

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: 05/31/2019	Permit No.: B 2019-2309
Date Issued: 05/31/2019	
	Payment Type: ON

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: 6600 SW 105th Avenue	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.: Suite 175	Project name: PNWP Office T.I.
Cross street/directions to job site: SW 105th and Denney rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo existing walls, doors, relites. Provide new walls doors and relites to expand office 175 and reduce office 140.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pacific Northwest Properties	
Address: 6600 SW 105th Avenue, Suite 155	
City/State/ZIP: Beaverton, Oregon 97008	
Phone: (503) 626-3500	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mildren Design Group	
Contact name: Curt Trolan	
Address: 7650 SW Beveland St., Suite 120	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 244-0552	Fax:
E-mail: curt@mdgpc.com	
CONTRACTOR	
Business name: VanOsdel Construction	
Address: PO Box 1057	
City/State/ZIP: Battle Ground, Washington 98604	
Phone: (360) 687-8636	Fax:
CCB lic.: 184073 215976	

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	\$ 21,000
Existing building area:	square feet 4164
New building area:	square feet --
Number of stories:	2
Type of construction:	IIIB
Occupancy groups:	B (A2 Accessory)
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	1,334.95
Amount received	
Date received:	

Authorized signature:

Print name: Curt Trolan	Date: 05/24/19
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Building Permit Application

ELECTRONIC SUBMITTAL
SEE: /BLDG DIV WORK

Development Department
Building Division
25 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: 05/23/2019	Permit No.: B2019-2208
Date Issued: 5/30/19	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: 15450 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: BC-5 Hayward Gas Det.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding shutoff and monitoring of kitchen natural gas detection to an existing fire alarm system.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike	
Address: One Bowerman Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Siemens Industry Inc.	
Contact name: Chad Stewart	
Address: 15201 NW Greenbrier Pkwy Suite A4	
City/State/ZIP: Beaverton Or. 97006	
Phone: (503) 207-1900	Fax:
E-mail: chad.stewart@siemens.com	
CONTRACTOR	
Business name: Siemens Industry Inc.	
Address: 15201 NW Greenbrier Pkwy Suite A4	
City/State/ZIP: Beaverton Or. 97006	
Phone: (503) 207-1900	Fax: (503) 207-1901
CCB lic.: 133041	

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	\$61,334
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
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	\$405.77
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: 5/30/19
Print name: Chad Stewart	

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>5/30/2019</u>	Permit No. <u>132019-2321</u>
Date Issued: <u>5/30/2019</u>	Payment Type: <u> </u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>7945 SW Sorrento rd.</u>	
City/State/ZIP: <u>Beaverton, 97008</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Replace Existing Lower Level Deck Like for Like</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>David Bottems</u>	
Address: <u>7945 SW Sorrento Rd.</u>	
City/State/ZIP: <u>Beav. 97008</u>	
Phone: <u>360-901-2549</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Ricks Custom Fencing</u>	
Contact name: <u>Steve Rutledge</u>	
Address: <u>4543 S.E. T.V. Hwy -</u>	
City/State/ZIP: <u>Hillsboro, 97123</u>	
Phone: <u>503-992-6879</u>	Fax:
E-mail: <u>Steve.Rutledge@RicksFencing.com</u>	
CONTRACTOR	
Business name: <u>Ricks Fencing</u>	
Address: <u> </u>	
City/State/ZIP: <u> </u>	
Phone: <u> </u>	Fax: <u> </u>
CCB lic.: <u>50088</u>	
Authorized signature: <u>[Signature]</u>	
Print name: <u>Steve Rutledge</u>	Date: <u>5-31-19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>7,700.⁰⁰</u>
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet <u>754</u>
Deck area:	square feet <u>144</u>
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>391.17</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

Routed 4/15/19

REISSUE OF TESLA TERRACE
LOT 13 # B2018-0996



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: 4-8-18	Permit No.: B2018-14600
Date issued: 5/30/2019	By: [Signature]
	Payment Type:

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 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: 12115 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.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REISSUE OF B2018-0996	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SAA	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229	
Phone: 503-713-6294	Fax:
: Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature: [Signature]	
Print name: Matt Fricke	Date:
Matt Fricke	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$190,144.35
Number of bedrooms:	4
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:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$472.00
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

Rounded 3/30/18 m11

reissue of Tesla Terrace Lot 14
B2018-0997



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:	Permit No.: B2018-1367
Date Issued: 5/30/18	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: 12117 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision: Tesla Terrace	Lot no.: 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
reissue of Tesla Terrace Lot 14 B2018-0997	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SAA	
Address: 12117 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Phone:	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	503-713-6294
Phone: 503-713-6294	Fax:
Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature:	
Print name: Matt Fricke	Date:
Matt Fricke	

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

Permit Application



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

OFFICE USE ONLY	
Date Received: 04/26/2019	Permit No.: B2019-1717
Date Issued: 5/30/2019	Payment Type:
CITY OF BEAVERTON	

BUILDING DIVISION REQUIRED DATA - 1 AND 2 FAMILY DWELLING

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Carport Reroof
JOB SITE INFORMATION AND LOCATION	
Job site address: 14210 SW Lam St.	
City/State/ZIP: Beaverton OR 97005	
Sub/bldg./apt. no.:	Project name: Westbrook Carports
Cross street/directions to job site: Com/Murray	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

- Remove old carport roof
- Install new plywood and new roofing materials

PROPERTY OWNER	
Name: James Currier - HOA president	
Address:	
City/State/ZIP:	
Phone: 503-720-6354	Fax:
E-mail:	

APPLICANT	
Business name: HOA - Westbrook	
Contact name: Carol Mooney - Maint. Chair	
Address:	
City/State/ZIP:	
Phone: 503-504-5533	Fax:
E-mail: jmooney724@outlook.com	

CONTRACTOR	
Business name: Every Lee Construction	
Address: 11170 SW Torland St.	
City/State/ZIP: Tualatin OR 97223	
Phone: 503-941-9718	Fax:
CCB No.: 206852	

Authorized signature: [Signature]	Date: 4/24/19
Print name: Greg Lee	

Permit fees* are based on the value of the work performed. Indicate 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:	200 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA - COMMERCIAL BUILDINGS	
Permit fees* are based on the value of the work performed. Indicate 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:	

Building Permit Application

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

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8.1

OFFICE USE ONLY	
Date Received: 05/09/2019	Permit No.: B2019-1973
Date Issued: 5/30/2019	
CITY OF BEAVERTON	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Carport ReRoof
JOB SITE INFORMATION AND LOCATION	
Job site address: 4872/4876 SW Wemblesley	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Westbrook Carports
Cross street/directions to job site: W 6th / Murray	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

- Remove existing carport roof
- Install new plywood roofing materials

PROPERTY OWNER	
Name: James Currier - HOA president	
Address:	
City/State/ZIP:	
Phone: 503-720-6354	Fax:
E-mail:	

APPLICANT	
Business name: Area Lee Roofing	
Contact name: Lindsey Bergin	
Address:	
City/State/ZIP:	
Phone: 503-941-9778	Fax:
E-mail: Lindsey@arealeeroofing.com	

CONTRACTOR	
Business name: Area Lee Construction	
Address: 11170 SW Torland Ave	
City/State/ZIP: Tigard OR 97223	
Phone: 503-941-9778	Fax:
CCB No.: 200852	
Authorized signature: [Signature]	

Print name: Area Lee	Date: 5/8/19
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REQUIRED DATA - STANDALONE AND FAMILY DWELLINGS	
Permit fees* are based on the value of the work performed. Indicate 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: 400	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA - COMMERCIAL/INDUSTRIAL	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$19,750	
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	\$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

Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4765
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2650
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED



OFFICE USE ONLY	
Date Received: 06/20/09	Permit No.: B2019-1701
Date Issued: 06/24/09	City of Beaverton
BUILDING DIVISION	
Payment Type:	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 4824/4828 SW Wembley	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Westbrook Carports
Cross street/directions to job site: 6th / Murray	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
Remove old carport roots Install new plywood & new roofing material

<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: James Currier - HOA President	
Address:	
City/State/ZIP:	
Phone: 503-720-6354	Fax:
E-mail:	

<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: HOA - Westbrook	
Contact name: Carol Mooney - Maint. Chair	
Address:	
City/State/ZIP:	
Phone: 503-504-5533	Fax:
E-mail: hmoon724@outlook.com	

<input checked="" type="checkbox"/> CONTRACTOR	
Business name: Greg Lee Construction	
Address: 1170 SW Tolland St.	
City/State/ZIP: Tigard OR 97223	
Phone: 503-941-9718	Fax:
CCB lic.: 206850	

Authorized signature: Greg Lee	
Print name: Greg Lee	Date: 4/24/09

REQUIRED DATA - 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	19,750
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area: 400	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA - COMMERCIAL BUILDING CHECKS	
Permit fees* are based on the value of the work performed. Indicate 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
 Fax: (503) 526-2650
 Phone: (503) 526-2222
 www.beavertonoregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 05/09/2019 Permit No.: B2019-1968
 Date Issued: 5/30/2019
 CITY OF BEAVERTON Payment Type:

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

BUILDING DIVISION

TYPE OF WORK

New construction Demolition

Addition/alteration/replacement Other:

CATEGORY OF CONSTRUCTION

1- and 2-family dwelling Commercial/Industrial

Accessory building Multi-family

Master builder Other: Carport Re-roof

JOB/SITE INFORMATION AND LOCATION

Job site address: 4840/4844 SW Wembley

City/State/ZIP: Beaverton OR 97005

Suite/bldg./apt. no.: Project name: Westbrook Carports

Cross street/directions to job site: W Lynn / Murray

Subdivision: Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

- Remove existing carport roof
- Install new plywood roofing materials

PROPERTY OWNER

Name: James Currier - HOA president

Address:

City/State/ZIP:

Phone: 503-720-6354 Fax:

E-mail:

APPLICANT

CONTACT PERSON

Business name: Greer Lee Roofing

Contact name: Lindsey Bergin

Address:

City/State/ZIP:

Phone: 503-941-9713 Fax:

E-mail: Lindsey@greerleeroofing.com

CONTRACTOR

Business name: Greer Lee Construction

Address: 11170 SW Torland Ave

City/State/ZIP: Tigard OR 97223

Phone: 503-941-9718 Fax:

CCB No.: 200852

Authorized signature: [Signature]

Print name: Greer Lee Date: 5/8/19

REQUIRED DATA - SINGLE-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: 400 square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA - COMMERCIAL USE STRUCTURES

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

Valuation \$19,750

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	\$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

Building Permit Application

Community Development Department
 Building Division
 12726 SW Millikan Way / PO Box 4765
 Beaverton, OR 97076
 Fax: (503) 526-2650
 (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 05/09/2019 Permit No.: B2019-1971
 Date Issued: 5/20/2019
 CITY OF BEAVERTON Payment Type:

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

TYPE OF WORK

New construction Demolition
 Addition/alteration/replacement Other:

CATEGORY OF CONSTRUCTION

1- and 2-family dwelling Commercial/Industrial
 Accessory building Multi-family
 Master builder Other: *Carport ReRoof*

JOB SITE INFORMATION AND LOCATION

Job site address: *14470 / 14450 SW 6th St.*
 City/State/ZIP: *Beaverton OR 97005*
 Suite/bldg./apt. no.: _____ Project name: *Westbrook Carports*
 Cross street/directions to job site: *W 6th / Murray*

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

DESCRIPTION OF WORK

- Remove existing carport roof
- Install new plywood roofing materials

PROPERTY OWNER

Name: *James Currier - HOA president*
 Address: _____
 City/State/ZIP: _____
 Phone: *503-720-6254* Fax: _____
 E-mail: _____

APPLICANT

CONTRACTOR TENANT

Business name: *Area Lee Roofing*
 Contact name: *Lindsey Bergin*
 Address: _____
 City/State/ZIP: _____
 Phone: *503-941-9718* Fax: _____
 E-mail: *Lindsey@arealee-roofing.com*

CONTRACTOR

Business name: *Area Lee Construction*
 Address: *11170 SW Torland Ave*
 City/State/ZIP: *Tigard OR 97223*
 Phone: *503-941-9718* Fax: _____
 CCB No.: *200852*

Authorized signature: *[Signature]*

BUILDING DIVISION

REQUIRED DATA - 1 AND 2 FAMILY DWELLINGS

Permit fees* are based on the value of the work performed. Indicate 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: *400* square feet
 Covered porch area: _____ square feet
 Deck area: _____ square feet
 Other structure area: _____ square feet

REQUIRED DATA - COMMERCIAL USE CHECKS

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

Valuation *\$19,750*

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	\$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

Print name: *Area Lee* Date: *5/8/19*

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: 05/29/2019	Permit No.: B2019-2294
Date Issued: 5/29/2019	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: 13550 SW 22nd Street, Beaverton, Oregon, 97008, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121BD06100	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 8.99 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jon Gosch	
Address: 13550 SW 22nd Street, Beaverton, Oregon, 97008, United States	
City/State/ZIP:	
Phone: 5036888065	Fax:
E-mail: precision17@frontier.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Lesly Bee	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
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	16,728.17
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: *Jeffrey Lee*

Print name: Jeff Lee Date: 05/28/2019

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
 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 VTDD
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 05/24/2019	Permit No.: B2019-2241
Date Issued: 5/20/2019 <i>AM</i>	
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9205 SW Gemini Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Suite C	Project name: Rexel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Notification Devices (Relocates only)	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Rexel @ Creekside Corp. Park	
Address: 9205 SW Gemini Drive Suite C	
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	\$6,886
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>Ben Breit</i>	Date:
Print name: Ben Breit	05/21/19

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

Approved

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

ELECTRONIC SUBMITTA
SLIP/BLDG DIV W/G 8

OFFICE USE ONLY	
Date Received: 10-3-18	Permit No.: B2018-4560
Date Issued: 5/29/2019 <i>an</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 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: 11635 SW Canyon Rd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire suppression system.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: AFP Systems Inc	
Contact name: Rebecca Bailey	
Address: 19435 SW 129th Avenue	
City/State/ZIP: Tualatin OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
E-mail: permits@afpsys.com Brenna@afpsys.com	
CONTRACTOR	
Business name: AFP Systems Inc	
Address: 19435 SW 129th Avenue	
City/State/ZIP: Tualatin OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	

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 120,000 -	
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	\$607.11
Amount received	
Date received:	

Authorized signature: <i>Rebecca Bailey</i>	Date: 10-3-18
Print name: Rebecca Bailey	

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

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

Approved

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 04/17/2019	Permit No.: 152019-1563
Date Issued: 524-19	By: [Signature]
CITY OF BEAVERTON	
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: 2956 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 41, 42	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender Kellie Kraaynak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
OCB Lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Crystal Fender	04/15/19

