

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 V/TDD
BeavertonOregon.gov



RECEIVED OFFICE USE ONLY	
Date Received: 09/27/2019	Permit No.: B2019-4083
Date Issued: 12/9/2019	Payment Type:

CITY OF BEAVERTON BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13590 SW Whitworth Ct	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apl. no.:	Project name: Menlo Estates
Cross street/directions to job site: SW Whitworth Ct & SW Menlo Dr	
Subdivision: Menlo Estates	Lot no.: 1
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction of Home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: K5 Urban Properties and Management	
Address: PO Box 25332	
City/State/ZIP: Portland OR 97298	
Phone: (503) 954-3435	Fax:
E-mail: kristine@hasson.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bella Terra Homes	
Contact name: Chris McGehee	
Address: PO Box 25571	
City/State/ZIP: Portland, OR 97298	
Phone: (503) 292-9344	Fax: (503) 297-7524
E-mail: chris@bellaterrahomes.net	
CONTRACTOR	
Business name: Bella Terra Homes	
Address: PO Box 25571	
City/State/ZIP: Portland, OR 97298	
Phone: (503) 292-9344	Fax: (503) 297-7527
CCB lic.: 154309	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$420,130.47
Number, of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3517 square feet
Garage/carport area:	505 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,650.40
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: Chris McGehee

Date: 9/24/19

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: 1/27/2019	Permit No.: B2019-4938
Date Issued: 1/27/2019	Fax:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15743 SW Thrush Lane	
City/State/ZIP: Beaverton Oregon 97007	
Sublte/bldg./apt. no.:	Project name: Westmont
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 109
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 3726 AL	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton	
Address: 4380 SW Macadam Ave STE 200	
City/State/ZIP: Portland Oregon 97239	
Phone: (503) 721-2393	Fax:
E-mail: esweeks@drhorton.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SAME AS ABOVE	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAME AS ABOVE	
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	375,120.00
Number, of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2661
Garage/carport area:	square feet 465
Covered porch area:	square feet 144
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1512.43
Amount received	
Date received:	

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

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

Authorized signature:

Print name: Kristin Thurston	Date: 11/11/19
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Building Permit Application

Cedar Grove MF

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

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

OFFICE USE ONLY

Date Received: <u>6/24/2019</u>	Permit No.: <u>B209-2011</u>
Date Issued: <u>12/3/2019</u>	BY: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>812 NW Murray Boulevard (existing address)</u>	
City/State/ZIP: <u>Beaverton OR 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Cedar Grove</u>
Cross street/directions to job site: <u>SE corner of Cornell Road and Murray Blvd. Enter the site from Joy Avenue off of Cornell Road</u>	
Subdivision: <u>Gredvig's Subdivision</u>	Lot no.: <u>3400 & 3500</u>
Tax map/parcel no.: <u>W1/4 SE1/4 SECT 33 TIN RIW WM</u>	
DESCRIPTION OF WORK	
New construction of 4-story apartment building with 44 units, two community rooms, and offices for management and resident services. The building is wood construction type VA with NFPA 13 fire sprinklers throughout. 30 parking spaces, two plazas and stormwater facility on site	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Community Partners for Affordable Housing</u>	
Address: <u>PO Box 23206</u>	
City/State/ZIP: <u>Tigard OR 97281</u>	
Phone: <u>(503) 293-4038</u>	Fax:
E-mail: <u>jsaurage@cpahinc.org</u>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Carleton Hart Architecture</u>	
Contact name: <u>Melissa Soots</u>	
Address: <u>830 SW 10th Ave #200</u>	
City/State/ZIP: <u>Portland OR 97205</u>	
Phone: <u>(503) 206-3187</u>	Fax:
E-mail: <u>melissa.soots@carletonhart.com</u>	
CONTRACTOR	
Business name: <u>LMC Construction</u>	
Address: <u>19200 SW Teton Avenue</u>	
City/State/ZIP: <u>Tualatin, OR 97062</u>	
Phone: <u>(503) 646-0521</u>	Fax: <u>(503) 646-6823</u>
CCB lic.: <u>161282</u>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,454,723.70
Existing building area:	square feet 0
New building area:	square feet 39,304
Number of stories:	4
Type of construction:	VA
Occupancy groups:	
Existing:	none
New:	R-2 with accessory B and A-3

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$19,893.34
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: <u>[Signature]</u>	Date: <u>5/8/19</u>
Print name: <u>Jillian Saurage Felton</u>	

