

Building Permit Application

RECEIVED



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

OFFICE USE ONLY	
Date Received:	Permit No.: B2019-3468
Date Issued:	By: <i>ME</i>
Payment Type: <i>check</i>	

CITY OF BEAVERTON
 BUILDING DIVISION
 9-12-19

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11711 SW Sofia Court	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to Lynnfield Lane	
Subdivision: Cameron Place	Lot no.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 9035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
CONTRACTOR	
Business name: Mission Homes NW	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
CCB lic.: 186849	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	5
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3350
Garage/carport area:	square feet 638
Covered porch area:	square feet 250
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

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

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

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: Josh Kelso	08/13/19

ELECTRONIC SUBMITTAL
SEE 1/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

OFFICE USE ONLY	
Date Received: 03/28/2019	Permit No.: B2019-1255
Date Issued: 9-13-19	By: MK
	Payment Type: Check

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: 17314 SW Dotterel Lane	
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.: 168
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.: 121987	

Authorized signature:	Date:
Sandro Guerrero	03/26/19

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	\$321,583.34
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 192
Deck area:	square feet 247
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,346.87
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

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: 8/27/2019	Permit No.: B2019-3641
Date Issued: 9-26-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type: <i>Chelle</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 bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12130 SW 173rd Terrace	
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.: 174
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	

Authorized signature:	
Print name:	Date:
Sandro Guerrero	08/20/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$454,177.57
Number of bedrooms:	4
Number of bathrooms:	3-1/2
Total number of floors:	3
New dwelling area:	square feet 3354
Garage/carport area:	square feet 419
Covered porch area:	square feet 170
Deck area:	square feet 227
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	3
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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Enroll 4710 AL

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



Ro issue
RECEIVED B2018-0799

OFFICE USE ONLY	
Date Received: NOV 5 2018	Permit No.: B2018-5191
Date Issued: 9/13/2019	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

Rover 11/8/18

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16120 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 29
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	406,493.21
Number, of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	3221 square feet
Garage/carport area:	506 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	1607.48
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: Amanda Loveridge	Date: 11/27/18

Emerald
3425 AL

Building Permit Application

Reissm B2018-4974

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



OFFICE USE ONLY	
Date Received: 10-25-18	Permit No.: B2018-4963
Date Issued: 11/06/18	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: 16103 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 58
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$430,072.03
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3425 square feet
Garage/carport area:	467 square feet
Covered porch area:	95 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,773.04
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

Revised 10/29/18

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

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: 8/29/2019	Permit No.: B2019-3687
Date issued: 9-23-19	By: <i>JLK</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Structural
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: 15530 SW Beaverton Creek Ct.	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Apollo
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural for HVAC equipment	
<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: HVAC, Inc.	
Contact name: Jody DePew	
Address: 5188 SE International Way	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 462-4822	Fax: (503) 462-6555
E-mail: jodyd@hvacincorp.com	
CONTRACTOR	
Business name: HVAC, Inc.	
Address: Same	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 50897	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1500
Existing building area:	1000 square feet (<i>New RTU</i>)
New building area:	0 square feet
Number of stories:	1
Type of construction:	Concrete
Occupancy groups:	Warehouse
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: *Jody DePew*

Print name: **Jody DePew** Date: **8/28/19**

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 09/03/2019	Permit No. B2019-3720
Date Issued: 9/3/2019	<i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar 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: 7250 SW Trillium Ave, Beaverton, Oregon, 97008, USA	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 6.51 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> ENANT
Name: Ann Snyder	
Address: 7250 SW Trillium Ave, Beaverton, Oregon, 97008, USA	
City/State/ZIP:	
Phone: 5035598640	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTRACTOR PERSON
Business name: Blue Raven Solar LLC	
Contact name: Ariel Randall	
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	\$12,957.05
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NO ICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$207.20
Amount received	
Date received:	

Authorized signature: <i>Jeff Lee</i>	Date:
Print name: Jeff Lee	08/20/2019

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

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

Approved

ELECTRONIC SUBMITTAL Permit Application
SEE 1/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:	Permit No.: B2019-2499
Date Issued: JUN 11 2019	By: MK
9-3-19	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: 8111 SW West Slope Dr	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: West Sylvan Middle
Cross street/directions to job site: West Slope Dr / SW 81st Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install new fire alarm system with voice evacuation.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Portland Public Schools	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corporation	
Contact name: Freddie Caoile	
Address: 5863 Lakeview Blvd	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: FCaoile@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corporation	
Address: 5863 Lakeview Blvd	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB Lic.: 135901	
Authorized signature:	
Print name: Freddie Caoile	Date: 06/10/19

BUILDING SERVICES DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$270,000
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	\$1,055.31
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY

Date Received:	Permit No.: B2019-3725
Date Issued: 9-3-19	By: <i>HL</i>
	Payment Type: <i>Visa</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: <i>Solar</i>
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>13550 SW 22nd St</i>	
City/State/ZIP: <i>Beaverton, OR 97008</i>	
Suite/bldg./apt. no.:	Project name: <i>GOSCH</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>SOLAR PV INSTALLATION 6.0 KW</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Gosch, Jan</i>	
Address: <i>13550 SW 22nd St</i>	
City/State/ZIP: <i>Beaverton, OR 97008</i>	
Phone: <i>503-688-8065</i>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>PRESTAT ELECTRIC</i>	
Contact name: <i>Dale Krueger</i>	
Address: <i>1721 NE 64th Ave</i>	
City/State/ZIP: <i>Vancouver, WA 98661</i>	
Phone: <i>503-539-7772</i>	Fax:
E-mail: <i>dale.krueger@comcast.net</i>	
CONTRACTOR	
Business name: <i>PRESTAT ELECTRIC</i>	
Address: <i>1721 NE 64th Ave</i>	
City/State/ZIP: <i>Vancouver, WA 98661</i>	
Phone: <i>503-539-7772</i>	Fax:
CCB lic.: <i>189902</i>	
Authorized signature: <i>[Signature]</i>	
Print name: <i>Dale Krueger</i>	Date: <i>8/19/19</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>\$2,000.00</i>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$207.20
Amount received	
Date received:	

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

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

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: 9/3/19	Permit No.: B2019-3729
Date Issued: 9-3-19	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 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: 6695 SW Griffin Dr.	
City/State/ZIP: Portland Oregon	
Suite/bldg./apt. no.:	Project name: Thoen Kitchen
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Widen the existing kitchen window and remove a non bearing partition wall to accomodate the new kitchen layout.	
<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: David E. Benner	
Contact name: David	
Address: 15740 NW Norwich St.	
City/State/ZIP: Beaverton Or 97006	
Phone: (503) 819-1373	Fax:
E-mail: davidebenner@comcast.net	
CONTRACTOR	
Business name: David E. Benner	
Address: 15740 NW Norwich St.	
City/State/ZIP: Beaverton Oregon 97006	
Phone: (503) 819-1373	Fax:
CCB lic.: 92954	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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: [Signature]	Date: 29 Aug 2019
Print name: DAVID E. BENNER	

This permit application expires if a 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 in Fishbowl