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

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

Form B70-1001 REV 2/14

Approved

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.: 152019-1561
Date Issued: 5/23/19	By: CW
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 12972 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Sublot/bldg./apt. no.: Units (37) 38	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender - Kellie Kraeynak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB file: 199836	

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	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
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: Crystal Fender	Date: 04/15/19
Print name: Crystal Fender	

Approved

Building Permit Application

Community Development Department
 Building Division
 12726 SW Milliken Way / PO Box 4765
 Beaverton, OR 97078
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY	
Date Received: 4/17/2019	Permit No.: 2019-1562
Date Issued: 5/3/19	By: OU
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12904 SW 5th St.	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 39, 40	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender - Kellie Kraynak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB Lic.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 96,000	
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: Crystal Fender

Print name: Crystal Fender	Date: 04/15/19
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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

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: RECEIVED	Permit No.: B2019-2011
Date Issued: 05/13/2019	By: <i>OPC</i>
	Payment Type: <i>USA</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: 10750 SW 5th Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Bimbo Bakery
Cross street/directions to job site: just west of Western on 5th Street	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
remove rotted portion of glue lam beam, remove rotted roof joists and sheathing, Install new beam, joists, column, roof sheathing	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bimbo Bakeries USA	
Address: 10750 SW 5th Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 707-0526	Fax:
E-mail: joshua.harris002@grupobimbo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: James Gilbert Company	
Contact name: James Gilbert	
Address: 17635 NW Corey Road	
City/State/ZIP: North Plains, OR 97133	
Phone: (503) 888-2296	Fax:
E-mail: jjgilbert@jamesgilbertco.com	
CONTRACTOR	
Business name: same as applicant above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 79575	

CITY OF BEAVERTON BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	44,455.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	single story
Type of construction:	concrete
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>James Gilbert</i>	Date:
Print name: James Gilbert	05/10/19

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: 3/15/2019	Permit No.: B2019-1046
Date Issued: 5/29/2019	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: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: RELIANT MACHINE
Cross street/directions to job site: Between 141st and SW Hocken on SW Millikan	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109CD002	
DESCRIPTION OF WORK	
Equipment Install: Reliant machine work cell; 1 piece of equipment	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: 1 Bowerman Drive	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Nike, Air M.I.	
Contact name: Nick Pisciotto	
Address:	
City/State/ZIP:	
Phone: (503) 206-2899	Fax:
E-mail: nick.pisciotto@nike.com	
CONTRACTOR	
Business name: Omega Morgan	
Address: 23810 NW Huffman St	
City/State/ZIP: Hillsboro, OR, 97005	
Phone: (503) 647-7474	Fax:
CCB lic.: 127213	

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

Authorized signature:	Print name: NICK PISCIOOTTO	Date: 3/14/19
<i>[Signature]</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 I:/BLDG DIV WG#8 SW



City of Beaverton Development Department
Building Division
15450 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: 04/12/2019 Permit No.: B2019-1508
Date Issued: 04/28/2019 Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 15450 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Hayward walk-in freezer
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install a new outdoor walk-in freezer cold storage room	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike	
Address: 15450 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97006	
Phone: (971) 294-0376	Fax:
E-mail: Alicia.Riley@nike.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cameron's Installations.com	
Contact name: Scott Cameron	
Address: 22170 SW Martinazzi Ave 503	
City/State/ZIP: Tualatin, OR 97062 407-1051	
Phone: (503) 692-3368	Fax: (888) 959-8198
E-mail: scott@cameronsinstallations.com	
CONTRACTOR	
Business name: same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 145983	

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
New building area:	square feet 120
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	\$290.98
Amount received	
Date received:	

Authorized signature:	Date:
Scott Cameron	04/10/19

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 3-27-19	Permit No.: B2019-1221
Date Issued: 5-08-19	By: CRL
	Payment Type: CAPD

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: 5250 SW Alger Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: PR67 CANYON RD 6C
Cross street/directions to job site: SW ALLEN RD & SW ALGER AVE	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115DB00400	
DESCRIPTION OF WORK	
Swap (6) antennas, swap (6) radioheads, add (3) radioheads, remove (6) amplifiers, swap (1) squid, add (1) fiber feeder on existing monopole.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: CROWN CASTLE	
Address: 1505 WESTLAKE AVE N. #800	
City/State/ZIP: SEATTLE, WA 98109	
Phone: (602) 845-1747	Fax:
E-mail: KATIE.STANA@CROWNCastle.COM	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: VELOCITEL LLC O.B.O. AT&T MOBILITY	
Contact name: NATALIE ERLUND	
Address: 4004 KRUSE WAY PLACE #220	
City/State/ZIP: LAKE OSWEGO, OR 97035	
Phone: (971) 303-1568	Fax:
E-mail: NERLUND@VELOCITEL.COM	
CONTRACTOR	
Business name: TBD	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature:	Date: 3/26/19
Print name: NATALIE ERLUND	

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	\$25,000
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	N/A
Type of construction:	IIB
Occupancy groups:	Unoccupied
Existing:	Unoccupied
New:	Unoccupied
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	\$349.54
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: 3-25-19	Permit No.: B2019-1190
Date Issued: 5-6-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2315 SW 84th Ave	
City/State/ZIP: PORTLAND OR. 97225	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 84th Ave & Ernst Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVAL OF A LOAD BEARING INTERIOR WALL INSTALL BEAMS & POSTS	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRIAN JONES	
Address: 2315 SW 84th Ave	
City/State/ZIP: PORTLAND OR. 97225	
Phone: 503 515 6561	Fax:
E-mail: BJONES3488@GMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: HOMEOWNER	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: [Signature]	Date:
Print name: BRIAN JONES	3/25/2019

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	2000.00
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

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: 3-8-19	Permit No.: B2019-0925
Date Issued: 5-6-19	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: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Between SW 141st and SW Hocken Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109CD002	
DESCRIPTION OF WORK	
Install material racking near column line C/7	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike, Inc.	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 671-6453	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike Air MI	
Contact name: Amelia Kelsay	
Address: 13630 SW Terman Rd	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 789-2575	Fax:
E-mail: amelia.kelsay@nike.com	
CONTRACTOR	
Business name: Speedrack	
Address: 11100 NW Gordon Rd	
City/State/ZIP: North Plains, OR 97133	
Phone: (503) 640-5666	Fax:
CCB lic.: 213699	
Authorized signature: <i>[Signature]</i>	
Print name: Amelia Kelsay	Date: 3/8/19

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	\$25,000
Existing building area:	square feet N/C
New building area:	square feet N/C
Number of stories:	
Type of construction:	
Occupancy groups:	N/C
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

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

Development Department
Building Division
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.: B2019-1269
Date Issued: 5-6-19	By: <i>CDM</i>
CITY OF BEAVERTON BUILDING DIVISION	
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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11915 SW CANYON TOWN CENTER RD	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.: COMPLEX	Project name: CANYON TOWN CENTER
Cross street/directions to job site: SW LOMBARD AVE	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S110CD00790	
DESCRIPTION OF WORK	
REMOVE EXISTING FREESTANDING SIGN ON SITE, AND REPLACE WITH NEW MONUMENT AT SAME SIDE OF DRIVEWAY SETBACK FURTHER FROM THE ROW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CTC BEAVERTON, LLC - C+R REAL ESTATE SERVICES	
Address: PO BOX 4089	
City/State/ZIP: LOS ALTOS, CA 94024	
Phone: (503) 802-2551	Fax: (503) 412-4271
E-mail: carolinei@ccreatestate.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SECURITY SIGNS, INC	
Contact name: CYNDI STOCKS	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	
CONTRACTOR	
Business name: SECURITY SIGNS, INC	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
CCB lic.: 122809	

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	8120.00
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	\$421.62
Amount received	
Date received:	

Authorized signature: <i>Cyndi Stocks</i>	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

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.: 5209-1209
Date Issued: 7 MAR 27 2019	PAID
9/22/2019	Payment Type:

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

CATEGORY OF CONSTRUCTION	
<input 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: 7095 SW 131st Ave.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Powell - 31862
Cross street/directions to job site:	

Subdivision:	Lot no.:
Tax map/parcel no.: 15121DC09200	

DESCRIPTION OF WORK
Encapsulate crawlspace

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mike Powell	
Address: 7095 SW 131st Ave.	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	

<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Heather Rogers	
Address: 13110 SW Wall St.	
City/State/ZIP: Tigard, OR 97223	
Phone: 971-205-5222	Fax:
E-mail: hrogers@terrafirmafs.com	

CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St.	
City/State/ZIP: Tigard, OR 97223	
Phone: 971-205-5222	Fax:
CCB lic.: 173547	

Authorized signature:	Print name: Heather Rogers	Date: 3-22-19
-----------------------	----------------------------	---------------

CITY OF BEAVERTON BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation	2,100
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

Building Permit Application

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

Development Department
Building Division
1000 NE Oregon 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: 03/18/2019	Permit No.: B2019-1051
Date Issued:	By: <i>AM</i>
CITY OF BEAVERTON BUILDING DIVISION	
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 type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: CHURCH IN RESIDENTIAL
JOB SITE INFORMATION AND LOCATION	
Job site address: 14175 NW CORNELL RD	
City/State/ZIP: PORTLAND OR 97229	
Suite/bldg./apt. no.:	Project name: PRINCE OF PEACE LUTHERAN CHURCH
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N133BB06900	
DESCRIPTION OF WORK	
INSTALL FREESTANDING ILLUMINATED MONUMENT SIGN 8 FT OVERALL HEIGHT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: PRINCE OF PEACH LUTHERAN CHURCH	
Address: 14175 NW CORNELL RD	
City/State/ZIP: PORTLAND, OR 97229	
Phone: (503) 654-1211	Fax: (503) 531-2534
E-mail: office@princeofpeacelc.org	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SECURITY SIGNS, INC	
Contact name: CYNDI STOCKS	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	
CONTRACTOR	
Business name: SECURITY SIGNS, INC	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
CCB lic.: 122809	

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	\$12,765.00
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	\$543.42
Amount received	
Date received:	

Authorized signature:	Date:
Print name: CYNDI STOCKS	03/11/19

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

ELECTRONIC SUBMITTAL Permit Application

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



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

OFFICE USE ONLY	
Date Received: RECEIVED	Permit No.: B2019-1793
Date Issued: 04/26/2019	By:
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: 14114 SW Compass Dr	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
SOLAR PV Installation 5.49 KW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ramsey, Macaela	
Address: 14114 SW Compass Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone: 612-677-5131	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PROSTAT ELECTRIC	
Contact name: Dale Krueger	
Address: 1721 NE 64th Ave	
City/State/ZIP: Vancouver, WA 98661	
Phone: 503-539-7772	Fax:
E-mail: dale.krueger@comcast.net	
CONTRACTOR	
Business name: PROSTAT ELECTRIC	
Address: 1721 NE 64th Ave	
City/State/ZIP: Vancouver, WA 98661	
Phone: 503-539-7772	Fax:
CCB lic.: 189902	
Authorized signature:	
Print name: Dale Krueger	Date: 4/30/19

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	\$7,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
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.: B2019-1348
Date Issued: 5-6-19	By: <i>[Signature]</i>
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16680 NW Jupiter Hills Ct.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: N/A	Project name: Patio Roof
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: APN 1N131DD	
DESCRIPTION OF WORK	
Add new wood roof cover over existing wood patio deck. 22'-6" x 15'-6" Area. 349 SF. Max Height 16 ft AFG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Flora & Rock Hardgrove	
Address: 16680 NW Jupiter Hills Ct	
City/State/ZIP: Beaverton OR 97006	
Phone: (503) 432-3569	Fax:
E-mail: florahardgrove@gmail.com rockhardgrove@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: GPC Contracting LLC	
Contact name: Glenn Chavez	
Address: 17224 SW Montague Way	
City/State/ZIP: King City OR 97224	
Phone: (503) 784-8172	Fax:
E-mail: gpccontractingllc@gmail.com	
CONTRACTOR	
Business name: GPC Contracting LLC	
Address: 17224 SW Montague Way	
City/State/ZIP: King City OR 97224	
Phone: (503) 784-8172	Fax:
CCB lic.: 201079	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12000
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	0
New dwelling area:	square feet 0
Garage/carport area:	square feet 0
Covered porch area:	square feet 349
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	
Amount received	
Date received:	

Authorized signature:

Print name: <i>Glenn Chavez</i>	Date: 4/7/2019
<i>[Signature]</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

COB REVISION/TRACKING # _____ Building Permit Application

REV _____

T 19-011

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Fax: (503) 526-2550
Beaverton Oregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 04/18/2019	Permit No.: B2018-4988
Date Issued: 5-3-19	By: <i>JW</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

ELECTRONIC SUBMITTAL
SEE 1/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 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: 17229 SW Goldcrest Ln	
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.: 76	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input checked="" 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) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	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	257,516
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	0 square feet 0
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:	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: *Jennifer Reilly*

Print name: Jennifer Reilly Date: 4/16/19

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

T 19-009

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

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

OFFICE USE ONLY	
Date Received: 04/18/2019	Permit No.: B2018-4986
Date Issued: 5-8-19	By: <i>ML</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: 17221 SW Goldcrest Ln	
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.: 74	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<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) 726-7060	Fax:
E-mail: jreilly@everethhomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everethhomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everethhomesnw.com	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	257,516
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	0 square feet 0
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:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Jennifer Reilly</i>	Date: 4/16/19
Print name: Jennifer Reilly	

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 19-010

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: 04/18/2019 Permit No.: B2018-4987
Date Issued: 5-3-19 By: MKK
CITY OF BEAVERTON Payment Type: Check
BUILDING DIVISION

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 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: 17225 SW Goldcrest Ln	
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.: 75	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<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) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	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:	1542.34 square feet
Garage/carport area:	368.94 square feet
Covered porch area:	103.8 square feet
Deck area:	0 square feet 0
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:	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: *Jennifer Reilly*

Print name: Jennifer Reilly Date: 4/16/19

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: 9/2/2019	Permit No.: 5209-1807
Date Issued: 5-10-19	By: [Signature]
Payment Type: DISC	

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: 3955 SW Murray Blvd	
City/State/ZIP: Beaverton Oregon 97005	
Suite/bldg./apt. no.:	Project name: West End District Demo
Cross street/directions to job site: Tv Hwy and Murray BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of retail structures, landscaping and site improvements. Concrete and asphalt recycling.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: WEST END APAERTMENTS LLC	
Address: 703 BROADWAY STREET SUITE 510	
City/State/ZIP: VANCOUVER WA 98660	
Phone: (971) 237-6673	Fax:
E-mail: ALEX.WALTERS@POLYGONHOMES.COM	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Northwest Demolition & Dismantling	
Address: PO Box 230819	
City/State/ZIP: Tigard Oregon 97223	
Phone: (503) 638-6900	Fax:
CCB Lic.: 48263	

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:	\$699,319.00
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	5,591.42
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
ALEX WALTERS	04/30/19

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: <u>5-3-19</u>	Permit No.: <u>B2019-1844</u>
Date Issued: <u>5-3-19</u>	By: <u>[Signature]</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 checked="" type="checkbox"/> Other: fire sprinkler
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 TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 10 sprinkler head drops off of existing wet system to cover new floor plan.	
PROPERTY OWNER / TENANT	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
APPLICANT / CONTACT PERSON	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: breana@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	
Authorized signature:	Date:
Print name: Steve Frost	04/30/19

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	\$2,350.00
Existing building area:	square feet TI 3,587
New building area:	square feet
Number of stories:	2
Type of construction:	II-B
Occupancy groups:	
Existing:	B, A-3
New:	no change
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	\$200.11
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 5-3-19	Permit No.: B2019-1849
Date Issued: 5-3-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 12375 SW Broadway	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Hall	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: KAD LLC	
Address: 5011 SW Maple lane 1	
City/State/ZIP: Portland, OR 97221	
Phone: 503-702-5833	Fax:
E-mail: dan@miraclesign.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: Legacy	
Address: 2406 Pacific Ave suite A	
City/State/ZIP: Forest Grove, OR 97116	
Phone: 503-357-7663	Fax:
CCB lic.: 173528	
Authorized signature: [Signature]	
Print name: Dan Magner	Date: 5/3/19

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 42,480	
Existing building area:	square feet 3,906
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	\$893.20
Amount received	
Date received:	

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

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

Building Permit Application

Approved

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 WG-8...