Building Permit Application

Approved

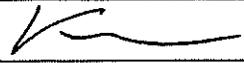
Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Fax: (503) 526-2550
 (503) 526-2222
 BeavertonOregon.gov

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

OFFICE USE ONLY

Date Received: 6-19-2019 Permit No.: B2019-2624
 Date Issued: 12/2/2019 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: 11753 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: Trader Joe's #141
Cross street/directions to job site: SW Broadway Street and SW Beaverton Hillsdale Hwy	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Existing tenant will occupy an additional 3,042 s.f. of the former adjacent tenant. Project scope consists of an expanded back of house and sales floor, including: new rest rooms, new frozen units, new refrigerated cases, new food storage, new store shelving and added check stands.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Trader Joe's Company, Inc.	
Address: 800 South Shamrock Ave.	
City/State/ZIP: Monrovia, California 92626	
Phone: (626) 599-3828	Fax:
E-mail: dmelanson@traderjoes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Tiland / Schmidt Architects, P.C.	
Contact name: Kevin Mohr	
Address: 3611 SW Hood Ave., Suite 200	
City/State/ZIP: Portland, Oregon 97239	
Phone: (503) 220-8517	Fax: (503) 220-8518
E-mail: kevinmohr@tilandschmidt.com	
CONTRACTOR	
Business name: PSR - West Coast Builders	
Address: 3458 Mt. Diablo Blvd.	
City/State/ZIP: Lafayette, California 94549	
Phone: (925) 298-2832	Fax:
CCB lic.: 197278	

Authorized signature: 	Date:
Print name: Kevin Mohr	6-18-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 750,000.00	
Existing building area:	square feet 10,371
New building area:	square feet 13,413
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	M
New:	M
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$6,063.19
Amount received	
Date received:	

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Receive	12/3/2019
Date Issued:	12/3/2019
Permit No	B2019-4959
By:	<i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 14075 SW Barlow Pl	
City/State/ZIP: Beaverton, Or 97008	
Suite/bldg./apt. no.:	Project name: Hiransomboon
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of 12.8kW solar photovoltaic system	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Michael Hiransomboon	
Address: 14075 SW Barlow Pl	
City/State/ZIP: Beaverton, Or 97008	
Phone: 971.806.7219	Fax:
E-mail: mhiran1@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Imagine Energy, LLC	
Contact name: Derra Gannon	
Address: 7001 NE Columbia Blvd	
City/State/ZIP: Portland, Or 97218	
Phone: 503.317.4124	Fax:
E-mail: d.gannon@imagineenergy.net	
CONTRACTOR	
Business name: Imagine Energy, LLC	
Address: 7001 NE Columbia Blvd	
City/State/ZIP: Portland, Or 97218	
Phone: 503.447.9585	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	\$33,650
Number of bedrooms:	
Number of bathrooms:	2
Total number of floors:	3
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	207.20
Amount received	
Date received:	

DocuSigned by:
 Authorized signature: *Derra Gannon*
 Print name: Derra Gannon
 Date: 11/21/2019

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 2/5/2019	Permit No: B2019-5005
Date Issued: 2/5/2019	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9755 SW Barnes Rd	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: #150	Project name: Atwell TI
Cross street/directions to job site: Peterkort Centre Campus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Remodel	
PROPERTY OWNER	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tina Beavers (Property Manager)	
Address: 9755 SW Barnes Rd #620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail: tbeavers@peterkort.com	
APPLICANT	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ankrom Moisan Architects	
Contact name: Avery Asato	
Address: 38 NW Davis St #300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 952-1317	Fax:
E-mail: averya@ankrommoisan.com	
CONTRACTOR	
Business name: Denali Construction	
Address: PO Box 69	
City/State/ZIP: Canby, OR 97013	
Phone: (503) 849-4435	Fax:
CCB lic.: 208947	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	39,692
Existing building area:	square feet 2086
New building area:	square feet 2086
Number of stories:	6
Type of construction:	Type II-A, Sprinklered
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	1,899.55
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Avery Asato	12/03/19