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: 9-4-19	Permit No.: B2019-3741
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Entry closure
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: 11425 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: FM HOME Entry Closure
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Closure of existing Home entry & conversion of the entry vestibule into storage. This removes the Home entry from the egress system. Scope of work also includes removal of associated checkstands at the existing Home entry.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: The Kroger Company/Fred Meyer Stores, Inc.	
Address: 3800 SE 22nd Ave.	
City/State/ZIP: Portland, OR 97202	
Phone: (503) 797-3500	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pam 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. 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
CCB lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 N/A
New building area:	square feet N/A
Number of stories:	1
Type of construction:	VB
Occupancy groups:	
Existing:	M
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	\$930.41
Amount received	
Date received:	

Authorized signature: <i>Pamela A. Deegan</i>	Date:
Print name: Pamela A. Deegan	09/03/19

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

Building Permit Application

Crumble Cookies TI

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

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

OFFICE USE ONLY

Date Received: 07/17/2019	Permit No.: B2019-3060
Date Issued: 9-5-19	By: <i>HK</i>
Payment Type: <i>visa</i>	

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: 14900 SW Barrows Road, Suite 104	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Crumbl Cookies-Pgrs Rdg
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo 1 wall, build partition wall, modify HVAC ducting, add 2 handwash sinks, electrical for new equipment, finishes.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Crumbl Cookies - J.P. Perfill / Stephanie Perfill	
Address:	
City/State/ZIP:	
Phone: (951) 310-4732	Fax:
E-mail: jpstephanie@aol.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pam 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: (360) 953-8517	Fax: (360) 694-7818
CCB lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$115,000
Existing building area:	square feet 1162
New building area:	square feet 1162
Number of stories:	1
Type of construction:	V-B
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	\$1,513.33
Amount received	
Date received:	

Authorized signature: <i>Pamela A. Deegan</i>	Date:
Print name: Pamela A. Deegan	07/16/19

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

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: 08/27/2019	Permit No.: B2019-3671
Date Issued: 9/19/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12875 SW CRESCENT ST.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: suite #2	Project name: FRENCHIES NAILS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROVIDE FIRE ALARM NOTIFICATION FOR TENANT IMPROVEMENT	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GB MANCHESTER INC. (SEE CONTRACTOR)	
Contact name: NATHAN BUTZ	
Address: 6000 NE 88TH ST, SUITE B103	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: (360) 816-0484	Fax: (360) 816-0482
E-mail: NATHAN.B@GBMANCHESTER.COM	
CONTRACTOR	
Business name: GB MANCHESTER INC.	
Address: 6000 NE 88TH ST, SUITE B103	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: (360) 816-0484	Fax: (360) 816-0482
CCB Lic.: 202097	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$ 1,500.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$150.57
Amount received	
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:
	08/27/19
Print name:	
NATHAN BUTZ	

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: 09/05/2019	Permit No.: B2019-3755
Date issued: 9-5-19	By: <i>MK</i>
CITY OF BEAVERTON	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9300 SW Gemini Dr.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: BiAmp
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: BiAmp	
Address: 9300 SW Gemini Dr.	
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	

Authorized signature: <i>Ben Breit</i>	Date:
Print name: Ben Breit	09/05/19

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	1,101
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

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: 9-6-19	Permit No.: B2019-3775
Date Issued: 9-6-19	By: <i>[Signature]</i>
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input 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: 11100 SW MURRAY SCHOLLS PLACE	
City/State/ZIP: BEAVERTON, OR. 97007	
Suite/bldg./apt. no.:	Project name: 24 HR. FITNESS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE ALL ROOFING TO DECKING. INSTALL 2 LAYERS 2" POLYISO INSULATION. INSTALL GAF 60 MIL TPO SINGLE 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	
Authorized signature: <i>Louis Ornelas</i>	
Print name: LOUIS ORNELAS	Date: 9-6-19

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	\$69,270
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	\$1,173.69
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: 9-6-19	Permit No.: B0019-3771
Date Issued: 9-6-19	By: ML
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 11000 SW Stratus	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Creekside 4
Cross street/directions to job site: 1 block south of the intersection of SW Hall & SW Nimbus.	
Subdivision:	Lot no.:
Tax map/parcel no.: R1239993	
DESCRIPTION OF WORK	
demo of existing non structural walls, casework plumbing	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Meriwether Partners	
Address: 1136 NW Hoyt Suite 200	
City/State/ZIP: Portland, OR 97209	
Phone: 503.889.0098	Fax:
E-mail: meriwetherpartners.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: LRS Architects	
Contact name: Natalie Hutley	
Address: 720 NW Davis St. Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: 503.265.1551	Fax:
E-mail: whutley@lrsarchitects.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E 3rd Loop Suite 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: 360.735.8208	Fax:
CCB lic.: 63717	
Authorized signature:	
Print name: Mike Bernatz	Date: 9-5-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$175,000	
Existing building area:	63,000 square feet
New building area:	63,000 square feet
Number of stories:	3
Type of construction:	II-A
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	\$4,101.55
Amount received	
Date received:	

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

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

Building Permit Application

BI AMP TI

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

ELECTRONIC SUBMITTAL
 SEE I/BLDG DIV WG 8
 OREGON

OFFICE USE ONLY	
Date Received: 07/23/2019	Permit No.: B2019-3143
Date Issued: 9-6-19	By: MK
	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9300 SW GEMINI	
City/State/ZIP: BEAVERTON, OREGON 97008	
Suite/bldg./apt. no.:	Project name: BIAMP SYSTEMS TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
DEMO OF EXISTING WALLS, DOORS, AND RELITES. CONSTRUCTION OF NEW WALLS AND RELOCATION OF DOORS, RELITES AND LIGHTING BASED ON NEW LAYOUT.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Biamp Systems / Andrew Thiel	
Address: 9300 SW Gemini	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-641-7287	Fax: n/a
E-mail: andrew.thiel@biamp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Fluent Design	
Contact name: Colleen A Murphy	
Address: 1931 SE Powell Blvd	
City/State/ZIP: Portland, OR 97202	
Phone: 503-432-8617	Fax:
E-mail: colleen@fluentdesignpdx.com	
CONTRACTOR	
Business name: Norwest General Contractors	
Address: 7235 SW Stephen Lane	
City/State/ZIP: Portland, OR, 97225	
Phone: 503-710-0567	Fax:
CCB lic.: 89425	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	125,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	B, A
Existing:	B, A
New:	B, 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	\$1,589.69
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Colleen A Murphy	07.22.19

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

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

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>9/6/19</u>	Permit No.: <u>B2019-3981</u>
Date Issued: <u>9-6-19</u>	By: <u>CLEWY</u>
Payment Type: <u>check</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 bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>10230 SW Shearwater Loop</u>	
City/State/ZIP: <u>Beaverton, OR 97078</u>	
Suite/bldg./apt. no.:	Project name: <u>Chan</u>
Cross street/directions to job site:	
Subdlvision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Replace existing deck with new free-standing deck, with steps and handrail</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Celia Chan</u>	
Address: <u>10230 SW Shearwater Loop</u>	
City/State/ZIP: <u>Beaverton, OR 97078</u>	
Phone: <u>(503) 998-1280</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Dick's Evergreen Fence & Deck</u>	
Contact name: <u>Chris Boyle</u>	
Address: <u>4815 SE Tualatin Valley Hwy</u>	
City/State/ZIP: <u>Hillsboro, OR 97123</u>	
Phone: <u>(503) 313-5325</u>	Fax:
E-mail: <u>dicksevergreen@gmail.com</u>	
CONTRACTOR	
Business name: <u>Dick's Evergreen Fence & Deck</u>	
Address: <u>4815 SE Tualatin Valley Hwy</u>	
City/State/ZIP: <u>Hillboro, OR 97123</u>	
Phone: <u>(503) 640-7700</u>	Fax: <u>(503) 640-0466</u>
CCB Ilc.: <u>108350</u>	