OFFICE USE ONLY	
Date Received: 4-4-19	Permit No.: B2019-1350
Date Issued: 5-3-19	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: 9203 SW Nimbus Ave	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 9	Project name: Exterior Upgrades
Cross street/directions to job site: SW Gemini	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
The scope of work includes new paint at the entire exterior facade, new clear store front glazing, new wall mounted light fixtures and new wood cladding systems above main building entries.	
<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: Tualatin 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	
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	\$75,000
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	B
Existing:	N/A
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,160.74
Amount received	
Date received:	

Authorized signature: <i>Christine Mack</i>	
Print name: Christine Mack	Date: 04/03/19

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

Permit Application

Approved



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: RECEIVED	Permit No.: B2019-1643
Date Issued: 04/22/2019 5-3-19	By: KL
	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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9945 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Higher Ground Daycare
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add/relocate sprinkler heads as required for new ceiling configuration.	
<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: Wyatt Fire Protection	
Contact name: Max Colley	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: m.colley@wyattfire.com	
CONTRACTOR	
Business name: same	
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	\$7801
Existing building area:	square feet 5582
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:	Max Colley
Date:	04/19/20

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

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

Building Permit Application

ELECTRONIC SUBMITTAL
SEE BLDG DIV WG-28

Community Development Department
Building Division
2728 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: 7-13-18	Permit No.: B2018-3166
Date Issued: 5-2-19	By: <i>TK</i>
	Payment Type: <i>check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: See Description of Work.
JOB SITE INFORMATION AND LOCATION	
Job site address: Near 16340 NW Bethany Ct.	
City/State/ZIP: Beaverton / Oregon / 97006	
Suite/bldg./apt. no.: n/a	Project name: Water House Trail Seg 4
Cross street/directions to job site: Infill Trail segment that extends for Waterhouse Powerline Park northward to the NW Bethany Ct. cul-de-sac.	
Subdivision:	Lot no.: 00102,02400, 02500, 05000
Tax map/parcel no.: 1N131AD; 1N132BC	
DESCRIPTION OF WORK	
Replace an existing boardwalk and bridge with new bridge and boardwalk. Also construction of bridge abutments and cast-in-place concrete retaining walls associated with a switchback trail section.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tualatin Hills Park & Recreation District (contact: Tim Bonnin)	
Address: 6220 SW 112th Ave., #100	
City/State/ZIP: Beaverton / Oregon / 97008	
Phone: (503) 614-4003	Fax: (503) 629-6307
E-mail: mkilmartin@thprd.org	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MacKay Sposito, Inc.	
Contact name: Jim Sandlin	
Address: 1325 Tech Center Dr., Ste. 140	
City/State/ZIP: Vancouver / Washington / 98863	
Phone: (503) 381-2386	Fax: (360) 695-0833
E-mail: jsandlin@mackaysposito.com	
CONTRACTOR	
Business name: <i>Lyda Excavating, INC</i>	
Address: <i>PO Box 365</i>	
City/State/ZIP: <i>Banks, ORE 97106</i>	
Phone:	Fax:
CCB lic.: <i>169420</i>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$361,063.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	Boardwalks/Bridge/Ret. Walls
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	\$ 2,069.21
Amount received	
Date received:	

Authorized signature: <i>Tim Bonnin</i>	
Print name: Tim Bonnin	Date: 07/03/18

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

Form B70-1001 REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8



Development Department
Building Division
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: 04/11/2019	Permit No.: B2019-1438
Date Issued: 5-3-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction-	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 11355 SW 14th St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg. apt. no.:	Project name: Graley - 31981
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115DC06900	
DESCRIPTION OF WORK	
Encapsulate Crawspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jeff Graley	
Address: 11355 SW 14th St	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Heather Rogers	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
E-mail: hrogers@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$234.92
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Heather Rogers	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

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: RECEIVED	Permit No.: B2019-1670
Date Issued: 04/24/2019	By: <i>[Signature]</i>
0-3-19	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: 13979 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Vernier Software
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural Work for RTU Change Out	
<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: Arjae HVAC and Mechanical Services	
Contact name: Mike Gordon	
Address: 8545 SE Mcloughlin Blvd.	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 231-7771	Fax:
E-mail: permits@arjae.com	
CONTRACTOR	
Business name: Same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 224490	

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

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1500
Number of bedrooms:	
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

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV W38...

Community Development Department
Building Division
123 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: 04/30/2019	Permit No.: B2019-1767
Date Issued: 5-1-19	By: <i>TUK</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 12830 SW Bluebell Lane	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Snyder
Cross street/directions to job site: 129th terrace and Bluebell lane	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
CHANGING ROOFLINE PITCH OVER COVERED FRONT PORCH	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Dan and Hart Snyder	
Address: 12830 SW Bluebell Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-701-7510	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Custom Perfection Renovations LLC	
Contact name: Kevin Tuite	
Address: 12835 SW Bluebell Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-806-7642	Fax:
E-mail: cprnw@outlook.com	
CONTRACTOR	
Business name: Custom Perfection Renovations LLC	
Address: 12835 SW Bluebell Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-806-7642	Fax:
CCB lic.: 200777	

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	3,800.00
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	3
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	\$260.97
Amount received	
Date received:	

Authorized signature:	
Print name: <i>K</i> Kevin Tuite	Date: 4/30/19

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: 4-30-19	Permit No.: B2019-1758
Date Issued: 4-30-19	By: [Signature]
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6600 SW 92nd Ave. # 280	
City/State/ZIP: Portland OR 97223	
Suite/bldg./apt. no.: 280	Project name: JLAUDIO
Cross street/directions to job site: Grant?	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
T.I., walls, doors, etc.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Cushman & Wakefield	
Address: 7991 SW Mohawk St.	
City/State/ZIP: Tualatin, OR 97062	
Phone: 503-885-1918	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert Toss Const.	
Contact name: Todd Lopiparo	
Address: 4080 SE. Int. Way B-113	
City/State/ZIP: Milwaukie OR 97222	
Phone: 503-653-5704	Fax: 503-653-5229
E-mail: TOOD@ROBERT-TOSS-CONST.COM	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP: Same as above	
Phone:	Fax:
CCB lic: 98517	
Authorized signature: [Signature]	
Print name: Todd Lopiparo	Date: 4-30-19

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

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	\$2,400.22
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



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>5/1/19</i>	Permit No.: <i>B3019-1800</i>
Date Issued: <i>5/1/19</i>	By: <i>OK</i>
	Payment Type: <i>CHECK</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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>10410 SW Citation Dr</i>	
City/State/ZIP: <i>Beaverton OR 97008</i>	
Suite/bldg./apt. no.:	Project name: <i>ALLsup patio</i>
Cross street/directions to job site: <i>OTter</i>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Add covered patio</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Steve ALLsup</i>	
Address: <i>10410 SW Citation Dr.</i>	
City/State/ZIP: <i>Beaverton OR 97008</i>	
Phone: <i>503-320-2100</i>	Fax: <i>---</i>
E-mail: <i>steve@wilshireconstruction.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>Wilshire Construction LLC</i>	
Contact name: <i>Steve ALLsup</i>	
Address: <i>14845 SW Murray Schollstr.</i>	
City/State/ZIP: <i>#110-324 Beaverton OR 97007</i>	
Phone: <i>503-320-2100</i>	Fax: <i>---</i>
E-mail: <i>steve@wilshireconstruction.com</i>	
CONTRACTOR	
Business name: <i>same as Above</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: <i>[Signature]</i>	
Print name: <i>STEPHEN E. ALLSUP</i>	Date: <i>4/30/19</i>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>7,500</i>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	<i>Back 4 Planning</i> 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: 5/11/19	Permit No.: B2019-1797
Date Issued: 5/11/19	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 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: 1700 NW 167th Pl	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.: 220	Project name: JSR Micro
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install 02 sensors in DI water room and Tem server room.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: JSR Micro	
Address: 1700 NW 167th Pl	
City/State/ZIP: Beaverton OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Hunter-Davison, Inc.	
Contact name: Ryan Poteet	
Address: 1800 SE Pershing St	
City/State/ZIP: Portland OR 97202	
Phone: 503-542-3628	Fax:
E-mail: rpoteet@hunterdavison.com	
CONTRACTOR	
Business name: Same As Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 1612	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	11,300.00
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:	

Authorized signature: <i>[Signature]</i>	Date: 5-01-19
Print name: Ryan Poteet	

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: 02/15/2019	Permit No.: B2019-0657
Date Issued: 5-2-19	By: <i>MK</i>
	Payment Type: <i>check</i>

CITY OF BEAVERTON

BUILDING DIVISION 1- AND 2-FAMILY DWELLING

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 buidler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17401 SW Dotterel Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.: LOT 183	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 183
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	

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$320,745.58
Number of bedrooms:	3
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 118
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:	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	\$1,343.80
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

Authorized signature:	Date:
Print name:	

ELECTRONIC SUBMITTAL
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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: 04/25/2019	Permit No.: B2019-1833
Date Issued: <i>S. Guerrero</i>	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: 12110 SW 173rd Terrace	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUTH COOPER MT	Lot no.: 176
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<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) 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.: 121087	

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	344,349.49
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 201
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:	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	
Amount received	
Date received:	

Authorized signature:	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

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WORKING

REV 19-091
Permit Application

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



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.: B2018-6050
Date Issued: 5-21-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 12345 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.: 130
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	

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 3
Number of bathrooms:	3
Total number of floors:	
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:	
Print name:	Julis 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

Form B70-1001 REV 2/14

ELECTRONIC SUBMITTAL Permit Application

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



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

OFFICE USE ONLY	
Date Received: 02/27/2019	Permit No.: B2019-0764
Date Issued: 5-14-19	By:
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: 17343 SW Dotterel Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.: LOT	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 181
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	\$323,830.10
Number of bedrooms:	3
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 118
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:	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	\$1353.00
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name:	

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

Permit Application

Re-issued Plan Lot 155
B2018-3990 Willow Am 2336A



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: 04/01/2019	Permit No.: B2019-1299
Date Issued: 5-2-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 17326 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apl. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 121
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	

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	\$299,958.80 - \$308,306.59
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2322 square feet
Garage/carport area:	439 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	\$653.51
Amount received	
Date received:	

Authorized signature:	
Print name:	Jul's 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: 5-15-19	Permit No.: B2019-2077
Date Issued: 5-15-19	By: MK
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:
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: 9403 SW NIMBUS AVE.	
City/State/ZIP: BEAVERTON, OR, 97008	
Suite/bldg./apt. no.: 11	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TEAR OFF ALL LAYERS OF ROOFING, INSTALL FR-10 FIRE RETARDANT UNDERLAYMENT. GAF 60 MIL TPO SINGLE PLY MEMBRANE ROOFING.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: INTERSTATE ROOFING	
Contact name: LOU ORNELAS	
Address: 15065 SW 74TH AVE	
City/State/ZIP: PORTLAND, OR, 97224	
Phone: 503-684-5611	Fax: 503-639-3056
E-mail: RECEPTION@INTERSTATEROOFING.COM	
CONTRACTOR	
Business name: INTERSTATE ROOFING	
Address: 15065 SW 74TH AVE.	
City/State/ZIP: PORTLAND, OR, 97224	
Phone: 503-684-5611	Fax: 503-639-3056
CCB lic.: 55485	

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	278,346
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	\$3,117.11
Amount received	
Date received:	

Authorized signature: *Louis Ornelas*

Print name: LOUIS ORNELAS	Date:
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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

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4785
 Beaverton, OR 97078
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 5-15-19 Permit No. 35019-2070
 Date Issued: 5-15-19 By: [Signature]
 Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 13520 SW Electric St.	
City/State/Zip: Beaverton, OR 97005	
Subst/bldg /apt. no.:	Project name:
Cross street/directions to job site: SW Hocken Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace existing deck (removing railing, deck boards, reinforcing structure, adding 6x6 post, laying new deck boards, rebuilding hand rails).	
<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: V. Hicks Contracting LLC.	
Contact name: Vince Hicks	
Address: 8 Crestfield Ct.	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: 503-407-0704	Fax:
E-mail: vhickscontracting@gmail.com	
CONTRACTOR	
Business name: V. Hicks Contracting LLC	
Address: 8 Crestfield Ct.	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: 503-407-0704	Fax: NA
OCB No: 225184	
Authorized signature:	Date: 5/15/19
Print name: [Signature]	

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	\$ 1750.00
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	\$ 243.09
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	
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>2/26/2019</u>	Permit No: <u>32019-0762</u>
Date Issued: <u>5-14-19</u>	By: <u>TK</u>
Payment Type: <u>VISA</u>	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: <u>14600 SW Sexton Mountain Dr.</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>855868 Sexton Mt. AT&T</u>
Cross street/directions to job site: <u>14853 SW CITRINE LOOP</u>	

Subdivision:	Lot no.:
Tax map/parcel no.: <u>1S129AD00100 / W277291</u>	

DESCRIPTION OF WORK
On tower: remove (3) sector mounts, abandoned mount at 50', (4) antennas, (10) radios (RRH), and (3) TMA. Install (1) sector mount, (6) antennas, and (9) RRH. In equipment room: replace equipment on rack and add one raycap.

