676-7833	Fax:
E-mail: nickc430@hotmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: n/a owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature:	Date:
Print name: Nick Cupell	03/22/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 350
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$91.90
Amount received	\$91.90
Date received:	

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

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

Building Permit Application

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

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV W08

OFFICE USE ONLY	
Date Received: 4-22-19	Permit No.: B2019-1657
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11650 Southwest 12th Street, Beaverton, Oregon, 97005, United States	
City/State/ZIP:	
Suite/bldg /apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 5.89 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fred McGrath	
Address: 11650 Southwest 12th Street, Beaverton, Oregon, 97005, United St	
City/State/ZIP:	
Phone: 503-646-8145	Fax:
E-mail: fmcnc@aol.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name:	
Address: 1220 S 630 E STE 430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1220 S 630 E STE 430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12011.53
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

Authorized signature: 	Date:
Print name: Jeff Lee	04/22/2019

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

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

Form B70-1001 REV 2/14