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

(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



RECEIVED

OFFICE USE ONLY	
Date Received: 11/21/2019	Permit No.: B2019-4857
Date Issued: 12/5/2019	GM
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 2145 SW 79th Ave.	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Ambrose Remodel
Cross street/directions to job site: West Slope Dr. To RIGHT ON SW 79th	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Convert garage to living space; level Family Room floor; add 3 pair of doors to west Family Room Wall; modify existing HVAC system to add supply ducts in new Kid's Room, Utility and bathroom;	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mike & Jillian Ambrose	
Address: 2145 SW 79th	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 849-8828	Fax:
E-mail: waddleboy@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: The Grout Company	
Contact name: Randy Grout	
Address: 1120 NW 14th Ave.	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 969-2086	Fax:
E-mail: grgrout@thegroutcompany.com	
CONTRACTOR	
Business name: The Grout Company	
Address: 1120 NW 14th Ave.	
City/State/ZIP: Portland, OR 97209	
Phone (503) 969-2086	Fax:
CCB lic.: 35451	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	91,013
Number, of bedrooms:	0
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	square feet 576
Garage/carport area:	square feet 0
Covered porch area:	square feet 0
Deck area:	square feet 0
Other structure area:	square feet 0

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$799 ²⁷
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

Authorized signature: <i>by G Randolph Grout</i>	Date:
Print name: G Randolph Grout	11/04/20



Building Permit Application

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

OFFICE USE ONLY

Date Received:	Permit No.: B2019-3080
Date Issued: 12/2/19	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4440 SW 148th Ave	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: SSMO Walk In
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install new Walk In Cooler	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: SSMO	
Address: 4440 SW 148th Ave	
City/State/ZIP: Beaverton OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW Precision Design	
Contact name: Darin Bouska	
Address: 17407 SW Inkster Dr.	
City/State/ZIP: Sherwood OR 97140	
Phone: 503-680-6444	Fax:
E-mail: Darin@NW-Precision.com	
CONTRACTOR	
Business name: Bulldog Mechanical	
Address: 3307 NE 39TH STREET	
City/State/ZIP: VANCOUVER WA 98661	
Phone: 360-901-2610	Fax:
CCB lic.: 152993	

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

Authorized signature:	Date:
Print name: Darin Bouska	12/2/19

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

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



RECEIVED

OFFICE USE ONLY	
Date Received: 10/07/2019	Permit No.: B2019-4179
Date Issued: 12/20/19	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: 12726 SW Incline Drive	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 92
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: South Cooper Mountain Owner, LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: 360-695-7700	Fax: 360-891-4701
E-mail: permitsubmittals@polygonhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Polygon WLH LLC	
Contact name: Tonja Morris	
Address: 703 Broadway St., Ste. 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
E-mail: permitsubmittals@polygonhomes.com	
CONTRACTOR	
Business name: Polygon Homes, WLH LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
CCB lic.: 204238	

Authorized signature:	Date:
Print name: Tonja Morris	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	\$265,645.19
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	1983 square feet
Garage/carport area:	437 square feet
Covered porch area:	72 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,175.17
Amount received	
Date received:	

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

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

Approved

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 10/07/2019	Permit No.: B2019-4180
Date Issued: 12/12/2019	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12732 SW Incline Drive	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 93
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: South Cooper Mountain Owner, LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: 360-695-7700	Fax: 360-891-4701
E-mail: permitsubmittals@polygonhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Polygon WLH LLC	
Contact name: Tonja Morris	
Address: 703 Broadway St., Ste. 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
E-mail: permitsubmittals@polygonhomes.com	
CONTRACTOR	
Business name: Polygon Homes, WLH LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
CCB lic.: 204238	
Authorized signature:	Date:
Print name: Tonja Morris	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$269,876.29
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2162 square feet
Garage/carport area:	459 square feet
Covered porch area:	130 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,187.44
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

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

RECEIVED

OFFICE USE ONLY

Date Received: 10/07/2019	Permit No.: B2019-4187
Date Issued: 10/10/2019	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 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: 12802 SW Incline Drive	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 94
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: South Cooper Mountain Owner, LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: 360-695-7700	Fax: 360-891-4701
E-mail: permitsubmittals@polygonhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Polygon WLH LLC	
Contact name: Tonja Morris	
Address: 703 Broadway St., Ste. 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
E-mail: permitsubmittals@polygonhomes.com	
CONTRACTOR	
Business name: Polygon Homes, WLH LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
CCB lic.: 204238	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$260,870.71
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	1962 square feet
Garage/carport area:	403 square feet
Covered porch area:	46 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,159.84
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: Tonja Morris Date:

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 12-5-2019	Permit No.: B2019-5057
Date Issued: 12-9-2019	By: HK
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8265 Cascade Square	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.: 500 & 506	Project name: Cascade Square Ste 500
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Affidavit - Add and relocate pendent sprinkler heads due to new walls	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investments	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Fire one Fire Systems, INC	
Contact name: Nick Bocchetti	
Address: Po Box 734	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
E-mail: nick@fireone.org	
CONTRACTOR	
Business name: Fire One Fire Systems, INC	
Address: PO Box 734	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
CCB lic.: 98140	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	1,875.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	Tenant Improvement
Occupancy groups:	Office - Light Hazard
Existing:	Office
New:	Office
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Nick S Bocchetti	12/05/19

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

Approved



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 11/13/2019	Permit No.: B2019-4720
Date Issued: 12-9-19	By: <i>HLK</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: 11645 SW BEAVERTON-HILLSDALE HWY	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: NEBULOUS TAP ROOM
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALLATION OF 16FT X 10FT WALK IN COOLER WITH REMOTE CONDENSING UNIT ON THE ROOF	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ARCTIC HEATING & REFRIGERATION	
Contact name: CHRIS NELSON	
Address: 5809 SE JOHNSONCREEK BLVD	
City/State/ZIP: PORTLAND OR 97206	
Phone: (503) 735-2808	Fax:
E-mail: ARCTIC52@MSN.COM	
CONTRACTOR	
Business name: ARCTIC HEATING & REFRIGERATION	
Address: 5809 SE JOHNSONCREEK BLVD	
City/State/ZIP: PORTLAND OR 97206	
Phone: (503) 735-2808	Fax:
CCB lic.: 207452	

RECEIVED

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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</i> \$5,750
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$208.69
Amount received	
Date received:	

Authorized signature:	
Print name:	CHRIS NELSON
Date:	11/12/20

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

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

Form B70-1001 REV 11/19

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97078
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY

Date Received:	Permit No.:
Date Issued: 12/9/2019	BM 152019-5075
Payment Type:	

TYPE OF WORK

- New construction Demolition
 Addition/alteration/replacement Other:

CATEGORY OF CONSTRUCTION

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

JOB SITE INFORMATION AND LOCATION

Job site address: 12845 SW Canyon Rd
 City/State/ZIP: Beaverton OR 97005
 Suite/bldg./apt. no.: Project name:
 Cross street/directions to job site:
 Subdivision: Lot no.:
 Tax map/parcel no.:

DESCRIPTION OF WORK

Tear off existing asphalt shingle roof
 Install CertainTeed Landmark Pro asphalt
 Shingles.

- PROPERTY OWNER TENANT

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

- APPLICANT CONTACT PERSON

Business name:
 Contact name:
 Address:
 City/State/ZIP:
 Phone: Fax:
 E-mail:

CONTRACTOR

Business name: C.C. and L. Roofing Co.
 Address: 3319 SE 92nd Ave
 City/State/ZIP: Portland, OR 97226
 Phone: Fax:
 CCB lic.: 46625

Authorized signature: *Shawn Cornwell*

Print name: Shawn Cornwell Date: 12-9-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation \$ 23,000.00
 Existing building area: square feet
 New building area: square feet
 Number of stories:
 Type of construction:
 Occupancy groups:
 Existing:
 New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 611.39
 Amount received
 Date received:

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

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

Building Permit Application



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

OFFICE USE ONLY

Date Received:	Permit No. B2019-3090
Date Issued: 12/10/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 16365 NW TWIN OAKS Dr.	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.:	Project name: SHAO WEN YU
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK *	
TEAR OFF EXISTING MODIFIED ROOFING. INSTALL 2-LAYERS INSULATION. DEMO. DECK SINE BOARD 1/4" INSTALL GOMILT PO membrane ROOFING	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SHAO WEN YU	
Address: 16365 NW TWIN OAKS DR.	
City/State/ZIP: BEAVERTON OR 97006	
Phone: 503-309-3959	Fax:
E-mail: YUSHAO WEN@GMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ALL ABOUT ROOFS LLC	
Contact name: BRAD WATSON	
Address: 2505 N PORTLAND RD.	
City/State/ZIP: NEWBERG OR 97132	
Phone: 503-538-5066	Fax: 503-554-5919
E-mail: ALLABOUTROOFSLLC@YAHOO.COM	
CONTRACTOR	
Business name: All about Roofs LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: 171158	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	233,328.00
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	2,728.42
Amount received	
Date received:	