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>City of Beaverton</u>	
Address: <u>12725 SW Millikan Way</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone:	Fax:
E-mail:	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Crown Castle (On behalf of New Cingular Wireless "AT&T")</u>	
Contact name: <u>Zach Phillips</u>	
Address: <u>5111 N. Bowdoin St.</u>	
City/State/ZIP: <u>Portland, OR 97203</u>	
Phone: <u>(503) 708-9200</u>	Fax:
E-mail: <u>zach.phillips@crowncastle.com</u>	

CONTRACTOR	
Business name: <u>Legacy Wireless Services</u>	
Address: <u>15580 SE Former Ct</u>	
City/State/ZIP: <u>Clackamas, OR 97015</u>	
Phone: <u>503-656-5300</u>	Fax:
CCB lic.: <u>150432</u>	

Authorized signature:	Date:
Print name: <u>Zach Phillips</u>	<u>02/26/19</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	20,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	IIB
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

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: 5-14-19	Permit No.: 82019-2059
Date Issued: 5-14-19	By: <i>MC</i>
	Payment Type: <i>MC</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 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: 2230 SW 85th Avenue	
City/State/ZIP: Portland, Oregon 97225	
Suite/bldg./apt. no.:	Project name: Bensel
Cross street/directions to job site: SW Ernst Road & SW 85th Avenue	
Subdivision: West Slope	Lot no.:
Tax map/parcel no.: 1S112BB10200	
DESCRIPTION OF WORK	
Build a new 18'-0" x 14'-0" Covered Deck	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Barry & Karen Bensel	
Address: 2230 NE 85th Avenue	
City/State/ZIP: Portland, Oregon 97225	
Phone: 971-708-8473	Fax:
E-mail: karbar89@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Skandia Design	
Contact name: Paul Olson	
Address: 11933 SE Sunny Way	
City/State/ZIP: Happy Valley, Oregon 97086	
Phone: 503-698-3444	Fax:
E-mail: m.woehlert@skandiaremodeling.com	
CONTRACTOR	
Business name: Paul Olson	
Address: 11933 SE Sunny Way	
City/State/ZIP: Happy Valley, Oregon 97086	
Phone: 503-698-3444	Fax:
CCB lic.: 201292	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$12,279.96
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	1
New dwelling area:	square feet 0
Garage/carport area:	square feet 0
Covered porch area:	square feet 0
Deck area:	square feet 252
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	\$543.42
Amount received	
Date received:	

Authorized signature:	<i>[Signature]</i>
Print name:	Date:
Paul Olson	05/13/2019

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

Building Permit Application



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

OFFICE USE ONLY

Date Received: 5-14-19	Permit No.: B2019-2060
Date Issued: 5-14-19	By: <i>MC</i>
	Payment Type: <i>MC</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 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: 11420 SW 14 th Ave ST	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-worked per plans submitted	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Basem Hadeed	
Address: 4279 SW Eastwood	
City/State/ZIP: Gresham OR 97080	
Phone: 503.317.6827	Fax:
E-mail: ZAKOURSCARPETS@aol.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TBS LLC	
Contact name: Basem Hadeed	
Address: 13511 SE Division ST	
City/State/ZIP: portland OR	
Phone: 503.317.6827	Fax:
E-mail:	
CONTRACTOR	
Business name: owner	
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	
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$679.26
Amount received	
Date received:	

Authorized signature: <i>Basem Hadeed</i>	Date: 5-14-19
Print name: <i>TBS LLC</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

ELECTRONIC SUBMITTAL
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Permit Application



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: 04/12/2019	Permit No.: B2019-1511
Date Issued: 5-13-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISC	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills BLVD	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Suite 120	Project name: Evergreen's Salad
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install indoor pre-fab walk in cooler box.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Todd Fishman	
Address: 2316 NE 65th St., Suite 101	
City/State/ZIP: Seattle, WA 98115	
Phone: (415) 269-9455	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Tim's Mechanical Plus	
Contact name: Tim Cook	
Address: 10900 Wicks Lake Rd SW	
City/State/ZIP: Port Orchard, WA 98367	
Phone: (253) 224-9065	Fax:
E-mail: timsmechanical1@msn.com	
CONTRACTOR	
Business name: Tim's Mechanical Plus	
Address: 10900 Wicks Lake Rd SW	
City/State/ZIP: Port Orchard, WA 98367	
Phone: (253) 224-9065	Fax:
CCB lic.: 221058	

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	1950
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$131.73
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Tim Cook	04/12/19

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

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

Building Permit Application

ELECTRONIC SUBMITTAL
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Development Department
Building Division
Milan 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: 5/3/19	Permit No.: B3019-18410
Date Issued: 5/10/19	By: CLW
Payment Type: USA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement Remodel	<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: 9380 SW Palomino Place	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Mike & Marjie Overton
Cross street/directions to job site: SW Stallion Road off of SW Danies Road.	
Subdivision: Sorrento Ridge No. 2	Lot no.: 45128CB02200
Tax map/parcel no.: 15128CB / parcel 1a	
DESCRIPTION OF WORK	
Kitchen pull & replace remodel new stair railing Electrical, plumbing, mechanical by subcontractors directly	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT for permits
Name: Mike & Marjie Overton	
Address: 9380 SW Palomino Place	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-579-7816	Fax: cell 503-806-1869
E-mail: mikeov1@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Levernois Design Studio	
Contact name: Kristine Levernois, CCB	
Address: 10516 NW La Cassel Crest Ln	
City/State/ZIP: Portland, OR 97229	
Phone: 503-860-6641	Fax: n/a
E-mail: kristine@levernoisdesignstudio.com	
<input type="checkbox"/> CONTRACTOR	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Bob Samuels, Inc. (Don Samuels)	
Address: 9870 SW 27th Avenue	
City/State/ZIP: Portland, OR 97223	
Phone: 503-246-4130	Fax: cell 503-793-0734
CCB lic.: 15271 Oregon	
Authorized signature: Kristine Levernois	
Print name: Kristine Levernois	Date: 5/3/2019

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	\$75,000
Number of bedrooms:	
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	0 square feet
Garage/carport area:	147 existing square feet
Covered porch area:	30 existing square feet
Deck area:	543 existing 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

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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: 04/11/2019	Permit No.: B2019-1441
Date Issued: 5/10/19	By: <i>CW</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12655 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: The Round - Garage
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace EST2 with iO64 and AES radio.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Performance Systems Integrated	
Contact name: Katie Harbaugh	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
E-mail: katieh@psintegrated.com	
CONTRACTOR	
Business name: Performance Systems Integrated	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
CCB lic.: 205924	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,103.80
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	\$119.30
Amount received	
Date received:	

Authorized signature: <i>Katie Harbaugh</i>	
Print name: Katie Harbaugh	Date: 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

ELECTRONIC SUBMITTAL
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Development Department
Building Division
1111111 Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

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OFFICE USE ONLY

Date Received: 04/11/2019	Permit No.: B2019-1480
Date Issued: 5/10/2019	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 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: 6870 SW 158th Ave.	
City/State/ZIP: Beaverton , OR 97007	
Suite/bldg./apt. no.:	Project name: Sjoblom Underpinning
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 10 Helical Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Randy Sjoblom	
Address: 6870 SW 158th Ave.	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 641-1650	Fax:
E-mail: resjoblom@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547	

Authorized signature: _____ Date: _____

Print name: **ELENITA RONQUILLO**

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

Permit Application

COPY - SEE LARRY



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: RECEIVED	Permit No.: B2019-1615
Date Issued: 04/19/2019	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: 16855 SW Ivy Glen St.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Daly 32016
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 15119AA03300	
DESCRIPTION OF WORK	
Voluntary foundation underpinning + crawlspace encapsulation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tom + Dianne Daly	
Address: 16855 SW Ivy Glen St.	
City/State/ZIP: Beaverton, OR 97007	
Phone: 971-207-7500	Fax: -
E-mail: -	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Terra Firma Foundation Systems	
Contact name: Emily Singleton	
Address: 13110 SW Wall St.	
City/State/ZIP: Tigard, OR 97223	
Phone: 971-205-5223	Fax: -
E-mail: esingleton@terrafirmaso.com	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address: ↓	
City/State/ZIP: ↓	
Phone: ↓	Fax: ↓
CCB lic.: 173547	

Authorized signature:

Print name: Emily Singleton Date: 4/17/19

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	\$25,566.00
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

ELECTRONIC SUBMITTAL Permit Application

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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: B2019-1672
Date issued: 5/10/19	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 buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8285 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: SKYLIGHT
Cross street/directions to job site: SW HALL TO SW NIMBUS	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
DEMO (9) 4'x4' SKYLIGHTS. MODIFY OPENING. INSTALL (1) 13'x13' SKYLIGHT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH	
Address: 8275 SW CIRCUS	
City/State/ZIP: BEAVERTON	
Phone: 503.643.7552	Fax:
E-mail: lisa.r@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: PACIFIC CREST STRUCTURES	
Contact name: STEVE CLOSE	
Address: 17750 SW UPPER BODNES FERRY #190	
City/State/ZIP: DURHAM, OR 97224	
Phone: 503.968.8949	Fax:
E-mail: SteveC@pacificcrestweb.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: cell 503.530.6787	Fax:
CCB lic.: 66915	

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	\$ 17,800 -
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	867.66
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 4/24/19
Print name: STEVE CLOSE	

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: 12-10-18	Permit No.: B2018-5854
Date Issued: 5/10/2019	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 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: 2430 SW 75 th Terrace	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: West Sylvan Estates
Cross street/directions to job site: SW 75 th	
Subdivision: West Sylvan Estates	Lot no.: 4
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: West Sylvan Estates LLC	
Address: [Signature]	
City/State/ZIP: Portland, OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Lombard Baker Properties LLC	
Contact name: Chris Boerke	
Address: 3879 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 541-350-1060	Fax:
E-mail: markvukhanovich@gmail.com	
CONTRACTOR	
Business name: Lombard Baker Properties LLC	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
COB lic.: 220864	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$382,034.74
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2932 square feet
Garage/carport area:	723 square feet
Covered porch area:	36 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	\$1,533.90
Amount received	
Date received:	

Authorized signature:	Print name: Mark Vukhanovich	Date: 12/10/18
		12/10/2018

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

04/29/2019

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

Permit Application

Development Department CITY OF BEAVERTON



12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 VTDD

BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 4-26-19	Permit No.: B2019-1732
Date Issued: 5/10/2019	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: 9125 SW Pony Place	
City/State/ZIP: Beaverton, Or. 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: S.W. Brockman Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 15128CB04300	
DESCRIPTION OF WORK	
Replace Existing front Deck + Stairs	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Zach/Jessica Dunn	
Address: 9125 S.W. Pony Place	
City/State/ZIP: Beaverton, Or. 97008	
Phone: 971-409-8514	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ricks Custom Fencing	
Contact name: Steve Rutledge	
Address: 4543 SE. T.V. Hwy.	
City/State/ZIP: Hillsboro, Or. 97123	
Phone: 503-992-6879	Fax:
E-mail: Steve.Rutledge @ Ricks.fencing. com	
CONTRACTOR	
Business name: Ricks Fencing	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 50088	
Authorized signature: <i>[Signature]</i>	
Print name: Steve Rutledge	Date: 4-26-19

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	15,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 272
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	\$232.43
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



Plumbing Permit Application

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

Date Received: 5/9/14	Permit No.: B2014-1948
Date Issued: 5-9-14	By: CLK
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 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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6870 SW Princess Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
re-pipe	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Carol Sanders	
Address: 6870 SW Princess Ave	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 626-4276	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Clackamas Plumbing and Drains, LLC	
Contact name: Spencer	
Address: PO Box 961	
City/State/ZIP: Gladstone, OR 97027	
Phone: (503) 832-7454	Fax:
E-mail:	
CONTRACTOR	
Business name: SAME	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	Plumbing, llc.:
CCB lic.: 224656p	City or metro lic. no.:

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (0 sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: 0)		*	
Storm sewer (no. linear ft.: 0)		*	
Water service (no. linear ft.: 0)		*	
Fixture or Item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve		20.31	
Clothes washer	3	20.31	
Dishwasher		20.31	
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer		20.31	
Garbage disposal		20.31	
Hose bib		20.31	
Ice maker		20.31	
Interceptor/grease trap		20.31	
Medical gas (value: \$ 0)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory		20.31	
Tub/shower/shower pan		20.31	
Urinal		20.31	
Water closet		20.31	
Water heater/expansion tank		20.31	
Water meter pvt		20.31	
1&2 family dwelling re-pipe	1	144.95	
Multi-family/commercial re-pipe (first 20 fixtures)		144.95	
Multi-family/commercial re-pipe ea. fixture over 20		9.67	
Other:		20.31	
Subtotal			
Minimum permit fee			96.64
<input type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		
State surcharge (12% of permit fee)			11.60
TOTAL PERMIT FEE			\$108.24

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

* See Fee Schedule

Authorized signature: NATHAN ROBINSON Date: 5-9-2014

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 3-26-19	Permit No.: 82019-1203
Date Issued: 3/27/19	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: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Evergreens Salad
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Notification Devices	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Evergreens Salad	
Address: 2725 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: 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	

Authorized signature:	Date:
Print name: Ben Breit	03/25/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
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	\$2,758
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	\$206.11
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No. B2019-1927
Date Issued: 5/8/2019	<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 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: 9825 SW CYPRESS ST.	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE INTERIOR WALL AND REPLACE WITH SUPPORT BEAM	
<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: CORNERSTONE BUILDERS, Inc	
Address: 7721 SW CANNON DR	
City/State/ZIP: BEAVERTON, OR 97008	
Phone: 503-671-9538	Fax:
CCB lic.: 170654	

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 \$10K	
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>	Date: 5/8/19
Print name: ALLEN TANKENSLEY	

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: 5-1-19	Permit No.: 82019-1780
Date Issued: 5-1-19	By: JWE
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1192 NW Weybridge Way	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Balcony enclosure
Cross street/directions to job site: 173rd Ave	
Subdivision: Winthrop park	Lot no.:
Tax map/parcel no.: 1N131AC-12600	
DESCRIPTION OF WORK	
Enclose 2nd story covered balcony.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bruce Rupprecht	
Address: 1192 NW Weybridge Way	
City/State/ZIP: Beaverton Or 97006	
Phone: (503) 998-5439	Fax:
E-mail: brucerpdx@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: BRUCE RUPPRECHT	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized signature:	Date:
Print name: Bruce Rupprecht	04/27/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet 96
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	\$234.92
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 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: 04/25/2019	Permit No.: B2019-1696
Date Issued: 5/1/19	By: CLK
CITY OF BEAVERTON BUILDING DIVISION	
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 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 Dr, Suite C	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: C	Project name: Rexel
Cross street/directions to job site: SW Nimbus Ave. and SW Gemini Dr.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add (5), Relocate (4), and Delete (8) sprinkler to accommodate new tenant remodel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input 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	\$1,850.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2.00
Type of construction:	3-N
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	
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: 04/18/19
Print name: Joseph Plattner	