Authorized signature:	
Print name:	Date:
<u>Christopher A. Boyle</u>	<u>09/05/19</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 132
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	14,230
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



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. B209-3187
Date Issued SEP 06 2019	By: Crew
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 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: 18425 SW Walker Rd.	Project name: Kids INC
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation \$30,000	
Existing building area:	square feet 6K
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

DESCRIPTION OF WORK	
Remove and Replace Roof with Architectural Shingles and synthetic underlayment, new drip edge metal.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT

Name: JCR Development (Rebecca Davidson)	
Address: 2835 82nd Ave.	
City/State/ZIP: Mercer Island, WA 98040	
Phone: 206 669 3773	Fax:
E-mail: rebeccadavidson@jcrdevco.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON

Business name: Joseph Huges Construction	
Contact name: Carter Myers	
Address: 1125 SW Barber Blvd	
City/State/ZIP: Portland, OR 97219	
Phone: 503.936.1387	Fax:
E-mail: cmyers@jh&c-companies.com	
CONTRACTOR	

Business name: Joseph Huges Construction	
Address: 1125 SW Barber Blvd	
City/State/ZIP: Portland, OR 97219	
Phone: 503.936.1387	Fax:
CCB lic.: 158061	

Authorized signature:	Date:
Print name: W. Zachary Overson	9/6/2019

NOTICE

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

BUILDING PERMIT FEES*

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

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 9-9-19	Permit No: B2019-3990
Date Issued: 9-9-19	By: DEW
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: Deck
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: 12285 SW Longhorn	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Monk
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Build replacement deck on back side of building. 8'X10'. Second story deck unit D	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Joe Monk	
Address: 12285 SW Longhorn	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Will Burns	
Address: 12530 SW Hall Blvd	
City/State/ZIP: Tigard, OR 97223	
Phone: 5037466545	Fax:
E-mail: William@pacwestrestoration.com	
CONTRACTOR	
Business name: PacWest Restoraion	
Address: 12530 SW Hall Blvd	
City/State/ZIP: Tigard, OR 97223	
Phone: 5037466545	Fax:
CCB lic.: 178343	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	6,500
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	Stick Built
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: William Burns	9/4/19

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 / P.O. Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 8.27.19	Permit No. B2019-3033
Date Issued: 9.5.19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12725 SW CANYON ROAD	
City/State/ZIP: BEAVERTON/OR/97005	
Suite/bldg./apt. no.:	Project name: ANNEX DEMOLITION
Cross street/directions to job site: BEAVERDAM ROAD AND CANYON ROAD	
Subdivision:	Lot no.:
Tax map/parcel no.: IS116AA03300	
DESCRIPTION OF WORK	
Project consist of A DEMOLITION OF ONE EXISTING BUILDING AT 12725 SW CANYON ROAD - LOCATED AT THE FORMER CURIOSITIES' ANNEX SITE.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BEAVERTON URBAN REDEVELOPMENT AGENCY	
Address: 12725 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON/OR/97005	
Phone: (503) 526-2474	Fax:
E-mail: JCARRILLO@BEAVERTONOREGON.GOV	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: BEAVERTON URBAN REDEVELOPMENT AGENCY	
Contact name: JOSH CARRILLO	
Address: 12725 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON/OR/97005	
Phone: (503) 526-2474	Fax:
E-mail: JCARRILLO@BEAVERTONOREGON.GOV	
CONTRACTOR	
Business name: LOT ENVIRONMENTAL & DEMOLITION SERVICES	
Address: 5930 JEAN ROAD	
City/State/ZIP: LAKE OSWEGO/OR/97035	
Phone: (503) 245-6460	Fax:
CCB lic.:	
Authorized signature: [Signature]	
Print name: BEN AMATEUR	Date: 8/26/19

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	\$55,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 9/10/19	Permit No.: B2019-2808
Date Issued:	By: CLW
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: Re-roof
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: 1600 NW 167th Place	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: 1600 Pingree
Cross street/directions to job site: SW parcell off of NW 167th Place & NW Cornell Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear off existing roof to substrate. Install 3.5" ISO insulation with 80mil TPO roof membrane and mechanically attach. Project to include a 20-Year Warranty	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lama Holdings LLC	
Address: 2746 NE 24th Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 939-9449	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Columbia Construction Services, LLC	
Contact name: Sam Robertson	
Address: 18525 SW 126th Place	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 707-0145	Fax: (503) 684-1458
E-mail: sam@reroofnow.com	
CONTRACTOR	
Business name: Columbia Construction Services, LLC	
Address: 18525 SW 126th Place	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 684-9123	Fax: (503) 684-1458
CCB lic.: 116607	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$211,623.27
Existing building area:	square feet 20500
New building area:	square feet 20500
Number of stories:	Single
Type of construction:	Commercial
Occupancy groups:	Offices
Existing:	Offices
New:	Offices
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature:	
Print name:	Date:
Sam Robertson	09/05/19



Building Permit Application

Community and Economic Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2650
 Internet address: www.BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 9/10/19	Permit No.: B2019-3806
Date Issued:	By: CLEM
	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: 1029 S.W. NIMBUS ST. SUITE 230	
City/State/ZIP: BEAVERTON ORG 97008 WILLAMETTE	
Suite/bldg./apt. no.: STE: 230	Project name: PERFORMANCE
Cross street/directions to job site: CORNER OF NIMBUS AND PACIFIC PULP SCHOOL'S FERRY RD CENTER	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK
TAKE A 2 ROOM DIVIDING TO 3 RELOCATE ONE DIVIDING WALL ADD ONE MORE WITH 3 3/8 MT. 5/8" SI ADD 4 PLUGS / ADD 1 LINE SINK DRY WLL CAC

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: COLUMBIA COMM. PROPERTIES	
Address: 1670 WILLAMETTE FALLS DR.	
City/State/ZIP: WEST LINV OR 97068	
Phone: 503 650 5300	Fax:
E-mail:	

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CPC & SONS INC	
Contact name: CHRIST PALAMARIS	
Address: 12200 S.W. FAIRFIELD ST.	
City/State/ZIP: BEAVERTON ORG 97005	
Phone: 503 644 6900	Fax: SAME
E-mail: CELL 503 320 1226	

CONTRACTOR	
Business name: CPC & SONS INC	
Address: 12200 S.W. FAIRFIELD ST	
City/State/ZIP: BEAVERTON OR 97005	
Phone: 503 644 6900	Fax: CELL 503 320 1226
CCB lic.: 56514	

Authorized signature: <i>Christ Palamaris</i>	Date:
Print name: CHRIST PALAMARIS	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 \$15,600.00	
Existing building area:	square feet
New building area:	TENANT 1400 square feet
Number of stories:	2
Type of construction:	V/B
Occupancy groups:	M/B
Existing:	
New:	