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

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

X Authorized signature: Brad Watson	Date:
Print name:	

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 12/05/2019	Permit No.: B2019-5028
Date Issued: 12/11/2019	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 16010 SW Audubon St.	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.: Unit 104	Project name: Garage Conversion
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Garage conversion (adding a storage room) Framing wall, running 2 outlets, switch and a light fixture Drywall to meet the code Installing a door to storage room	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Andres Zacharovas	
Address: 16010 SW Audubon St. UNIT 104	
City/State/ZIP: BEAVERTON, OR 97003	
Phone: 971-717-4419	Fax:
E-mail: andres@neilansconstruction.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: Neilans Construction	
Address: 16010 SW Audubon St.	
City/State/ZIP: Beaverton, OR 97003	
Phone: 971-717-4419	Fax:
CGB lic.: 213637	

Authorized signature:	Print name: ANDRES ZACHAROVAS	Date: 12/5/2019
-----------------------	-------------------------------	-----------------

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:	\$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	\$67.39
Amount received	
Date received:	

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

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

Building Permit Application

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



Bluebeam # 706-556-316
 DENO 19-3771

OFFICE USE ONLY	
Date Received: 10-21-2019	Permit No.: B2019-4361
Date Issued: 12/11/2019	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: 11000 SW Stratus Street	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Creekside 4
Cross street/directions to job site: SW Stratus Street & SW Nimbus Avenue	
Subdivision: Marathon Industrial Park	Lot no.: 19, 20, 21
Tax map/parcel no.: 1S127AC00800	
DESCRIPTION OF WORK	
Core & shell renovation of an existing office building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Meriwether Partners LLC	
Address: 1136 NW Hoyt Street, Suite 220	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 889-0098	Fax:
E-mail: mbernatz@mericap.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: LRS Architects	
Contact name: Evan VanSandt	
Address: 720 NW Davis, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 221-1121	Fax: (503) 221-2077
E-mail: evansandt@lrsarchitects.com	
CONTRACTOR	
Business name: Western Construction Services, Inc	
Address: 2300 East 3rd Loop, Suite 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 699-5317	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	\$750,000
Existing building area:	square feet 63,992
New building area:	square feet 63,992
Number of stories:	3
Type of construction:	II-B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$6,063.19
Amount received	
Date received:	

Authorized signature: *Evan VanSandt*

Print name: Evan VanSandt	Date: 10/18/19
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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

Building Permit Application

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

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



RECEIVED OFFICE USE ONLY

Date Received: 07/22/2019	Permit No.: B2019-3113
Date Issued: 7/21/2019	Payment Type:

**CITY OF BEAVERTON
BUILDING DIVISION**

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16285 SW JADE VIEW WAY	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.:	Project name: JV5
Cross street/directions to job site:	
Subdivision:	Lot no.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NFPA 13D New fire sprinkler system for a newly-constructed residence.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Gertz Fine Homes	
Address: 19200 SW 46th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-3390	Fax:
E-mail: Ken@gertzco.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Triad Fire Protection	
Contact name: Todd Sexton	
Address: 1927 NE Rodney Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 856-6333	Fax:
E-mail: office@triad-fire.com	
CONTRACTOR	
Business name: Triad Fire Protection	
Address: 1927 NE Rodney Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 856-6333	Fax:
CCB lic.: 199988	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	4167
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$258.64
Amount received	
Date received:	

Authorized signature:

Print name: Allana Corrigan	Date: 07/21/19
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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



Building Permit Application

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

OFFICE USE ONLY

Date Received:	Permit No. 32019-5119
Date issued: 12/12/2019	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: 15236 NW Greenbrier Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Cornell Oaks DCDA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacement of existing 8" fire system DCDA in sub-terrain vault.	
<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: McKinstry Co LLC	
Contact name: Nate Newberry	
Address: 16790 NE Mason St. Suite 100	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 858-8602	Fax:
E-mail: natene@mckinstry.com	
CONTRACTOR	
Business name: Mckinstry Co LLC	
Address: 16790 NE Mason St. Suite 100	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 331-0234	Fax:
CCB lic.: 172811	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$13,000
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	468.77
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Nate Newberry	12/11/19