ELECTRONIC SUBMITTAL
SEE 1:/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: 02/27/2019	Permit No. B2019-0767
Date Issued: 5/1/2019	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: 17357 SW Dotterel Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 182
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	

CITY OF BEAVERTON BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	323,830.10
Number of bedrooms:	3
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 118
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:	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	1,353.00
Amount received	
Date received:	

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

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

Authorized signature:

Print name: Sandro Guerrero Date: 5/1/19

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: 6-18-18	Permit No.: B2018-2672
Date Issued: 6/18/19	By: [Signature]
	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 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: 16525 SW Estuary Drive	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Attic Storage
Cross street/directions to job site: Between SW Schendel Ave and SW 166th Ave	
Subdivision: Five Oaks/Triple Creek	Lot no.: 1S106AD06000
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Sistering existing 2x8 joists in 2nd level ceiling, adding crossbeams as needed to accommodate insulation, adding 1/2" OSB panels as floor for limited storage, adding pull-down ladder from new attic floor to 2nd level.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pilar C. and Werner E. Juengst	
Address: 14075 SW Meridian St	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 332-7718	Fax:
E-mail: w.juengst@frontier.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Werner E. Juengst	
Address: 14075 SW Meridian St	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 332-7718	Fax:
E-mail: w.juengst@frontier.com	
CONTRACTOR	
Business name: CDH Custom Homes Inc	
Address: 41965 NW Purdin Rd	
City/State/ZIP: Forest Grove, OR 97116	
Phone: 503-250-0572	Fax:
CCB lic.: 34841	

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	estimate \$2200
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 480
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	\$ 87.89
Amount received	\$ 87.89
Date received:	6-18-18

Authorized signature:	
Print name:	Date:
Werner F. Juengst	

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: 12-14-18	Permit No.: B2018-5953
Date Issued: 5-8-19	By: CABER
Payment Type: Visa	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10657 SW BEAVERTON HILLSDALE HWY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: CHICK-FIL-A
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
HOOK UP ANSUL KITCHEN FIRE SUPPRESSSION SYSTEMS (2) INTO TYPE 1 EXHAUST HOODS - PRE PIPED SYSTEMS FROM HOOD MFG.	
<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: SANDERSON FIRE PROTECTION	
Contact name: GEOFF SPAHR	
Address:	
City/State/ZIP:	
Phone: (503) 889-3110	Fax:
E-mail: GEOFF@SANDERSONFIRE.COM	
CONTRACTOR	
Business name: SANDERSON FIRE PROTECTION	
Address: 1101 SE 3RD AVE	
City/State/ZIP: PORTLAND, OR 97214	
Phone: (503) 889-3110	Fax:
CCB lic.: 208652	
Authorized signature:	
Print name: GEOFF SPAHR	Date: 12/12/18

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	2000
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	179.85
Amount received	179.85
Date received:	12.14.18

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

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

Building Permit Application

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



ROUTED 1-31-19

OFFICE USE ONLY

Date Received: <i>1-24-19</i>	Permit No.: <i>82019-0334</i>
Date Issued: <i>5/1/2019</i>	Payment Type: <i>M</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input 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: <i>12015 SW Walden Ln</i>	
City/State/ZIP: <i>Beaverton, OR 97008</i>	
Suite/bldg./apt. no.: <i>Clubhouse</i>	Project name: <i>Redwood Creek</i>
Cross street/directions to job site: <i>Intersection of Hall Blvd and Greenway</i>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Renovation of existing clubhouse with minor addition</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Commons at Redwood Creek LLC</i>	
Address: <i>1200 SW 66th Ave #300</i>	
City/State/ZIP: <i>Portland, OR 97225</i>	
Phone: <i>(503) 222-0007</i>	Fax: <i>(503) 222-7491</i>
E-mail: <i>ccclarey@tandemprop.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>same as property owner</i>	
Contact name: <i>Campbell Clarey</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <i>Keyway Corp</i>	
Address: <i>7275 SW Hermosa Way</i>	
City/State/ZIP: <i>Tigard, Or 97223</i>	
Phone: <i>(503) 888-2516</i>	Fax:
CCB lic.: <i>127522</i>	

Authorized signature:	Date: <i>01/23/19</i>
Print name: <i>Brian Frank</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>340,000</i>
Existing building area:	square feet <i>4,027</i>
New building area:	square feet <i>494</i>
Number of stories:	<i>2</i>
Type of construction:	<i>V-B</i>
Occupancy groups:	<i>A2</i>
Existing:	<i>A2</i>
New:	<i>A2</i>
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>\$3,231.43</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

Building Permit Application

Community Development Department
 Building Division
 1000 SW Washington Ave / PO Box 4755
 Beaverton, OR 97078
 Phone: (503) 526-2550
 Fax: (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE 1/BLDG DIV WG-8

OFFICE USE ONLY

Date Received: 2-8-2019
 Permit No.: B2019-0579
 Date Issued: 5/6/2019
 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: 4720 SW Washington Ave.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Mattson Hellickson Dntl.
Cross street/directions to job site: SE Corner of the intersection of SW Washington Ave and SW 2nd Street, downtown Beaverton	

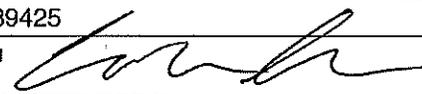
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115BC LOT 07200	

DESCRIPTION OF WORK
Full interior build out for a dental clinic (interior demolition completed under separate permit). Exterior upgrades including a new 2nd entry, partial new parapet, new openings/removal of openings and small addition.

<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Mattson Hellickson Dental	
Address: 18455 SW Alexander	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 649-4211	Fax:
E-mail: b_hellickson@u.pacific.edu	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Guggenheim Architecture	
Contact name: Colin Stacey	
Address: 915 NW 19th Ave, Suite C	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 272-1566	Fax:
E-mail: colin@guggenheimstudio.com	

CONTRACTOR	
Business name: Norwest Contractors	
Address: 7235 SW Stephen Lane	
City/State/ZIP: Portland, OR 97235	
Phone: (503) 291-6986	Fax:
CCB lic.: 89425	

Authorized signature: 	Date:
Print name: Colin Stacey	02/07/19

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 \$500,000
Existing building area: square feet 4560
New building area: square feet 4519
Number of stories: 1
Type of construction: VB
Occupancy groups:
Existing: Business
New: Business (Dental)

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 \$4,453.19
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>5/2/19</u>	Permit No.: <u>B2019-1802</u>
Date Issued: <u>5/7/19</u>	By: <u>ORL</u>
	Payment Type: <u>UGA</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>15055 SW Daphne Ct.</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Subtle/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
- replace existing deck	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Missy Heskul</u>	
Address: <u>15055 SW Daphne Ct.</u>	
City/State/ZIP: <u>Beaverton, OR 97004</u>	
Phone: <u>281-660-3649</u>	Fax:
E-mail: <u>missymeskul@gmail.com</u>	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>ADRIAN'S Quality Fencing & Decks</u>	
Contact name: <u>ADRIAN PETRISOR</u>	
Address: <u>3115 SW 21th Ave</u>	
City/State/ZIP: <u>Beaverton, OR</u>	
Phone: <u>(503) 209-9216</u>	Fax: <u>(503) 848-8721</u>
E-mail: <u>adrian@adrians.com</u>	
CONTRACTOR	
Business name: <u>ADRIAN'S QUALITY FENCING & DECKS</u>	
Address:	
City/State/ZIP: <u>Jame an above</u>	
Phone:	Fax:
CCB lic.: <u>64660</u>	
Authorized signature: <u>Adrian Petrisor</u>	
Print name:	Date:
<u>ADRIAN PETRISOR</u>	<u>5/7/19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>9080⁰⁰</u>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	<u>800</u> 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:	stella	Permit No.:	80019-1880
Date Issued:	stella	By:	CAROL L.
		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 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: 6017 SW ALBRIGHT LN	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.:	Project name: PET SHOP
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPAIR COMMON WALL OF DUPLEX	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DAMON HAGGERTY	
Address: 596 SE 32ND	
City/State/ZIP: HILLSBORO OR 97123	
Phone: 503 648 3243	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: DAMON HAGGERTY	
Address: 596 SE 32ND	
City/State/ZIP: HILLSBORO OR 97123	
Phone: 503 648 3243	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature:	Date:
Print name: DAMON HAGGERTY	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	\$500
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) 526-2550
 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

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

RECEIVED

OFFICE USE ONLY

Date Received: **04/05/2019** Permit No.: **B2019-1371**
 Date Issued: **5-6-19** By: **CPL**
 CITY OF BEAVERTON BUILDING DIVISION
 Payment Type:

TYPE OF WORK

New construction
 Addition/alteration/replacement
 Demolition
 Other:

CATEGORY OF CONSTRUCTION

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

JOB SITE INFORMATION AND LOCATION

Job site address: **9275 SW ROYAL WOODLANDS DRIVE**
 City/State/ZIP: **BEAVERTON OR 97005**
 Suite/bldg./apt. no.: _____ Project name: **MOORE REMODEL**
 Cross street/directions to job site:
 Subdivision: _____ Lot no.: _____
 Tax map/parcel no.: **1S114DB05900**

DESCRIPTION OF WORK

KITCHEN REMODEL & MASTER SUITE BUMP-OUT

PROPERTY OWNER TENANT

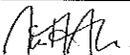
Name: **SANDRA MOORE**
 Address: **9275 SW ROYAL WOODLANDS DRIVE**
 City/State/ZIP: **BEAVERTON OR 97005**
 Phone: **(503) 708-7929** Fax: _____
 E-mail: **smoore4900@yahoo.com**

APPLICANT CONTACT PERSON

Business name: **FRALEY + COMPANY**
 Contact name: **JOEL FRALEY**
 Address: **4784 SE 17th Ave Suite #111**
 City/State/ZIP: **PORTLAND OR 97202**
 Phone: **(503) 758-2797** Fax: _____
 E-mail: **JOEL@FRALEYCOMPANY.COM**

CONTRACTOR

Business name: **RED ROOSTER REMODELING INC**
 Address: **5620 NE 23rd Ave**
 City/State/ZIP: **Portland, OR 97211**
 Phone: **(503) 709-5772** Fax: _____
 CCB lic.: **175006**

Authorized signature: 

Print name: **NICOLE ADAIR** Date: **04/04/19**

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: **75000**
 Number of bedrooms: **3**
 Number of bathrooms: **2.5**
 Total number of floors: **1**
 New dwelling area: **1,629** 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: **\$706.54**
 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
 Fax: (503) 526-2550
 Phone: (503) 526-2222
 www.beavertonoregon.gov

OFFICE USE ONLY

Date Received: 3-4-19	Permit No.: B2019-0844
Date Issued: 5-6-19	By: <i>ML</i>
	Payment Type: <i>MC</i>

ELECTRONIC SUBMITTAL
 SEE 1/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 checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>15035 SW Barrows Rd</i>	
City/State/ZIP: <i>Beaverton OR 97008</i>	
Suite/bldg./apt. no.:	Project name: <i>T-4-Pa House</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Install UL-300 Fire System w/ Cooking Hood</i>	
<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: <i>ABC Fire Extinguisher</i>	
Contact name: <i>Bob Ward</i>	
Address: <i>4848 NE 102nd</i>	
City/State/ZIP: <i>Portland OR 97220</i>	
Phone: <i>503 772 1643</i>	Fax:
E-mail: <i>office@ABCFirex.com</i>	
CONTRACTOR	
Business name: <i>ABC Fire Extinguisher Inc</i>	
Address: <i>4848 NE 102nd Ave</i>	
City/State/ZIP: <i>Portland OR 97220</i>	
Phone: <i>503-484-8833 cell</i>	Fax:
CCB lic.: <i>133214</i>	

Authorized signature: *Bob Ward* Date: *3-4-19*

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 <i>2900⁰⁰</i>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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
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

Duplicate Plan Lot 133, 133
Jade Am 2350

04/01/2019

B2019-1296

OFFICE USE ONLY	
Date Received: 04/01/2019	Permit No.: B2019-1296
Date Issued: 5-21-19	By: <i>[Signature]</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 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: 17333 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apl. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 118
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	

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

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation	\$305,104.10	\$310,371.03
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	\$656.57
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

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: MAY 7 2019	Permit No.: B2018-5007
Date Issued: 5-21-19	By: <i>[Signature]</i>
BUILDING SERVICES DIVISION	Payment Type: <i>[Signature]</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: 13575 SW Whitworth CT	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Merlo Estates
Cross street/directions to job site: Merlo	
Subdivision: Merlo Estates	Lot no.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
SPrinkler system lay out plans multi purpose system Home Sq ft 3747	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: McGhee homes LLC	
Address: PO Box 25571	
City/State/ZIP: Portland OR 97299	
Phone: 503 292 9344	Fax:
E-mail: Chris@bellaterra-homes.net	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bella terra homes	
Contact name: FELIPE PEREZ	
Address:	
City/State/ZIP:	
Phone: 971 678 3101	Fax:
E-mail: Felipe@bellaterrahomes.net	
CONTRACTOR	
Business name: GJB Plumbing	
Address: PO Box 92	
City/State/ZIP: ST Paul OR 97131	
Phone: 503 563 1417	Fax: 503 633-0378
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	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area: 3747	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	\$278.32
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date: 4/7/19
Print name: Felipe Perez	

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 VTDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>2-23-18</u>	Permit No.: <u>B2018-0809</u>
Date Issued: <u>5-21-19</u>	By: <u>MK</u>
Payment Type: <u>CHECK</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>4870 SW Lombard Ave</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>APPRX. 300' North of SW 5th St.</u>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Demo/removal Existing residence</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>West Coast Real Estate Holdings</u>	
Address: <u>25030 SW Parkway Ave. #110</u>	
City/State/ZIP: <u>Wilsonville, OR 97070</u>	
Phone: <u>503-509-5916</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>West Coast Home Solutions LLC</u>	
Contact name: <u>Alex Labunsky - Zack Hill</u>	
Address: <u>25030 SW Parkway Ave #110</u>	
City/State/ZIP: <u>Wilsonville, OR 97070</u>	
Phone: <u>503 509 5916</u>	Fax:
E-mail: <u>zack.h.wchs@gmail.com</u>	
CONTRACTOR	
Business name: <u>SAME AS APPLICANT</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <u>189291</u>	