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

BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	
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:	5-13-19	Permit No.: B2019-2028
Date Issued:	9-10-19	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 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:	15242 SW Teal Blvd
City/State/ZIP:	Beaverton OR, 97007
Suite/bldg./apt. no.:	(15) 15242
Project name:	Anchor 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 1/8" 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:	15242 SW Teal Blvd
City/State/ZIP:	Beaverton, OR 97007
Phone:	533 852-6465
Fax:	949-272-6798
E-mail:	slott.alexandra@primeteal.com
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	arrow building company, LLC
Contact name:	Gabe Mackillop
Address:	509 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:	Gabe 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
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

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

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

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

Form B70-1001 REV 2/14

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2027
Date Issued: 9-10-19	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 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 bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15240 Sw teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg /apt. no.: (H) 15240	Project name: Andrew 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 + 1x6 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: 15240 Sw Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 533-852-6465	Fax: 949-272-6798
E-mail: slott.alexander@primeteal.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 No.: 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
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application



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

OFFICE USE ONLY		
Date Received:	5-13-19	Permit No.: B2019-2020
Date Issued:	9-10-19	By: [Signature]
		Payment Type: Visa

TYPE OF WORK

New construction Demolition

Addition/alteration/replacement Other: Siding

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: 15238 SW Teal Blvd
 City/State/ZIP: Beaverton OR, 97007
 Suite/bldg./apt. no.: (13) 15238 Project name: Ginkover 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 1/8" cedar + 1/2" with 9.75" (8" exposure) hardie plank cedar mill lap siding)

PROPERTY OWNER TENANT

Name: Prime Teal, LLC
 Address: 15242 SW Teal Blvd
 City/State/ZIP: Beaverton, OR 97007
 Phone: 533-857-6465 Fax: 949-272-6798
 E-mail: slott@airmanandprimegrp.com

APPLICANT 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 No.: 225537

Authorized signature: [Signature]
 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

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

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

* Fee methodology set by Tri-County Building Industry Service Board
 Form B70-1001 REV 2/14

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2025
Date Issued: 9-10-19	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 checked="" type="checkbox"/> Other: <i>visit</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: 15234 SW Teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (2) 15234	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 + 1x9 with 9.75" (8" exposure) handie plank cedar mill lap siding	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT

Name: Prime Teal, LLC	
Address: 15234 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533 857-6465	Fax: 949-272-6798
E-mail: slott.aikman@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5609 Apt E 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>Gabe Mackillop</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
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

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

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

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

Form B70-1001 REV 2/14

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2024
Date issued: 9-10-19	By: HUK
Payment Type: VISA	

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: 15232 SW Teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: 11 15232	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 1x9.25" (8" exposure) hand-e plank cedar mill lap siding	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15232 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533 852-6465	Fax: 949-272-6798
E-mail: scott.alkman@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 509 Apt E 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:	
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
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

* Fee methodology set by Tri-County Building Industry Service Board
 Form B70-1001

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: 5-13-19	Permit No.: B2019-2023
Date Issued: 9-10-19	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 checked="" type="checkbox"/> Other: <i>side</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 bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15228 Sw teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: 10 15228	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 15132000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. Changing 1x8 cedar + 1x9 with 9.75" (6" exposure) handie plank cedar mill lap siding	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15228 Sw Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533 852-6465	Fax: 949-272-6798
E-mail: slaff@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 Rd 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
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 5/9/2019	Permit No: B2019-1976
Date issued: 9-10-19	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 checked="" type="checkbox"/> Other: <i>renov</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: 15226 SW Teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Stille/bldg./apt. no.: 15226	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 15132000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. (changing 1x8 cedar + 1x6 with 9.25" (8" exposure) hand: 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: 503 526-6465	Fax: 949-272-6798
E-mail: staff.aikman@primeteal.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt E Foothills Rd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 503-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	
Authorized signature: [Signature]	
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
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	1,196.10
Amount received	
Date received:	

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

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

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: 9-10-19	Permit No.: B0019-3810
Date Issued: 9-10-19	By: HK
Payment Type: CHECK	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: Bakery Block
Cross street/directions to job site: SW Hall	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Reroof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Dan Magner KAD, LLC	
Address: 5011 SW Maple Lane	
City/State/ZIP: Portland, OR 97221	
Phone: 503-702-9433	Fax:
E-mail: dan@mitadesign.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 Roofing	
Address: 2406W Pacific Ave	
City/State/ZIP: Forest Grove, OR 97116	
Phone: 503-357-7663	Fax:
CCB lic.: 173528	
Authorized signature:	
Print name: Dan Magner	Date: 9/10/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 24,500	
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	\$618.86
Amount received	
Date received:	

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

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

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: 9/9/2019	Permit No.: B2019-3807
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 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: 3025 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton/Oregon/97005	
Suite/bldg./apt. no.:	Project name: WinCo Foods
Cross street/directions to job site: SW Cedar Hills Blvd & SW Jenkins Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Site upgrades ONLY to the accessible parking stalls that serve the WinCo Foods store. Scope includes new striping layout w/ accessibility symbols, accessible routes, and new signs and posts. Work to be done to bring the parking up to current 2014 OSSC (Chpt. 11) and current OTC standards.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: WinCo Foods, LLC	
Address: 650 North Armstrong Place	
City/State/ZIP: Boise/Idaho/83704	
Phone: (208) 377-0110	Fax: (208) 672-2146
E-mail: N/A	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Petersen Staggs Architects, LLP	
Contact name: Lee Lizama	
Address: 5200 West state Street	
City/State/ZIP: Boise/Idaho/83703	
Phone: (208) 345-1462	Fax: (208) 345-1532
E-mail: lee_l@psarch.com	
CONTRACTOR	
Business name: DTL Builders, Inc.	
Address: 13077 S. 3600 W.	
City/State/ZIP: Riverton, UT 84065	
Phone: (801) 285-5665	Fax: (801) 285-5667
CCB lic.: 196063	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 N/A
New building area:	square feet N/A
Number of stories:	Unchanged
Type of construction:	Unchanged
Occupancy groups:	Unchanged
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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$355.24
Amount received	
Date received:	

Authorized signature:

Print name: Lee Lizama	Date: 09/09/19
-------------------------------	-----------------------

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

RECEIVED

OFFICE USE ONLY	
Date Received: 9/11/2019	Permit No.: B2019-3823
Date Issued:	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 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: 9821 SW 130th Ave, Beaverton, Oregon, 97008	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 7.75 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jen Letourneau	
Address: 9821 SW 130th Ave, Beaverton, Oregon, 97008	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: 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	14,853.11
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:

Jeffrey Lee

Print name:	Date:
Jeff Lee	07/30/2019

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

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

Building Permit Application

Clear Form



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

OFFICE USE ONLY

Date Received:	9/12/2019	Permit No.: B 2019-3893
Date Issued:		By: [Signature]
		Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14900 SW Barrows Rd Beaverton, OR 97007	
City/State/ZIP:	
Suite/bldg./apt. no.: 104	Project name: Crumbl Cookie Prog Ridg
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and Relocate fire sprinkler heads for TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 Sw Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Same As Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

Authorized signature: *Ronin Campbell*

Print name:	Date:
Ronin Campbell	09/11/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	937
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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