Scrap Reclaim T I



Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4756
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2560
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 11/04/2019	Permit No.: B2019-4560
Date Issued: 12/12/2019	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: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Scrap Reclaim - Mezz
Cross street/directions to job site: SW 141st & SW Hocken	
Subdivision:	Lot no.:
Tax map/parcel no.: R2088984	
DESCRIPTION OF WORK	
Install Dust collection system, vacuum pump, and enclosure for vacuum pump on the mezzanine.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike, Air M.I.	
Contact name: Ferdie Williams	
Address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Phone: (971) 226-0441	Fax:
E-mail: ferdie.williams@nike.com	
CONTRACTOR	
Business name: Omega Morgan	
Address: 23810 NW Huffman St	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 647-7474	Fax:
CCB lic.: 127213	

BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$15,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$753.73
Amount received	
Date received:	

Authorized signature:	Date:
	10/18/19
Print name:	
Ferdie Williams	

This permit application expires if a 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
 12726 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 11/15/2019	Permit No.: B2019-4768
Date Issued: 12/22/2019	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
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: 15705 NW BLUERIDGE DR	
City/State/ZIP: Beaverton OR 97006	
Sub/bldg./apt. no.:	Project name: AC Hotels - Marriott
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install (1) illuminated Monument Sign	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: AC Hotels - Marriott	
Address: 15655 NW Blueridge Rd	
City/State/ZIP: Beaverton OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ramsay Signs	
Contact name: Chris Brown	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
E-mail: CBrown@ramsaysigns.com	
CONTRACTOR	
Business name: Ramsay Signs	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
OCB No.: 63482	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	5000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$115.83
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Chris Brown	

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 10/07/2019	Permit No.: B2019-4189
Date issued: 12-6-19	By: clm
CITY OF BEAVERTON	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11350 SW Canyon Rd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: BMU
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Sprinkler monitoring and elevator recall.	
<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: Security First Alarm, LLC	
Contact name: Rick Waldrop	
Address: 515 NW Saltzman Rd. # 825	
City/State/ZIP: Portland, OR 97229	
Phone: (503) 998-4033	Fax: (503) 672-7751
E-mail: rick@securityfirstalarm.com	
CONTRACTOR	
Business name: Same As Above	
Address:	
City/State/ZIP:	
Phone: (503) 296-9100	Fax:
CCB lic.: 190582	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	6000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$284.91
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Rick Waldrop	10/07/19

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

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

Form B70-1001 REV 2/14

Approved Building Permit Application



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

OFFICE USE ONLY

Date Received: 12/4/2019	Permit No.: B2019-5004
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15925 SW Nighthawk Drive	
City/State/ZIP: Beaverton, Oregon 97007	
Suite/bldg./apt. no.:	Project name: Bonus Room
Cross street/directions to job site: SW Teal and SW Nighthawk Drive	
Subdivision: Murray Hill	Lot no.: 176
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Finish 290 sf (sheetrock, paint, trim, finish flooring, electrical outlets and lighting) in existing framed, sheet-rocked attic space over garage into completely finished bonus room. No structural frame alterations.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Donald W and SueAnne C Irwin	
Address: 15925 SW Nighthawk Drive	
City/State/ZIP: Beaverton, Oregon 97007	
Phone: (503) 869-3653	Fax:
E-mail: donirwinadr@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Don Irwin	
Address: 15925 SW Nighthawk Drive	
City/State/ZIP: Beaverton, Oregon 97007	
Phone: (503) 869-3653	Fax:
E-mail: donirwinadr@gmail.com	
CONTRACTOR	
Business name:	
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	\$5000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet 290
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