Authorized signature: <u>[Signature]</u>	Print name: <u>ZACK Hill</u>	Date: <u>2/13/18</u>
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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	<u>\$ 20,000 =</u>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<u>\$465.57</u>
Amount received	<u>\$465.57</u>
Date received:	<u>2-23-18</u>

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

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

Building Permit Application

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

OFFICE USE ONLY	
Date Received: 3-5-19	Permit No.: B2019-0874
Date issued: 5/21/2019	Payment Type:

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

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 17322 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 122
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	

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

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,311.54
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: 5/30/19	Permit No.: B20192152
Date Issued: 5/30/19	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 checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9000 SW GEMINI	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.:	Project name: JSD
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RELOCATE 6 UNITS PER NEW UNITS	
<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: PACIFIC FIRE	
Address: 6704 RIVIERA CT	
City/State/ZIP: WEST Linn OR 97068	
Phone: 503 710-1482	Fax:
CCB lic.: 180140	

Authorized signature: <i>[Signature]</i>	Print name: KENT MADEIRA	Date: 5-16-19
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REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 1,404.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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: 5-17-19	Permit No.: B2019-2124
Date Issued: 5-17-19	By: MK
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Roof Overlay
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: 14700 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Chase Bank
Cross street/directions to job site:	
Subdivision: Murray Hill	Lot no.: 54
Tax map/parcel no.: 1S132AD00400	
DESCRIPTION OF WORK	
Roof Overlay - Install (1) layer 1/2" EPS Rigid board insulation - mechanically attached, install (1) layer 0.060 mil TPO single ply roof membrane - mechanically attached.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chase Bank	
Address: c/o Lee Built Construction PO Box 25557	
City/State/ZIP: Eugene, OR 97402	
Phone: (541) 232-4580	Fax: (541) 688-2276
E-mail: ann@leebuilt.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Contractor's Roof Service, Inc	
Contact name: Kevin Yokes	
Address: 6406 43rd Ave Ct NW	
City/State/ZIP: Gig Harbor, WA 98335	
Phone: (253) 858-3044	Fax: (253) 858-7102
E-mail: admin@crsroofing.com	
CONTRACTOR	
Business name: Contractor's Roof Service, Inc	
Address: 6406 43rd Ave Ct NW	
City/State/ZIP: Gig Harbor, WA 98335	
Phone: (253) 858-3044	Fax: (253) 858-7102
CCB Lic.: 216800	

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	\$27,975.00
Existing building area:	square feet 5,000
New building area:	square feet
Number of stories:	1
Type of construction:	Roof Overlay
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	\$689.58
Amount received	
Date received:	

Authorized signature:	Date:
Print name: KEVIN R. YOKES	5/17/19

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



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: 5-17-19	Permit No.: B2019-2122
Date Issued: 5-17-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 8225 SW Apple Way	
City/State/ZIP: Portland OR 97225	
Suite/bldg./apt. no.: Suite 102	Project name: Interior Demo
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Removing Interior, non-structural, partition walls. Remove and 'Cap', all plumbing fixtures.	
<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: NW Precision Design	
Contact name: Darin Bouska	
Address: 17407 SW Inkster Drive	
City/State/ZIP: Sherwood OR 97140	
Phone: 503-680-6444	Fax:
E-mail: Darin@NW-Precision.com	
CONTRACTOR	
Business name: J & L General Contractor, LLC	
Address: 10623 SW 127th Ct.	
City/State/ZIP: Tigard OR 97223	
Phone: 503-807-8664	Fax:
CCB lic.: 224377	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	3,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	
Existing:	B
New:	No Change
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$298.01
Amount received	
Date received:	

Authorized signature:	Date: 5/9/19
Print name: Darin Bouska	

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

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

Building Permit Application

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

Development Department
Building Division
ikan 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: 5-2-19	Permit No.: B2019-1815
Date Issued: 5-17-19	By: ME
Payment Type: PO	

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: 15005 SW TV Hwy	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Planer/Filter Installation
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S108DD00500	
DESCRIPTION OF WORK	
Equipment install: 2 pieces of equipment - planer and filter system	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike AIR MI	
Contact name: Ferdie Williams	
Address:	
City/State/ZIP:	
Phone: (971) 226-0441	Fax:
E-mail: ferdie.williams@nike.com	
CONTRACTOR	
Business name: Omega Morgan	
Address: 23810 NW Huffman St	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 647-7474	Fax:
CCB No.: 127213	

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	\$90,000.00
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	
Amount received	
Date received:	

Authorized signature:	Date:
Ferdie Williams	04/05/20

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

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

Form B70-1001 REV 2/14

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: 5-17-19	Permit No. B2019-2114
Date Issued: 5-17-19	By: <i>HLK</i>
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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>6205 SW Griffin Pl</i>	
City/State/ZIP: <i>Beaverton OR 97008</i>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Remove wall between living room and kitchen</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Amber Eubanks</i>	
Address: <i>6205 SW Griffin Pl</i>	
City/State/ZIP: <i>Beaverton OR 97008</i>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>SAB Design & Drafting LLC</i>	
Contact name: <i>Sasha Beckwith</i>	
Address: <i>7115 SW Garden Home Rd #28</i>	
City/State/ZIP: <i>Portland OR 97223</i>	
Phone: <i>541-231-6318</i>	Fax:
E-mail: <i>sasha.a.beckwith@gmail.com</i>	
CONTRACTOR	
Business name: <i>Spice Box Construction</i>	
Address: <i>9033 SW Burnham St</i>	
City/State/ZIP: <i>Portland OR 97223</i>	
Phone: <i>503-530-8205</i>	Fax:
CCB No: <i>209538</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>\$18,000</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 group:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701.007 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 schedule	
Fees due upon application	<i>\$417.25</i>
Amount received	<i>\$417.25</i>
Date received	<i>5-17-19</i>

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

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

Authorized signature: <i>[Signature]</i>	Date: <i>5/16/19</i>
Print name: <i>Sasha Beckwith</i>	

Building Permit Application

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

ELECTRONIC SUBMITTAL
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 OFFICE USE ONLY

Date Received: 05/10/2019	Permit No.: B2019-1984
Date Issued: 5-17-19	By: <i>MU</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 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: 16525 SW Bstuangy Ln	
City/State/ZIP: Beaverton Or 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove Post & Replace Beam with longer Old Lam Beam	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Werner & Nilar Siegest	
Address: 14075 SW Meridian St	
City/State/ZIP: Beaverton Or 97005	
Phone: 503-332-7718	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: CDH Custom Homes Inc	
Contact name: Craig Harris	
Address: 41965 NW Purdin Rd	
City/State/ZIP: Forest Grove Or 97116	
Phone: 503-250-0572	Fax:
E-mail: CHHarris@constar.com	
CONTRACTOR	
Business name: <i>Seac</i> CDH Custom Homes Inc.	
Address: 41965 NW Purdin Rd.	
City/State/ZIP: Forest Grove, OR 97116	
Phone: 503-250-0572	Fax:
CCB lic.: 34841	

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	\$ 2000.00
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:	

Authorized signature:	<i>[Signature]</i>
Print name:	Craig D. Harris
Date:	5/8/19

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

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OFFICE USE ONLY	
Date Received: MAR 08 2019	Permit No: 52090920
Date Issued: 5-16-19	By: ML
Payment Type: PO	

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: 7485 SW Scholls Ferry Road	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.:	Project name: McKay 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:	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 47859
New building area:	square feet 47859
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

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: 05/08/2019	Permit No.: B2019-1916
Date Issued: 5-16-19	By: JRH
CITY OF BEAVERTON	
Payment Type: MC	

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

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 1088 NW Turnberry Terr	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Watson - 32207
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N132BC03800	
DESCRIPTION OF WORK	
Encapsulate crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Gale Watson	
Address: 1088 NW Turnberry Terr	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Heather Rogers	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
E-mail: hrogers@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
CCB lic.: 173547	

Authorized signature:	Date:
Print name: Heather Rogers	05/07/19

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

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

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

Building Permit Application

COB Revision/Tracking #:

REV 19-145

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

Information: (503) 526-2222

BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 04/17/2019	Permit No.: B2019-0038
Date Issued: 5-14-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

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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: 8695 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 1	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISITING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	457989.44
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:	
KELLIE KRAYNAK	04/17/19

Building Permit Application
COB Revision/Tracking #:
REV 19-145

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 E-mail: building@beaverton.gov
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 04/17/2019	Permit No.: B2019-0039
Date Issued: 5-14-19	By: TK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: check	

ELECTRONIC SUBMITTAL
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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: 8675 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 2	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISTING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	444392.92
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

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

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

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

Authorized signature:	Date:
Print name: KELLIE KRAYNAK	04/17/19

Building Permit Application

COB Revision/Tracking #:
REV 19-145

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

RECEIVED

OFFICE USE ONLY

Date Received: 04/17/2019	Permit No.: B2019-0040
Date Issued: 5-14-19	By: PKL
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

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

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 8655 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 3	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISITING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation 201899.57

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:
KELLIE KRAYNAK	04/17/19

Building Permit Application

COB Revision/Tracking #:

REV 19-145

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

Information (503) 526-2222

BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 04/17/2019	Permit No.: B2019-0041
Date Issued: 5-14-19	By: <i>KW</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Check</i>	

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

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 8615 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 4	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISITING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB Ilic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	157846.38
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:	Date:
Print name: KELLIE KRAYNAK	04/17/19

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

COB Revision/Tracking #:

REV 19-145

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

Beaverton Information (503) 526-2222

BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 04/17/2019	Permit No.: B2019-0042
Date Issued: 5-14-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

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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: 8825 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 10	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISITING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	282973.03
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:	Date:
KELLIE KRAYNAK	04/17/19

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

COB Revision/Tracking #:
REV 19-145

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

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OFFICE USE ONLY

Date Received: 04/17/2019	Permit No.: B2019-0043
Date Issued: 5-14-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8845 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 9	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISTING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

Number of bedrooms: _____

Number of bathrooms: _____

Total number of floors: _____

New dwelling area: _____ square feet

Garage/carport area: _____ square feet

Covered porch area: _____ square feet

Deck area: _____ square feet

Other structure area: _____ square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation 212312.35

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:
KELLIE KRAYNAK	04/17/19

Building Permit Application
COB Revision/Tracking #:
REV 19-145

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
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OFFICE USE ONLY	
Date Received: 04/17/2019	Permit No.: B2019-0044
Date Issued: 5-14-19	By: ML
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8865 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 8	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISITING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	194777.80
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:	Date:
KELLIE KRAYNAK	04/17/19

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

COB Revision/Tracking #:

REV 19-145

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

Information: (503) 526-2222

BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 04/17/2019	Permit No.: B2019-0045
Date Issued: 5-14-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>check</i>	

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

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 8885 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 7	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISITING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	282777.19
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

Authorized signature:	Date:
KELLIE KRAYNAK	04/17/19

Building Permit Application

COB Revision/Tracking #:

REV 19-145

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

Internet information (503) 526-2222

BeavertonOregon.gov

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OFFICE USE ONLY

Date Received: 04/17/2019	Permit No.: B2019-0046
Date Issued: 5-14-19	By: <i>MU</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: <i>check</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8745 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 6	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISITING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	380550.78
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:	
Print name:	Date:
KELLIE KRAYNAK	04/17/19

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
COB Revision/Tracking #:
REV 19-145

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

OFFICE USE ONLY

Date Received: **04/17/2019** Permit No.: **B2019-0047**
 Date Issued: **5-14-19** By: *JK*
 CITY OF BEAVERTON BUILDING DIVISION Payment Type: *Check*

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

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 8775 SW MAVERICK TER	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt. no.: BLG 5	Project name: SORRENTO BLUFF
Cross street/directions to job site: MAVERICK TERRACE & MURRAY BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128BC0820	
DESCRIPTION OF WORK	
REMOVE AND REPLACE EXISTING SIDING. REMOVE AND REINSTALL EXISTING WINDOWS AND SLIDING GLASS DOORS. RECONSTRUCT PRIVATE DECKS. WORK BEING COMPLETED ON REAR ELEVATIONS OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BRAD SIMMONS	
Address: 7820 SW WILLOWMERE DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: (503) 977-0885	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SUMMIT RWP INC	
Contact name: KELLIE KRAYNAK	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (971) 409-4984	Fax:
E-mail: KELLIEK@SUMMITRECON.COM	
CONTRACTOR	
Business name: SUMMIT RWP INC	
Address: 7215 SW BONITA RD	
City/State/ZIP: TIGARD, OR 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	298076.54
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: _____

Print name:	Date:
KELLIE KRAYNAK	04/17/19

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

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

Form B70-1001 REV 2/14

Building Permit Application

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

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

OFFICE USE ONLY	
Date Received: 5-7-2019	Permit No.: B2019-2100
Date Issued: 5-16-19	By: <i>MLC</i>
Payment Type: Visa	

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 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: Solar
JOB SITE INFORMATION AND LOCATION	
Job site address: 6720 SW Vale Ct.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation and hook up of roof mount 8.54 kW solar system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kevin Brooks	
Address: 6720 SW Vale Ct.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 412-606-9157	Fax:
E-mail: kabrooks.pac@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Green Ridge Power	
Contact name: Hilary Conway	
Address: 19450 SW Mohave Ct.	
City/State/ZIP: Tualatin, OR 97062	
Phone: 503-395-1943	Fax:
E-mail: operations@greenridgepower.com	
CONTRACTOR	
Business name: Green Ridge Power	
Address: 19450 SW Mohave Ct.	
City/State/ZIP: Tualatin, OR 97062	
Phone: 503-395-1943	Fax:
CCB lic.: 210450	

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	43,650
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	\$336.93
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Brian Butterfield	05/06/19

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

Form B70-1001 REV 2/14

Building Permit Application

O-T-C



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: 5-14-19	Permit No.: B2019-2051
Date Issued: 5-15-19	By: <i>[Signature]</i>
	Payment Type: <i>Check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12305 SW Horizon Boulevard	
City/State/ZIP: Beaverton, Oregon 97007	
Suite/bldg./apt. no.: Suite 15	Project name: LL work for Stretchlabs
Cross street/directions to job site: SW Barrows Road and SW Horizon Blvd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocating the existing restroom to the back of the space.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Donahue Schriber Realty Group	
Address: 12325 SW Horizon Blvd., Building H, Suite 25	
City/State/ZIP: Beaverton, Oregon 97229	
Phone: (503) 484-2489	Fax: (503) 524-7949
E-mail: jlabhart@dsrg.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Tiland / Schmidt Architects, P.C.	
Contact name: Kevin Mohr	
Address: 3611 SW Hood Ave., Suite 200	
City/State/ZIP: Portland, Oregon 97239	
Phone: (503) 220-8517	Fax: (503) 220-8518
E-mail: kevinmohr@tilandschmidt.com	
CONTRACTOR	
Business name: BnK Construction Inc.	
Address: 45 82nd Drive, Suite 53B	
City/State/ZIP: Gladstone, Oregon 97027	
Phone: (503) 557-0866	Fax: (503) 557-1085
CCB lic.: 107555	