Five Oaks M.S. Fire Sprinkler

Clear Form



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

RECEIVED

OFFICE USE ONLY

Date Received: 8/29/2019	Permit No.: B2019-3688
Date Issued:	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:
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 checked="" type="checkbox"/> Other: Educational
JOB SITE INFORMATION AND LOCATION	
Job site address: 1600 NW 173rd Avenue	
City/State/ZIP: Beaverton, Oregon 97701	
Suite/bldg./apt. no.:	Project name: Five Oaks Middle School
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Update existing fire sprinkler system to accommodate new wall layout	
<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 checked="" type="checkbox"/> CONTACT PERSON
Business name: Phoenix Fire Protection	
Contact name: Teri Cruickshank	
Address: 4130 Airport Rd.	
City/State/ZIP: Nampa, ID 83687	
Phone: (208) 468-9115	Fax: (208) 461-9117
E-mail: teri@phoenixfp.com	
CONTRACTOR	
Business name: Phoenix Fire Protection	
Address: 4130 Airport Rd.	
City/State/ZIP: Nampa, ID 83687	
Phone: (208) 468-9115	Fax: (208) 461-9117
CCB lic.: 181692	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$28,029
Existing building area:	square feet 8,021
New building area:	square feet 8,021
Number of stories:	1
Type of construction:	2B
Occupancy groups:	E
Existing:	
New:	

NOTICE

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

PLEASE CALL FOR PERMIT PAYMENT
208-468-9115

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:
Teri Cruickshank	08/29/19

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

OFFICE USE ONLY	
Date Received: 09/12/2019	Permit No.: B2019-3853
Date Issued: 9/12/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14900 SW Barrows Rd Beaverton, OR 97007	
City/State/ZIP:	
Suite/bldg./apt. no.: 104	Project name: Crumbl Cookie Prog Ridg
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and Relocate fire sprinkler heads for TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 Sw Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Same As Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: 64077	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	937
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$121.28
Amount received	
Date received:	

Authorized signature: <i>Ronin Campbell</i>	Date:
Print name: Ronin Campbell	09/11/19

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 09/12/2019	Permit No.: B2019-3851
Date Issued: 9/12/2019	PAW
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: 11350 SW Cardinal Terr.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: ES-Mejia
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Prescriptive 12.94 kw roof mounted solar array	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Oscar Mejia	
Address: 11350 SW Cardinal Terr.	
City/State/ZIP: Beaverton OR 97008	
Phone: 503.442.7357	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Energy Solutions, LLC	
Contact name: Grant Lindsay	
Address: PO Box 887	
City/State/ZIP: Beavercreek OR 97004	
Phone: 503.680.3718	Fax:
E-mail: grant@esolutions-or.com	
CONTRACTOR	
Business name: Energy Solutions, LLC	
Address: PO Box 887	
City/State/ZIP: Beavercreek OR 97004	
Phone: 503.680.3718	Fax:
CCB lic.: 202002	
Authorized signature:	Date: 9/10/2019
Print name: Grant Lindsay	Date: 9/10/2019

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	27,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

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

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

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

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

RECEIVED

OFFICE USE ONLY

Date Received: 9/13/2019	Permit No.: B2019-3866
Date Issued: 9.13.19	By: <i>CLM</i>
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 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 Hillsdale Hwy	
City/State/ZIP: Portland, Oregon 97005	
Suite/bldg./apt. no.: 115	Project name: Diamond Pk Sound Start
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of 1 sprinkler head	
<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: Delta Fire, Inc.	
Contact name: Melissa Boughton	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, Oregon 97224	
Phone: (503) 620-4020	Fax: (503) 620-1058
E-mail: Melissab@deltafire.com	
CONTRACTOR	
Business name: Delta Fire, Inc.	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, Oregon 97224	
Phone: (503) 620-4020	Fax: (503) 620-1058
CCB lic.: 64174	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1000.00
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:	

Authorized signature: *Melissa Boughton*

Print name:	Date:
Melissa Boughton	09/12/19

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

Crumble Cookies FS

Clear Form



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

OFFICE USE ONLY	
Date Received: <i>08/21/2019</i>	Permit No.: B2019-3559
Date Issued: <i>9/16/19</i>	By: <i>clm</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: 2725 SW Cedar Hills Blvd #122	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: <i>Crumbl Cookies</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add fire sprinkler heads for new ceiling.	
<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: <i>Wyatt Fire Protection</i>	
Contact name: <i>Ronin Campbell</i>	
Address: <i>9095 SW Burnham St</i>	
City/State/ZIP: <i>Tigard, OR 97223</i>	
Phone: <i>(503) 684-2928</i>	Fax:
E-mail: <i>r.campbell@wyattfire.com</i>	
CONTRACTOR	
Business name: <i>Same</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <i>64077</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	2340
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$59.08
Amount received	
Date received:	

Authorized signature: <i>Ronin Campbell</i>	Date:
Print name: RoninCampbell	08/16/19

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: 8-21-19	Permit No.: B2019-3561
Date Issued: 9/10/2019	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: 9100 SW Trigger Court	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Dormer Addition
Cross street/directions to job site: SW Trigger Drive	
Subdivision: Gosselin Hill	Lot no.: 3
Tax map/parcel no.: 1S128DB11000	
DESCRIPTION OF WORK	
1. Addition of 75SF dormer for home office use. Remodel of adjacent master bedroom for access and closets. 2. Related mechanical and electrical work.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Navin Srivastava and Ly Phan	
Address: 9100 SW Trigger Ct	
City/State/ZIP: Beaverton OR 97008	
Phone: (805) 895-4754	Fax:
E-mail: navinsriv@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Navin Srivastava	
Address: 9100 SW Trigger Ct	
City/State/ZIP: Beaverton OR 97008	
Phone: (805) 895-4754	Fax:
E-mail: navinsriv@gmail.com	
CONTRACTOR	
Business name: Marius Ioan Radu	
Address: PO Box 2021	
City/State/ZIP: Portland OR 97208	
Phone:	Fax:
CCB lic.: 102095	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$32000
Number of bedrooms:	1
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet 75
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$293.55
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: NAVIN SRIVASTAVA	08/21/19

Building Permit Application

Arctic Racking Addition

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: 07/08/2019	Permit No.: B2019-2927
Date Issued: 9/16/2019	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 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: 5825 SW Arctic Circle	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Racking Addition
Cross street/directions to job site: n/a	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Adding a total of 24 additional bays of selective racking to their existing structure	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Earl and Brown	
Address: 5825 SW Arctic Circle	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 670-1176	Fax:
E-mail: jmichael.hansen@earlandbrown.com	

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Northwest Handling Systems	
Contact name: Jonathan Ridens	
Address: 18008 NE Airport Way	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 488-9317	Fax:
E-mail: jonathanr@nwhs.com	

CONTRACTOR	
Business name: B and B Installation	
Address: 14401 S Glen Oak Rd.	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 722-8155	Fax:
CCB Lic.: 067419	

Authorized signature: [Signature]	Date:
Print name: Jonathan Ridens	07/08/19

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	\$25000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	New Racking Install
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	\$574.24
Amount received	
Date received:	

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

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

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: 09/11/2019	Permit No.: B2019-3829
Date Issued: 9/16/2019	By: [Signature]
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: 8520 SW Monticello Ct	
City/State/ZIP: Beaverton , OR 97008	
Suite/bldg./apt. no.:	Project name: Schreiber Shields 33269
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 9 Helical Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kyla Schreiber Shields	
Address: 8520 SW Monticello Ct	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 730-9997	Fax:
E-mail:	
<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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$20,490.00
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	\$219.44
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: ELENITA RONQUILLO	09/10/19