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

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

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

Authorized signature:	Date:
Print name: Don Irwin	12/03/19

Building Permit Application

White Oak Taproom .TJ



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: 10/8/2019	Permit No.: B2019-4211
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: 14661 SW Teal Blvd	
City/State/ZIP: , Beaverton/OR/97007	
Suite/bldg./apt. no.:	Project name: WHITE OAK TAPROOM
Cross street/directions to job site: MURRAY HILL MARKET PLACE	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TENANT IMPROVEMENT OF AN APPROXIMATELY 1,500SF EXISTING SPACE TO BE CONVERTED FROM A BAKERY (B) TO A TAP HOUSE (B) WITH A WALK-IN COOLER. NO CHANGE OF OCCUPANCY. NEW FLOOR SINKS AND GREASE TRAP TO BE INSTALLED.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: RACHEL GREINER	
Address: 7698 SW Carrollon Dr.	
City/State/ZIP: Beaverton/OR/97007	
Phone: (503) 720-5614	Fax:
E-mail: rgreiner06@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: HARKA ARCHITECTURE	
Contact name: JOSHUA JEWETT	
Address: 107 SE WASHINGTON STREET, SUITE 704	
City/State/ZIP: PORTLAND/OR/97212	
Phone: (316) 347-5533	Fax:
E-mail: JOSHUA@HARKAHQ.COM	
CONTRACTOR	
Business name: SPRUCE BOX CONSTRUCTION	
Address:	
City/State/ZIP:	
Phone: (503) 530-8205	Fax:
CCB lic.: 209538	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	51,694
Existing building area:	square feet 1200
New building area:	square feet N/A
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: JOSHUA JEWETT	10/07/19

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
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 12-6-19	Permit No.: 31019-5053
Date Issued: 12.6.19	By: CLEM
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: 8300 SW Creekside Place	
City/State/ZIP: Beaverton, OR 97008 <i>Creekside</i>	
Suite/bldg./apt. no.:	Project name: 8300 -DCDA Replace
Cross street/directions to job site: Off Hall blvd and Creekside Plc	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacement of existing 4" fire system DCDA in sub-terrain vault.	
<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: McKinstry Co LLC	
Contact name: Nate Newberry	
Address: 16790 NE Mason St. Suite 100	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 858-8602	Fax:
E-mail: natene@mckinstry.com	
CONTRACTOR	
Business name: Mckinstry Co LLC	
Address: 16790 NE Mason St. Suite 100	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 331-0234	Fax:
CCB lic.: 172811	
Authorized signature:	
Print name: Nate Newberry	Date: 11/27/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$8,915
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
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received:	Permit No: B2019-5002
Date Issued: 12/21/19	By: clem
	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: 9140 SW HALL BLVD.	
City/State/ZIP: PORTLAND, OR	
Suite/bldg./apt. no.:	Project name: LANDLORD WORK FOR WASHINGTON GREEN - BLDG. 1
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
BUILD A DEMISING WALL FOR SEPARATE TENANTS. ALSO ADD A NEW STOREFRONT DOOR FOR 1 OF THE FUTURE TENANT SPACES.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: G GROUP	
Address: 200 INTERNATIONAL WAY	
City/State/ZIP: SPRINGFIELD, OR	
Phone: 541-465-1600	Fax:
E-mail: brianC@GGroup.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: OREGON BUSINESS ARCHITECTURE PC	
Contact name: DANIEL YOUNG	
Address: P.O. BOX 80301	
City/State/ZIP: PORTLAND, OR 97280	
Phone: 503-223-9747	Fax:
E-mail: dan@OrBizArch.com	
CONTRACTOR	
Business name: BORLAUG CONTRACTING, INC.	
Address: 3155 SE CENTURY BLVD. #F	
City/State/ZIP: HILLSBORO, OR 97123	
Phone: 503-533-4464	Fax: 503-533-9770
CCB lic.: #117310	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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: \$11,600**	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

Authorized signature: <i>[Signature]</i>	Date: 11-21-19
Print name: DAN YOUNG	

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

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

Approved

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 10/07/2019	Permit No.: B2019-4175
Date Issued: 12/11/19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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:
11350 JOB SITE INFORMATION AND LOCATION	
Job site address: 11360-SW Canyon Road	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Beaverton Mixed Use
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Construction of a CMU block trash enclosure to be located in the project parking lot, serving the commercial building at 11360 SW Canyon Road.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Elliott Investments LLC	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
E-mail: ed@edgedevelop.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Edge Development	
Contact name: Ed Bruin	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
E-mail: ed@edgedevelop.com	
CONTRACTOR	
Business name: Edge Development	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
CCB lic.: 147657	

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

Authorized signature:

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

OFFICE USE ONLY	
Date Received: 2/12/2019	Permit No.: B2019-5140
Date Issued: 2/13/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9755 SW Barnes Road (Peterkort Centre II)	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Suite 150	Project name: Atwell
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in suite 150 per plans.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$800
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$109.57
Amount received	
Date received:	

Authorized signature: *Shane Tarcek*

Print name: Shane Tarcek	Date: 12/12/19
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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



Building Permit Application

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

RECEIVED	
OFFICE USE ONLY	
Date Received: 11/19/2019	Permit No.: B2019-4810
Date Issued: 12/13/2019	Payment Type:
CITY OF BEAVERTON	