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	25,000.00
Existing building area:	square feet 1,265
New building area:	square feet 1,265
Number of stories:	1
Type of construction:	V B - 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*	
Please refer to fee schedule	
Fees due upon application	\$1,133.50
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:	Date:
Kevin Mohr	05/08/19

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

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RECEIVED
OFFICE USE ONLY

Date Received: 05/15/2019	Permit No.: B2019-2079
Date Issued: 5-15-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK

- New construction
 Addition/alteration/replacement
 Demolition
 Other:

CATEGORY OF CONSTRUCTION

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

JOB SITE INFORMATION AND LOCATION

Job site address: 5570 SW Western Ave
 City/State/ZIP: Beaverton, OR 97005
 Suite/bldg./apt. no.: _____ Project name: International Paper
 Cross street/directions to job site: _____
 Subdivision: _____ Lot no.: _____
 Tax map/parcel no.: _____

DESCRIPTION OF WORK

Adding PullStation to the Fire Alarm System with Wire, Conduit

- PROPERTY OWNER
 TENANT

Name: International Paper - Specialty Products
 Address: 5570 SW Western Avenue
 City/State/ZIP: Beaverton, OR 97005
 Phone: (503) 644-8125 Fax: _____
 E-mail: crystal.merrow@ipaper.com

- APPLICANT
 CONTACT PERSON

Business name: First Response Systems, Inc.
 Contact name: Tom Muniz
 Address: 4970 SW Griffith Drive, Suite 100
 City/State/ZIP: Beaverton, OR 97005
 Phone: (503) 207-5342 Fax: (503) 207-5301
 E-mail: _____

CONTRACTOR

Business name: First Response Systems, Inc.
 Address: 4970 SW Griffith Drive, Suite 100
 City/State/ZIP: Beaverton, OR 97005
 Phone: (503) 207-5342 Fax: _____
 CCB lic.: 111713

Authorized signature:

Tom Muniz

Print name: Tom Muniz Date: 05/09/19

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 \$695.00
 Existing building area: _____ square feet 10,000
 New building area: _____ square feet
 Number of stories: 1
 Type of construction: Commercial Warehouse
 Occupancy groups: _____
 Existing: Yes
 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 \$103.72
 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

ELECTRONIC SUBMITTAL
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Beaverton, OR 97006
Fax: (503) 526-2550
General Information (503) 526-2222
beavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-2-19	Permit No.: B2019-1812
Date Issued: 5-28-19	By: C. B. T. U.
Payment Type:	

TYPE OF WORK

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

CATEGORY OF CONSTRUCTION

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

JOB SITE INFORMATION AND LOCATION

Job site address: 13955 SW Milliken Way
City/State/ZIP: Beaverton, OR 97005
Suite/bldg./apt. no.: Project name: Model 20
Cross street/directions to job site: Between SW 141st and SW Hocken on SW Millikan

Subdivision: Lot no.:

Tax map/parcel no.: R2088984

DESCRIPTION OF WORK

Equipment Install: Model 20 work cell; 3 pieces of equipment

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

Name: Nike
Address: 1 Bowerman Drive
City/State/ZIP: Beaverton, OR 97005

Phone: Fax:
E-mail:

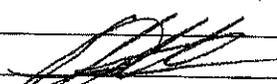
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
------------------------------------	---

Business name: Nike AIR MI
Contact name: Ferdle Williams
Address:

City/State/ZIP:
Phone: (971) 226-0441 Fax:
E-mail: ferdle.williams@nike.com

CONTRACTOR

Business name: Omega Morgan
Address: 23810 NW Huffman St
City/State/ZIP: Hillsboro, OR 97124
Phone: (503) 647-7474 Fax:
CB Lic.: 127213

Authorized Signature:  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	
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
 Fax: (503) 526-2550
 Phone: (503) 526-2222
 BeavertonOregon.gov

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

OFFICE USE ONLY	
Date Received: 4-26-19	Permit No.: B2019-1716
Date Issued: 5-28-19	By: CMC
	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 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: 5620 SW Millikan Menlo Dr	
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	
Install Trusses build walls pour floor	
Remove Roof	
<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: David GREEN Construction	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: David GREEN	
Address: 429 SW Maple ST	
City/State/ZIP: Hillsboro OR 97123	
Phone: 503-201-5837	Fax:
CCB lic.: 158278	
Authorized signature: <i>David Green</i>	
Print name: DAVID GREEN	Date: 4-18-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	50,000.00
Number of bedrooms:	0
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet 682

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	\$408.97
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

Approved

ELECTRONIC SUBMITTAL
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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.: 192019-1998
Date Issued: 5-23-19	By: [Signature]
CITY OF BEAVERTON	
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: 72988 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 31, 32, 33	Project name: Central Park Phase 3
Cross street/directions to job site: Bldg 36	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender Kellie Krauskopf	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB No.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,360.70
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Crystal Fender	04/15/19

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

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

Form B70-1001 REV 2/14

Approved

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97078
 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.: B2019-1560
Date Issued:	By:
CITY OF BEAVERTON	
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: 12984 SW 6th St	
City/State/ZIP: Beaverton, Oregon 97005	
Sublot/lot/apl. no.: Units 34, 35, 36	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 548-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender - Kellie Krzynek	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB No.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	98000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	04/15/19

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

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

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) 526-2650
 Fax: (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 05/08/2019 Permit No.: B2019-1930
 Date Issued: 5-28-19 By: CML
 CITY OF BEAVERTON Building Division Payment Type: USA

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

TYPE OF WORK

- New construction
 Addition/alteration/replacement
 Demolition
 Other:

CATEGORY OF CONSTRUCTION

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

JOB SITE INFORMATION AND LOCATION

Job site address: 14075 SW Kentucky Place
 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

Addon 390 Square Feet

PROPERTY OWNER

TENANT

Name:
 Address:
 City/State/ZIP:
 Phone: Fax:
 E-mail:

APPLICANT

CONTACT PERSON

Business name: DAVID GREEN CONSTRUCTION
 Contact name: David
 Address: 429 SW Maple St
 City/State/ZIP: Hillsboro OR 97123
 Phone: 503-201-5837 Fax:
 E-mail: dgreen.dgc@gmail.com

CONTRACTOR

Business name:
 Address: ↑
 City/State/ZIP:
 Phone: Fax:
 CCB No.: 158278

Authorized signature: *David Green*

Print name: DAVID GREEN Date: 6/7/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation \$47,759.40
 Number of bedrooms: 0
 Number of bathrooms: 0
 Total number of floors: 1
 New dwelling area: 390 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 \$544.67
 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: 4-3-19	Permit No. B2019-1330
Date Issued: 5-21-19	By: CLK
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: 3205 SW CEDAR HILLS BLVD STE. 100	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: SHENA'S
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
BUILD (6) PARTITION WALLS, AND (2) PRIVATE ROOMS ADD (10) ELECTRICAL PLUGS, R&R SINK, INSTALL NEW SHAMPOO STATION AT EXISTING PLUMBING LOCATION.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: IRMA PADLA VORANA	
Address: 9425 SW 146TH TERR. E1	
City/State/ZIP: BEAVERTON OR 97007	
Phone: 971.940.0003	Fax: —
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: HELP GROUP INC.	
Contact name: BERENICE LOPEZ-DORSEY	
Address: 10000 SW CANYON RD	
City/State/ZIP: PORTLAND OR 97225	
Phone: 503 244 8232	Fax:
E-mail: info@helpgdx.com	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 185140	
Authorized signature: <i>Berenice Lopez-Dorsey</i>	
Print name: BERENICE LOPEZ-DORSEY	Date: 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 \$1,000	
Existing building area:	1437 square feet
New building area:	0 square feet
Number of stories:	1
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

Approved

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.: B2019-1553
Date Issued:	By:
CITY OF BEAVERTON	
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: 12884 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 59, 60	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender Kallie Kroupak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB No.: 199836	

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	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	04/15/19

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

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

Form B70-1001 REV 2/14

Approved

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.: B2019-1554
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 12900 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 54, 55	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender Kellie Kraeppek	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB No.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	04/15/19

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

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

Form B70-1001 REV 2/14

Approved

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 04/17/2019	Permit No.: 152019-1555
Date Issued:	By:
CITY OF BEAVERTON	
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: 12896 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Sub/bldg./apt. no.: Units 56, 57, 58	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@cpapartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender - Kellie Kraynak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB Lic.: 199636	

BUILDING PERMIT 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	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	04/15/19

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

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

Form B70-1001 REV 2/14

Approved

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.: 12019-1556
Date Issued:	By:
CITY OF BEAVERTON	
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: 12908 SW 5th St.	
City/State/ZIP: Beaverton, Oregon 97005	
Sub/bldg./apl. no.: Units 51, 52, 53	Project name: Central Park Phase 3
Cross street/direction to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender - Kellie Kraynak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-8084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CGB No.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,329.21
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: Crystal Fender	Date: 04/15/19
Print name: Crystal Fender	Date: 04/15/19

Approved

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. 52019-1557
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 12920 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Sublot/ldg./apt. no.: Units 48, 49, 50	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender Kellie Kraundak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CGB lic.: 199636	
Authorized signature: <i>Crystal Fender</i>	Date: 04/15/19
Print name: Crystal Fender	Date: 04/15/19

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	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
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

Approved

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.: 152019-1558
Date Issued:	By:
CITY OF BEAVERTON	
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: 12932 SW 5th St	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apl. no.: Units 45, 46, 47	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender Kellie Kravak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
COB No.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: Crystal Fender	Date:
Print name: Crystal Fender	04/15/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.
* Fee methodology set by Tri-County Building Industry Service Board
Form B70-1001 REV 2/14

Approved

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.: 152019-1559
Date Issued:	By:
CITY OF BEAVERTON	
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: 12948 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Sub/bldg./apt. no.: Units 43, 44	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender Kellie Kraynak	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-8084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB Lic.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: Crystal Fender	Date:
Print name: Crystal Fender	04/15/19

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

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

Form B70-1001 REV 2/14

Building Permit Application

Demo only



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>5/29/2019</i>	Permit No.: <i>B2019-2259</i>
Date Issued: <i>5/29/2019</i>	By: <i>[Signature]</i>
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: 11715 SW Beaverton Hillsdale Hwy, Bldg 5, Suite B5	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Mud Bay
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing partition walls & anchor hardware, doors & frames, plumbing fixtures and capping off, flooring materials, light fixtures, selective ductwork, slat walls, signage.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Mud Bay, Inc.	
Address: 521 Capitol Way South	
City/State/ZIP: Olympia, WA 98501	
Phone: 360.709.0074	Fax: 360.709.0083
E-mail: marisa.wulff@mudbay.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pamela Deegan	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: 360.953-8517	Fax: 360.694.7818
E-mail: pam@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: 503.891.8963	Fax: 360.694.7818
CCB lic.: 63717	

Authorized signature: <i>Pamela A. Deegan</i>	Date:
Print name: Pamela A. Deegan	05.28.19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
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	\$18,818
Existing building area:	square feet 6,426
New building area:	square feet Same
Number of stories:	1
Type of construction:	V-B (Assumed)
Occupancy groups:	
Existing:	M - Retail
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	867.66
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

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>4-17-19</u>	Permit No.: <u>2019-1579</u>
Date Issued: <u>5-22-19</u>	By: <u>CMK</u>
	Payment Type: <u>ANNU</u>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>15084 SW Kilchis Ct</u>	
City/State/ZIP: <u>Beaverton OR 97007</u>	
Suite/bldg./apt. no.:	Project name: <u>CAMPBELL ADU</u>
Cross street/directions to job site: <u>152nd Between Hart Rd and Davis Rd</u>	
Subdivision: <u>Brookhaven #2</u>	Lot no.: <u>Lot 25 Block 4</u>
Tax map/parcel no.: <u>15120 AB 5300</u>	
DESCRIPTION OF WORK	
<u>New detached ADU</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>William Campbell</u>	
Address: <u>14775 SW Wheaton Ln</u>	
City/State/ZIP: <u>Beaverton OR 97007</u>	
Phone: <u>503-312-1872</u>	Fax:
E-mail: <u>BillBela@gmail.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Same as Owner/Builder</u>	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>N/A</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>150,000</u>
Number of bedrooms:	<u>1</u>
Number of bathrooms:	<u>2</u>
Total number of floors:	<u>1</u>
New dwelling area:	<u>796</u> square feet
Garage/carport area:	<u>0</u> square feet
Covered porch area:	<u>133</u> square feet
Deck area:	<u>168</u> 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:	
<u>Owner/Builder, ADU to be occupied by me.</u>	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: William Campbell
Print name: William Campbell Date: 4/17/19

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

mit Application



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

OFFICE USE ONLY	
Date Received: 4-17-19	Permit No.: B2019-1579
Date Issued: 5-22-19	By: CRL
	Payment Type: check

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: 15084 SW Kilchis Ct
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: CAMPBELL ADU
Cross street/directions to job site: 152nd between Hart & Davis	
Subdivision: Brookhaven #2	Lot no.: Lot 25 Block 4
Tax map/parcel no.: 18120AB 5300	
DESCRIPTION OF WORK	
New Detached ADU	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: William Campbell	
Address: 14775 SW Wheaton Ln	
City/State/ZIP: Beaverton OR 97007	
Phone: 503-312-1872	Fax:
E-mail: BillBela@gmail.com	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: _____	Date: _____
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Same as Owner/Builder	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: N/A	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name: William Campbell	Date:
Authorized signature: William Campbell	
Print name: William Campbell	Date: 4/17/19

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

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
* Number of inspections allowed per permit.
FORM B20-1002 REV 10/17 2009

Building Permit Application



Community Development Department
 Building Division
 723 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: 04/11/2019	Permit No.: B2019-1471
Date Issued: 5-24-19	By: <i>CK</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: TI
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4650 SW GRIFFITH DR	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FSW WILL RELOCATE SPRINKLER HEADS TO ACCOMODATE REMODEL	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: BELLA ART 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: FIRE SYSTEMS WEST	
Contact name: BRANDON WHITTAKER	
Address: 600 SE MARITIME AVE, SUITE 300	
City/State/ZIP: VANCOUVER WA 98661	
Phone: (360) 693-9906	Fax:
E-mail: BrandonW@firesystemswest.com	
CONTRACTOR	
Business name: FIRE SYSTEMS WEST	
Address: 600 SE MARITIME AVE, SUITE 300	
City/State/ZIP: VANCOUVER WA 98661	
Phone: (360) 693-9906	Fax:
CCB lic.: 49732	