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>9/11/2019</u>	Permit No.: B2019-3888
Date Issued: <u>9/11/2019</u>	<u>BW</u>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: 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: 423 Northwest 174th Terrace Beaverton , Oregon 97006	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N131CD00300	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 4.34	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Cameron Ramelli	
Address: 423 Northwest 174th Terrace, Beaverton, Oregon, 97006, United States	
City/State/ZIP:	
Phone: 2064271444	Fax:
E-mail: c.ramelli@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$9650.71
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$128.80
Amount received	
Date received:	

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

Authorized signature:	Date:
Print name: Jeff Lee	09/09/2019

* 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 B2019-3846
Date Issued: 9/17/2019	By: [Signature]
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: 16935 Southwest Kattgat Drive, Beaverton, Oregon, 97006, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 3.41 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ron Hall	
Address: 16935 Southwest Kattgat Drive, Beaverton, Oregon, 97006, United States	
City/State/ZIP:	
Phone: 7735805821	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Ariel Randall	
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	\$8,240.41
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.80
Amount received	
Date received:	

Authorized signature: <i>Jeff Lee</i>	Date:
Print name: Jeff Lee	08/20/2019

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 9/17/2019	Permit No.: B2019-3842
Date Issued: [Signature]	By: [Signature]
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: 16670 Northwest Mission Oaks Dr, Beaverton, Oregon, 97006, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: Five oaks/triple creek	Lot no.:
Tax map/parcel no.: 1N131DA10600	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 6.2 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Cynthia Pixley	
Address: 16670 Northwest Mission Oaks Dr, Beaverton, Oregon, 97006, Unit	
City/State/ZIP:	
Phone: 503-690-0730	Fax:
E-mail: cnpixley@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Hannah Webb	
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	\$12,492
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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: [Signature]	Date:
Print name: Jeff Lee	08/27/2019

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: <u>8-30-19</u>	Permit No.: <u>B2019-3709</u>
Date Issued: <u>9/11/2019</u>	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 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: <u>7770 Hillcrest Place</u>	
City/State/ZIP: <u>Beaverton OR 97062</u>	
Suite/bldg./apt. no.:	Project name: <u>Haskell Deck Project</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Demolition old Deck and replace with one landing, Stair Case, and dry storage system and Comet landing.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Owen Haskell</u>	
Address: <u>7770 Hillcrest Place</u>	
City/State/ZIP: <u>Beaverton OR - 97062</u>	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Rose City Urban Developments LLC</u>	
Contact name: <u>Ty Carr</u>	
Address: <u>1 Jefferson Parkway #255</u>	
City/State/ZIP: <u>Lake Oswego 97035</u>	
Phone: <u>503-660-2038</u>	Fax:
E-mail: <u>RCU.DLLC.PRO@Gmail.Com</u>	
CONTRACTOR	
Business name: <u>Rose City Urban Developments LLC</u>	
Address: <u>1 Jefferson Parkway #255</u>	
City/State/ZIP: <u>Lake Oswego 97035</u>	
Phone: <u>503-660-2038</u>	Fax:
CCB lic.: <u>217953</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>\$ 8355.48</u>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <u>William T. Carr</u>	Date: <u>9-30-2019</u>
Print name: <u>William T. Carr</u>	

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

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

Form B70-1001 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
 General Information (503) 526-2222
 BeavertonOregon.gov

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

OFFICE USE ONLY	
Date Received: 07/11/2019	Permit No.: B2019-2974
Date Issued: 9/10/2019	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

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

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 7865 SW 136th Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: WORKSHOP
Cross street/directions to job site: SW corner of lot on Hargis.	

Subdivision: Hyland Hills Plat 3	Lot no.: 1, Block 6
Tax map/parcel no.: R185061	

DESCRIPTION OF WORK	
A "Tuff Shed" 20ft by 28ft workshop erected on site	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bob Vandegriff	
Address: 7865 SW 136th Ave.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 918-990-1005	Fax:
E-mail: bobvandegriff@gmail.com	

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: W	
Contact name: Bob Vandegriff	
Address: 7865 SW 136th Ave.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 918-990-1005	Fax:
E-mail: bobvandegriff@gmail.com	

CONTRACTOR	
Business name: Tuff Shed	
Address: 6500 NE Halsey St.	
City/State/ZIP: Portland, OR 97213	
Phone: 503- 288-8833	Fax: 971-245-3941
CCB lic.: 105914	

Authorized signature:

Print name:	Date:
Bob Vandegriff	July 10, 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	\$38,000.00
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	\$459.83
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

Washington County

155 N. 1st AV, Suite 350, MS 12, Hillsboro, OR 97124

Land Use Approval: _____

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

Phone: 503-846-3470 www.co.washington.or.us

Project # _____

Permit #

9/10/2019
B2019-3713

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
JOB SITE INFORMATION AND LOCATION	
Job site address: 9825 SW Sunshine Ct.	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Graphic Products Lobby
Cross street/directions to job site: SW Arctic Dr./SW Sunshine Ct.	
Plan No.	Reissue: No <input type="checkbox"/> Yes <input type="checkbox"/> Reissue Proj:
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacement Storefront System	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Dave Smart	
Address: 9825 SW Sunshine Ct.	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 350-5629	Email: dsmart@graphicproducts.com
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: O'Brien & Company, LLC.	
Contact name: Kirill Grinko	
Address: 208 NW 21st Ave	
City/State/ZIP: Portland OR 97209	
Phone: (503) 750-0781	
Email: Kirill@obrien-co.com	
CONTRACTOR	
Business name: O'Brien & Company, LLC.	
Address: 208 NW 21st Ave	
City/State/ZIP: Portland OR 97209	
Phone: (503) 750-0781	CCB lic.: 195235
Email: Kirill@obrien-co.com	
ENGINEER	ARCHITECT
Engineer: Waypoint Engineering	Architect: N/A
Address: 601 Main Street #400	Address:
City/State/Zip: Vancouver WA 98660	City/State/Zip:
Phone: (360) 635-6611	Phone:
Email: jared@waypointwa.com	Email:
Authorized signature: Alexander Noble	Digitally signed by Alexander Noble Date: 2019.08.30 11:00:37 -07'00'
Print name: Alex Noble	Date: 8/29/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation \$64,902.46	
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.

STATEMENT OF FACT

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.

I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and /or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead based paint, I will comply with all such regulations. AN (initials)

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$648.58
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

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

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: 9/19/2019	Permit No.: B2019-3914
Date Issued: [Signature]	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: 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: 7830 SW EVERETT CT	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
SOLAR PV INSTALLATION 9.61 KW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SANGS, William	
Address: 7830 SW EVERETT CT	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-80-8233	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: PROSTAT ELECTRIC	
Contact name: Dale Kueger	
Address: 1721 NE 64th AVE	
City/State/ZIP: Vancouver, WA 98661	
Phone: 503-539-7772	Fax:
E-mail: dale.kueger@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: [Signature]	
Print name: Dale Kueger	Date: 9/12/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$207.20
Amount received	
Date received:	

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

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



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

OFFICE USE ONLY

Date Received: 09/09/2019 Permit No.: B2019-3813
 Date Issued: 9-17-19 By: [Signature]
 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: 8710 SW Maverick Terrace	
City/State/ZIP: Beaverton/OR/97008	
Suite/bldg./apt. no.:	Project name: Cottrell
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of 4.48kW solar photovoltaic system	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Carlton Cottrell	
Address: 8710 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Phone: 5039397881	Fax:
E-mail: carltoncottrell@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Imagine Energy	
Contact name: Heath Kearns	
Address: 7001 NE Columbia Blvd	
City/State/ZIP: Portland, OR 97218	
Phone: 5419122390	Fax:
E-mail: H.Kearns@imagineenergy.net	
CONTRACTOR	
Business name: Imagine Energy	
Address: 7001 NE Columbia Blvd	
City/State/ZIP: Portland, OR 97008	
Phone: 5419122390	Fax:
CCB lic.: 167963	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$14,500
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

Authorized signature: [Signature]
 Print name: Heath Kearns Date: 09/09/2019

Building Permit Application



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

REV 19-313

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OFFICE USE ONLY

Date Received:	9/19/2019	Permit No.:	B2019-2663
Date Issued:		By:	
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Existing Cell Site
JOB SITE INFORMATION AND LOCATION	
Job site address: 14645 Southwest Davis Road	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Murray & Allen-PT88
Cross street/directions to job site: SW Allen Blvd/See drawings	
Subdivision:	Lot no.:
Tax map/parcel no.: 1464514645	
DESCRIPTION OF WORK	
Removal of (3) RRU, adding (3) antennas, (6) RRU and (1) DC trunk to and existing monopole.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Western Oregon Conf. Of Seventh Day Adventists	
Address: 19800 Oatfield Road	
City/State/ZIP: Clackamas, OR 97207	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Smartlink LLC- On behalf AT&T Mobility	
Contact name: Alice Shannon	
Address: 11410 NE 122nd Way	
City/State/ZIP: Kirkland, WA 98034	
Phone: (360) 772-1412	Fax:
E-mail: Alice.Shannon@Smartlinkllc.com	
CONTRACTOR	
Business name: Ericsson Inc	
Address: 8100 SW Nyberg Rd. Ste 290	
City/State/ZIP: Thualatin OR 97062	
Phone: 503-878-3337	Fax:
CCB lic.: 209384	

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

Authorized signature:	Date:
Print name: Alice Shannon	08/23/19

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

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

Building Permit Application

Approved

Community Development Department
 Building Division
 1100 NE Oregon Way / PO Box 4755
 Beaverton, OR 97076
 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE 1/BLDG DIV WG-8

OFFICE USE ONLY	
Date Received: 07/17/2019	Permit No.: B2019-3059
Date Issued: 9/19/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14900 SW Scholls Ferry Road	
City/State/ZIP: Beaverton, Oregon 97007	
Suite/bldg./apt. no.:	Project name: Montevista at Murrayhill
Cross street/directions to job site: SW Horizon Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New interior partitions, casework, fireplace insert, lighting, doors and glazing.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Montevista at Murrayhill Apartments	
Address: 14900 SW Scholls Ferry Road	
City/State/ZIP: Beaverton, Oregon 97007	
Phone: (503) 205-0017	Fax:
E-mail: twallace@pinnacleliving.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: LRS Architects	
Contact name: Jena Sinclair	
Address: 720 NW Davis Street, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 221-1121	Fax:
E-mail: jsinclair@lrsarchitects.com	
CONTRACTOR	
Business name: Morrison Construction LLC	
Address: 8830 SW Umatilla Street	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 709-1072	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:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	62,250
Existing building area:	square feet 1002
New building area:	square feet 1002
Number of stories:	single
Type of construction:	VB
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	\$1,046.48
Amount received	
Date received:	

Authorized signature:	Date: 7.16.19
Print name: JENA SINCLAIR	

This permit application expires if a 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

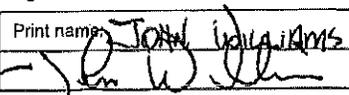
OFFICE USE ONLY	
Date Received: 9-20-19	Permit No.: B2019-3961
Date Issued: 9-20-19	By: JW
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3700 S.W.Murry	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Security Upgrade
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of double door	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Washington County	
Address: 169 N. First Ave	
City/State/ZIP: Hillsboro, OR 97005	
Phone: (508) 846-4841	Fax:
E-mail: john_williams@co.washington.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Washington County	
Contact name: John Williams	
Address: 196 N. First Ave	
City/State/ZIP: Hillsboro, OR 97005	
Phone: (503) 846-4841	Fax:
E-mail: john_williams@co.washington.or.us	
CONTRACTOR	
Business name: same as 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:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4000
Existing building area:	square feet 49990
New building area:	square feet
Number of stories:	2
Type of construction:	Stick
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: 

Print name: JOHN WILLIAMS Date: 9/18/19

Building Permit Application



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

OFFICE USE ONLY

Date Received: 09/20/2019	Permit No.: B2019-3975
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input 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: 12305 SW Horizon Blvd.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 15	Project name: Stretch Lab TI
Cross street/directions to job site: Progress Ridge Town Square Bldg J Progress Ridge Town Square Bldg J	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 1 new sprinkler head drop from existing wet system to cover new office.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: breanna@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	Date: 09/19/19

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$650.00
Existing building area:	square feet TI-1,265
New building area:	square feet
Number of stories:	1
Type of construction:	V-B
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	
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: 9-20-19	Permit No.: B2019-39163
Date Issued: 9-20-19	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 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: 4130 SW 117th Ave	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.: B, D, E	Project name: CANYON Square
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural modifications for Rte replacements	
<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: Name as contractor	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Willamette HVAC LLC	
Address: 3075 SE Centary Blvd Ste 206	
City/State/ZIP: Hillsboro, OR 97123	
Phone: 503.259.3200	Fax: 503-848-2597
CCB lic.: S6951	
Authorized signature: <i>[Signature]</i>	
Print name: Michael Melstrom	Date: 9/20/19

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

FA ALARMS CRUMBLE COOKIES

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 V/TDD
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 8/27/2019	Permit No.: B2019-3639
Date Issued: 9-24-19	By: MK
CITY OF BEAVERTON	
Payment Type:	

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: 2725 SW CEDAR HILLS BOULEVARD	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.: STE 122	Project name: CRUMBL COOKIES
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD FIRE ALARM NOTIFICATION IN TENANT SPACE	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: STONER ELECTRIC, INC.	
Contact name: DENNIS WHITCOMB	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 462-5214	Fax:
E-mail: PERMITS@STONERGROUP.COM	
CONTRACTOR	
Business name: STONER ELECTRIC, INC.	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 462-6500	Fax:
CCB lic.: 44823	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$3,500
Existing building area:	square feet 1300
New building area:	square feet 1300
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	B
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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: Dennis Whitcomb	08/27/19