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	10893.00
Existing building area:	square feet 4612
New building area:	square feet 4612
Number of stories:	1
Type of construction:	V-B
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	\$416.23
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: BRANDON WHITTAKER	04/10/18

Building Permit Application

Community and Economic Development
Beaverton, OR 97076
(503) 526-4000 Fax: (503) 526-2550
Address: www.BeavertonOregon.gov

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

OFFICE USE ONLY	
Date Received: 04/04/2019	Permit No.: B2019-1361
Date Issued: 5-24-19	By: <i>CWA</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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9600 SW Nimbus Avenue	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Suite 100	Project name: 3J's TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in suite 100 per plans.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4,850
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	\$74.13
Amount received	\$258.04
Date received:	4-5-19

Authorized signature: <i>Shane Tercek</i>
Print name: Shane Tercek NICET Level III, Fire Alarms
Date: 4/3/19

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:	5/24/19	Permit No. B2019-00028
Date Issued:		By: CRL
		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: 9955 SW BEAVERTON HILLSDAY HWY	
City/State/ZIP: PORTLAND, OR	
Suite/bldg./apt. no.: 115	Project name: SOUND START
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
T.I. - REMODEL TO EXT'G. BUILD (2) NEW STE OFFICES, WALLS TO UNDERSIDE OF EXT'G SUSPENDED CEILING SYSTEM TO REMAIN.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: DR. KIM ATWILL	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ANKROM MOISON ARCHITECTS	
Contact name: JILL SABIN	
Address: 38 NW DAVIS, SUITE 300	
City/State/ZIP: PORTLAND, OR 97209	
Phone: 503-245-7100	Fax:
E-mail: jills@ankrommoison.com	
CONTRACTOR	
Business name: SUMMIT CONSTRUCTION	
Address: 1335 NW 20th Ave	
City/State/ZIP: PORTLAND, OR 97209	
Phone: 503-223-9703	Fax:
CCB lic.: 63249	

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 \$17,500	
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>Jill Sabin</i>
Print name:	JILL SABIN
Date:	5-24-19

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received:	Permit No. <u>BD019-2224</u>
Date Issued: <u>5-22-19</u>	By: <u>CP1</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>1500 NW Bethany Blvd</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Suite/bldg./apt. no.: <u>Suite 255</u>	Project name: <u>Cornell West 255</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1N132B801500</u>	
DESCRIPTION OF WORK	
<u>Tenant Improvement</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Kidder Mathews</u>	
Address: <u>101 SW Main St, Suite 1200</u>	
City/State/ZIP: <u>Portland, OR 97204</u>	
Phone: <u>(503) 721-2729</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Robert Todd Construction, Inc.</u>	
Contact name: <u>Todd Lopiparo</u>	
Address: <u>4080 SE International Way, Suite B-113</u>	
City/State/ZIP: <u>Milwaukie, OR 97222</u>	
Phone: <u>(503) 653-5704</u>	Fax: <u>(503) 653-5729</u>
E-mail: <u>todd@roberttoddconstruction.com</u>	
CONTRACTOR	
Business name: <u>Robert Todd Construction</u>	
Address: <u>4080 SE International Way, Suite B-113</u>	
City/State/ZIP: <u>Milwaukie, OR 97222</u>	
Phone: <u>(503) 653-5704</u>	Fax: <u>(503) 653-5729</u>
CCB lic.: <u>98517</u>	
Authorized signature: <u>Karen Gladden</u>	
Print name: <u>Karen Gladden</u>	Date: <u>5-23-2019</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>\$38,000</u>	
Existing building area:	<u>1,719</u> square feet
New building area:	<u>same</u> square feet
Number of stories: <u>1</u>	
Type of construction: <u>Tenant Improvement</u>	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
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: <i>5-24-19</i>	Permit No.: <i>132019-1558</i>
Date Issued: <i>5-24-19</i>	By: <i>ML</i>
	Payment Type: <i>check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>12932 SW 2nd St</i>	
City/State/ZIP: <i>Beaverton, Oregon 97005</i>	
Suite/bldg./apt. no.: <i>Units 45, 46, 47</i>	Project name: <i>Central Park Phase 3</i>
Cross street/directions to job site:	
Subdivision:	Lot no.: <i>Please see attached list</i>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Central Park Homeowners Association</i>	
Address: <i>12190 SW 1st St</i>	
City/State/ZIP: <i>Beaverton, Oregon 97005</i>	
Phone: <i>(503) 546-3400</i>	Fax:
E-mail: <i>david@capartners.net</i>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>Summit Reconstruction</i>	
Contact name: <i>Crystal Fender</i>	
Address: <i>7215 SW Bonita Rd</i>	
City/State/ZIP: <i>Tigard, Oregon 97224</i>	
Phone: <i>(503) 828-6084</i>	Fax:
E-mail: <i>crystal@summitrecon.com</i>	
CONTRACTOR	
Business name: <i>Summit Reconstruction</i>	
Address: <i>7215 SW Bonita Rd</i>	
City/State/ZIP: <i>Tigard, Oregon 97224</i>	
Phone: <i>(503) 451-3544</i>	Fax:
CCB Lic.: <i>199636</i>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>96000.00</i>
Existing building area:	square feet
New building area:	square feet <i>N/A</i>
Number of stories:	<i>2</i>
Type of construction:	<i>V-B</i>
Occupancy groups:	
Existing:	<i>R-2</i>
New:	<i>N/A</i>

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>1,325.21</i>
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: <i>Crystal Fender</i>	<i>04/15/19</i>

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

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

Form B70-1001 REV 2/14



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: 152019-1559
Date Issued: 5-24-19	By: <i>[Signature]</i>
	Payment Type: <i>Check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 12948 SW Stn	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 43, 44	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	04/15/19

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

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

Form B70-1001 REV 2/14



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. <u>132019-1557</u>
Date Issued: <u>5-24-19</u>	By: <u>MLK</u>
	Payment Type: <u>CHECK</u>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>12920 SW 5th</u>	
City/State/ZIP: <u>Beaverton, Oregon 97005</u>	
Suite/bldg./apt. no.: <u>Units 48, 49, 50</u>	Project name: <u>Central Park Phase 3</u>
Cross street/directions to job site:	
Subdivision:	Lot no.: <u>Please see attached list</u>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Central Park Homeowners Association</u>	
Address: <u>12190 SW 1st St</u>	
City/State/ZIP: <u>Beaverton, Oregon 97005</u>	
Phone: <u>(503) 546-3400</u>	Fax:
E-mail: <u>david@capartners.net</u>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Summit Reconstruction</u>	
Contact name: <u>Crystal Fender</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, Oregon 97224</u>	
Phone: <u>(503) 828-6084</u>	Fax:
E-mail: <u>crystal@summitrecon.com</u>	
CONTRACTOR	
Business name: <u>Summit Reconstruction</u>	
Address: <u>7215 SW Bonita Rd</u>	
City/State/ZIP: <u>Tigard, Oregon 97224</u>	
Phone: <u>(503) 451-3544</u>	Fax:
CCB Lic.: <u>199636</u>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: <u>Crystal Fender</u>	Date:
Print name: <u>Crystal Fender</u>	<u>04/15/19</u>

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2019-1556
Date Issued: 5-24-19	By: ML
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12908 SW 5th St.	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 51, 52, 53	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-8084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
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>Crystal Fender</i>	Date:
Print name: Crystal Fender	04/15/19

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:	Permit No.: B2019-1555
Date issued: 5-25-19	By: <i>[Signature]</i>
	Payment Type: <i>[Signature]</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12896 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 56, 57, 58	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

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

REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
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	1,325.21
Amount received	
Date received:	

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

Form B70-1001 REV 2/14

Authorized signature: <i>[Signature]</i>	Date:
Print name: Crystal Fender	04/15/19



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:	Permit No.: B2019-1554
Date Issued: 0-24-19	By: MW
	Payment Type: check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12900 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 54, 55	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB lic.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

NOTICE

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

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

Authorized signature: <i>Crystal Fender</i>	Date:
Print name: Crystal Fender	04/15/19

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2019-1553
Date Issued: 6-24-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12884 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 59, 60	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CCB Lic.: 199636	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
Amount received	
Date received:	

Authorized signature: *Crystal Fender*

Print name: Crystal Fender	Date: 04/15/19
----------------------------	----------------

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No.: 152019-1563
Date Issued: 5-24-19	By: HLL
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12956 SW 5th	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Units 41, 42	Project name: Central Park Phase 3
Cross street/directions to job site:	
Subdivision:	Lot no.: Please see attached list
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Phase 3 - Remove and replace exterior envelope, siding, and windows. Replace waterproof deck coatings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Central Park Homeowners Association	
Address: 12190 SW 1st St	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 546-3400	Fax:
E-mail: david@capartners.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Summit Reconstruction	
Contact name: Crystal Fender	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 828-6084	Fax:
E-mail: crystal@summitrecon.com	
CONTRACTOR	
Business name: Summit Reconstruction	
Address: 7215 SW Bonita Rd	
City/State/ZIP: Tigard, Oregon 97224	
Phone: (503) 451-3544	Fax:
CGB lic.: 199636	

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

REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	96000.00
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	R-2
New:	N/A

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,325.21
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>Crystal Fender</i>	Date:
Print name: Crystal Fender	04/15/19

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: <u>5-22-19</u>	Permit No.: <u>B2019-2190</u>
Date Issued: <u>5-22-19</u>	By: <u>CRJ</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>12655 SW Beaverdam Rd</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Rasco Bathrm Remodel</u>
Cross street/directions to job site: <u>Cross street: SW Watson Ave</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1S116AA00200</u>	
DESCRIPTION OF WORK	
Interior remodel at existing ground floor warehouse tenant space to create new accessible toilet room with shower, service sink and mechanical closet	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Rasco LLC</u>	
Address: <u>PO Box 398</u>	
City/State/ZIP: <u>Beaverton, OR 97075</u>	
Phone: <u>970-8137</u>	Fax:
E-mail: <u>chris@rasmussenpaint.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Tobin Weaver Architect, PC</u>	
Contact name: <u>Tobin Weaver</u>	
Address: <u>834 SW St. Clair Ave, Suite 205</u>	
City/State/ZIP: <u>Portland, OR 97205</u>	
Phone: <u>891-8155</u>	Fax:
E-mail: <u>tobin@tobinweaver.com</u>	
CONTRACTOR	
Business name: <u>Property Owner (see above)</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized signature:	Date:
<u>Tobin E. Weaver</u>	<u>05/17/19</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	\$16,000
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

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: NOV 3 2018	Permit No.: B2018-5303
Date Issued: 5-22-19	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 checked="" type="checkbox"/> Other: Signs
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: 2970 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install sign package.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Chick-Fil-A	
Address: 2970 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Vancouver Sign Group	
Contact name: Chris Brown	
Address: 2600 NE Andresen Rd #50	
City/State/ZIP: Vancouver WA 98661	
Phone: (360) 693-4773	Fax: (360) 693-2747
E-mail: CBrown@vansignco.com	
CONTRACTOR	
Business name: Vancouver Sign Group	
Address: 2600 NE Andresen Rd #50	
City/State/ZIP: Vancouver WA 98661	
Phone: (360) 693-4773	Fax: (360) 693-2747
CCB lic.: 63951	

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	15,000
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	232.43
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Chris Brown	

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

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

Building Permit Application

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

Development Department
Building Division
1000 NE Oregon Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov

OFFICE USE ONLY

Date Received: **04/30/2019** Permit No.: B2019-1766

Date Issued: **5-22-19** By: *MK*

CITY OF BEAVERTON

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: 12475 SW 1ST ST	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.:	Project name: Ickabod's Canopy Additio
Cross street/directions to job site: SW First and Washington	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115BC01600	
DESCRIPTION OF WORK	
New patio canopy addition to existing building	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bonnie Aman	
Address: 12475 SW 1ST St	
City/State/ZIP: Beaverton, OR, 97005	
Phone: (503) 646-0222	Fax:
E-mail: lckabods@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Scott Edwards Architecture	
Contact name: Eric Wenzel	
Address: 2525 E Burnside St	
City/State/ZIP: Portland, OR, 97214	
Phone: (503) 896-5345	Fax:
E-mail: ewenzel@seallp.com	
CONTRACTOR	
Business name: TJ Nisbet	
Address: 15896 SE 82nd Dr	
City/State/ZIP: Clackamas, OR, 97015	
Phone: (503) 257-0308	Fax:
CCB lic.: 92315	

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	35,000
Existing building area:	square feet 2861
New building area:	square feet 275
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	A-2
Existing:	A-2
New:	No Change
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	\$713.62
Amount received	
Date received:	

Authorized signature:

Print name: Eric Wenzel	Date: 04/30/19
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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

Building Permit Application

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

Development Department
Building Division
Ilkan 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: 05/03/2019	Permit No.: B2019-1841
Date Issued: 5-21-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: USA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>ASR</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15248 SW teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: 15248 (17) <i>on site map</i>	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. (changing 1x8 cedar + 3/4" with 9.25" (8" exposure) hardie plank cedar mill lap siding)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15248 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503 852-6465	Fax: 949-272-6798
E-mail: scott.aikman@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills 15 Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	
Authorized signature: <i>[Signature]</i>	Date:
Print name: Gabriel Mackillop	Date: 5-1-19

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	\$80,105.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application

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



Community Development Department
Building Division
3500 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: 05/03/2019	Permit No.: B2019-1843
Date Issued: 5-21-19	By: C. [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: CHART	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: siding
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: 15250 SW teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: 15250 (B) map	Project name: Andover Park
Cross street/directions to job site: on site Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
10090 siding replacement. (changing 1x8 cedar + 3/4" with 9.25" (4" exposure) handie plank cedar mill lap siding)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15242 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503 852-6465	Fax: 949-272-6798
E-mail: scott.aikman@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	

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	\$80,105.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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: Gabriel Mackillop Date: 5-1-19

Building Permit Application

Community Development Department
 Building Division
 1000 Kan 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...

RECEIVED OFFICE USE ONLY	
Date Received: 05/03/2019	Permit No.: B2019-1838
Date Issued: 5-21-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>CARD</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>Siding</i>
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: 15246 Sw teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: 15246 (16)	Project name: Andover Park
Cross street/directions to job site: on site map Teal Blvd	
Subdivision: R5	Lot no.: 15132000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. (changing 1x8 cedar + 3/4" with 9.25" (8" exposure) handie plank cedar mill lap siding)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15246 Sw Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503 852-6465	Fax: 949-272-6798
E-mail: scott.aikman@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	
Authorized signature: <i>[Signature]</i>	
Print name: Gabriel Mackillop	Date: 5-1-19

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	\$80,105.00
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	\$1,217.87
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