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: 09/12/2019	Permit No.: B2019-3845
Date Issued: 9-24-19	By: <i>TKL</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 type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13000 SW 2nd. ST.	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: BHS Concessions and RR
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Modify existing fire alarm system, and provide new devices.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW. Merlo RD	
City/State/ZIP: Beaverton OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Johnson Controls	
Contact name: Sarah McElligott	
Address: 6305 SW Rosewood Suite A	
City/State/ZIP: Lake Oswego OR 97035	
Phone: (503) 387-9232	Fax:
E-mail: sarah.patricia.mcelligott@jci.com	
CONTRACTOR	
Business name: Johnson Controls	
Address: 6305 SW Rosewood Suite A	
City/State/ZIP: Lake Oswego OR 97035	
Phone: (503) 387-9232	Fax:
CCB lic.: 149921	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$9,990.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	Adding a stand alone FACP
Occupancy groups:	
Existing:	
New: 4007ES HYBRID FACP, PLATINUM	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$111.78
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Sarah McElligott	09/11/19

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 9-25-19	Permit No.: B2019-4022
Date Issued: 9-25-19	By: <i>ML</i>
	Payment Type: <i>ML</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar 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: 11590 Southwest Butte Lane, Beaverton, Oregon, 97008, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: Vose	Lot no.: T1S R1W S22
Tax map/parcel no.: 1S122CA13000	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 6.62 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Maria L Martinez De Gutierrez	
Address: 11590 Southwest Butte Lane, Beaverton, Oregon, 97008, United St	
City/State/ZIP:	
Phone: 510-375-2979	Fax:
E-mail: loudesmartinez2624@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Hannah Webb	
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	\$15,315
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	Date:
Jeff Lee	09/23/2019

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 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 9-25-19	Permit No.: B2019-4026
Date Issued: 9-25-19	By: <i>ML</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 buidler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 175 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Do Solar System
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S106AB08100	
DESCRIPTION OF WORK	
4.96kW rooftop solar pv system. (16) Silfab modules and (1) SolarEdge inverter. IronRidge racking system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Hung Do	
Address: 175 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 9700	
Phone: (503) 453-2280	Fax:
E-mail: hungdo55@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Sunbridge Solar	
Contact name: Haley Polk	
Address: 421 C St Unit 5A	
City/State/ZIP: Washougal, WA 98671	
Phone: (971) 325-4164	Fax:
E-mail: haley@sunbridgesolar.com	
CONTRACTOR	
Business name: Sunbridge Solar	
Address: 421 C ST Unit 5A	
City/State/ZIP: Washougal, WA 98671	
Phone: (971) 325-4164	Fax:
CCB lic.: 189787	

Authorized signature: <i>Haley Polk</i>	Date: 9/24/2019
Print name: Haley Polk	

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

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 VTDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 9-25-19	Permit No.: B2019-4024
Date Issued: 9-25-19	By: <i>[Signature]</i>
	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldier	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16605 SW Oregon Jade Ct	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Ambati Solar System
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S130DA03600	
DESCRIPTION OF WORK	
9.28kW rooftop solar pv system. (29) Panasonic modules (29) Enphase microinverters. IronRidge racking system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ashok Ambati	
Address: 16605 SW Oregon Jade Ct	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 484-0185	Fax:
E-mail: ashok.ambati@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Sunbridge Solar	
Contact name: Haley Polk	
Address: 421 C St Unit 5A	
City/State/ZIP: Washougal, WA 98671	
Phone: (971) 325-4164	Fax:
E-mail: haley@sunbridgesolar.com	
CONTRACTOR	
Business name: Sunbridge Solar	
Address: 421 C ST Unit 5A	
City/State/ZIP: Washougal, WA 98671	
Phone: (971) 325-4164	Fax:
CCB lic.: 189787	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$207.20
Amount received	
Date received:	

Authorized signature: *[Signature: Haley Polk]*

Print name: Haley Polk

Date: 9/24/2019

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

Westin Hotel

Approved

Submitted Elect. 8/21/18

Building Permit Application

Place Holder Date

Electronic Submittal

Spec/BLDG DIV WGE-8

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 226-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 8/28/2018	Permit No: B2018-2055
Date Issued: 9-25-17	By: MK
	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 15655 NW Blue Ridge Dr.	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Element by Westin
Cross street/directions to job site: NW Greenbrier Pkwy & NW 158th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New 4 story hotel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BHG-E of Beaverton, LLC	
Address: 2640 47th Street South	
City/State/ZIP: Fargo, ND 58104	
Phone: (701) 551-8905	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Brandt Hospitality Group	
Contact name: Matt Kalbus	
Address: 2640 47th Street South	
City/State/ZIP: Fargo, ND 58104	
Phone: (701) 551-8911	Fax:
E-mail: matt.kalbus@brandthg.com	
CONTRACTOR	
Business name: Brandt Hospitality Group	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 223161	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$10,249,177
Existing building area:	square feet None
New building area:	square feet 70,491
Number of stories:	4
Type of construction:	V-A
Occupancy groups:	
Existing:	N/A
New:	R-1/A-3 separated
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being 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>Matt Kalbus</i>	Date: 6/27/18
Print name: Matt Kalbus	

This permit application expires if a 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: 9/22/19	Permit No.: B7014-4002
Date Issued:	By: <i>aw</i>
	Payment Type: <i>check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6480 SW 155th Ave	
City/State/ZIP: Beaverton, OR., 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 155th & Davis	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
replace old deck with new deck	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Dale Stuewe	
Address: 6480 SW 155th Ave	
City/State/ZIP: Beaverton, OR. 97007	
Phone: 971-285-2210	Fax:
E-mail: Dvstu7@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Dale Stuewe	
Address: 6480 SW 155th Ave	
City/State/ZIP: Beaverton, OR. 97007	
Phone: 971-285-2210	Fax:
E-mail: dvstu7@gmail.com	
CONTRACTOR	
Business name: Home Owner	
Address: 6480 SW 155th Ave	
City/State/ZIP: Beaverton, OR. 97007	
Phone: 971-285-2210	Fax:
CCB lic.:	

Authorized signature:	Date:
Print name: Dale Stuewe	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 192
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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

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: 8/6/2019	Permit No.: B2019-3354
Date Issued: 9-27-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10750 SW Denny Road, Bldg 5	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: bldg 5	Project name: Denny Road Phase 2
Cross street/directions to job site: SW corner of 217 & Denny Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
add and delete sprinkler to accommodate new walls and overhead doors.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Denny Road Industrial Park, LLC	
Address: 1121 SW Salmon, Street, suite 500	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 242-2900	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Ted Baker	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: ted.baker@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	\$4,650.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1.00
Type of construction:	5B
Occupancy groups:	
Existing:	B
New:	B

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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: 08/05/19
Print name: Ted Baker	

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: 9/30/19	Permit No.: B2019-4087
Date Issued:	By: <i>clm</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 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: 11475 SE Center St	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: E & F	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace Roof	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brookshire Apts	
Address: 11595 SW Center St	
City/State/ZIP: Beaverton OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>Dunco Roofing</i>	
Contact name: <i>Wayne Aksen</i>	
Address: 2029 SE Torbank Rd	
City/State/ZIP: <i>Milwaukee OR 97222</i>	
Phone: 360-607-2870	Fax:
E-mail:	
CONTRACTOR	
Business name: <i>Dunco Roofing</i>	
Address: 2029 SE Torbank Rd	
City/State/ZIP: <i>Milwaukee OR 97222</i>	
Phone: 503-475-9093	Fax:
CCB lic.: 190292	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 under the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being 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: 9/30/19
Print name: <i>Wayne Aksen</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