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 6820 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Overby 33945
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Encapsulate crawlspace under office	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Carolyn Overby	
Address: 6820 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 523-6895	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Emily Singleton	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5223	Fax:
E-mail: esingleton@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5223	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	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	315.67
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: Emily Singleton	11/15/19



Building Permit Application

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

APPROVED

RECEIVED

OFFICE USE ONLY	
Date Received: 09/09/2019	Permit No.: B2019-3800
Date Issued: 12/16/2019	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 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: 11360 SW Canyon Road	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Beaverton Mixed Use
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvement permit. Add 1st floor level rest rooms to existing permit # B2016-3654. Add demising walls to each tenant space. No changes to the 2nd floor level. These changes should be coordinated with the T.I. permits for the tenants. SDC fees levied once.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Elliott Investments LLC	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
E-mail: ed@edgedevelop.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Edge Development	
Contact name: Ed Bruin	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
E-mail: ed@edgedevelop.com	
CONTRACTOR	
Business name: Edge Development	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
CCB Lic.: 147657	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	M,B
Existing:	Office
New:	Office
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$943.61
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Ed Bruin	09/09/19

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



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2650
 General Information (503) 526-2222 VTDD
 BeavertonOregon.gov

Approved

OFFICE USE ONLY	
Date Received: 11/08/2019	Permit No.: B2019-4660
Date Issued: 12-16-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15500 SW Beaverton Creek Ct	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Beaverton Fit Out-Apple
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm - Notification Devices	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Apple	
Address: 15500 SW Beaverton Creek Ct	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cochran Inc	
Contact name: Erin Holmes	
Address: 7550 SW Tech Center Dr #220	
City/State/ZIP: Tigard OR 97223	
Phone: (971) 205-4242	Fax: (971) 205-4268
E-mail: eholmes@cochraninc.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 72942	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	15,000 \$4,557
Existing building area:	square feet 22,000
New building area:	square feet None
Number of stories:	2
Type of construction:	Commercial
Occupancy groups:	B, III3
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	154.63
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Erin Holmes	

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
 Fax: (503) 526-2550
 Construction Information (503) 526-2222
 BeavertonOregon.gov

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

OFFICE USE ONLY	
Date Received: 05/06/2019	Permit No.: B2019-1893
Date Issued: 12-16-19	By: <i>MC</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>MC</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 2865 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: CHC - Lot 2
Cross street/directions to job site: SW CEDAR HILLS BLVD AND JENKINS RD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109AD / TL3500	
DESCRIPTION OF WORK	
Installation of site fire suppression line, and DCDA vault	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mall 2 LLC	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA 98661	
Phone: (503) 283-5365	Fax:
E-mail: sgarey@cejohn.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: DOWL	
Contact name: Mike Towle, PE	
Address: 720 SW Washington Street, Suite 750	
City/State/ZIP: Portland, OR 97205	
Phone: (971) 280-8645	Fax:
E-mail: mtowle@dowl.com	
CONTRACTOR	
Business name: JAMES E JOHN CONSTRUCTION	
Address: 1701 SE COLUMBIA RIVER DR.	
City/State/ZIP: VANCOUVER WA	
Phone: 360-696-0837	Fax:
CCB Lic.: OR - 63261	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$20,000
Existing building area:	square feet 0
New building area:	square feet 4360
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	
New:	Commercial Retail

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$187.06
Amount received	
Date received:	

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

Rsumnerin@cejohn.com

Authorized signature: <i>[Signature]</i>	Date: 4/30/19
Print name: Mike Towle, PE	

Building Permit Application

Approved



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

RECEIVED

OFFICE USE ONLY	
Date Received: 11/22/2019	Permit No.: B2019-4884
Date Issued: 2/17/2019	BY: <i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 6101 SW Murray Blvd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Murray Crossing Upgrads
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add (2) dry SSP heads, one in cooler, and one in freezer, for inspector noted deficiencies.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Kaitlin Rowland	
Address: 9095 SW Burnham St.	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: k.rowland@wyattfire.com	
CONTRACTOR	
Business name: Same as applicant	
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	942
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

Authorized signature:	Date:
Print name: <i>Kaitlin Rowland</i>	
Kaitlin Rowland	11/21/19

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: 12-18-19	Permit No.: 19-5177
Date Issued: 12-18-19	By: <i>MW</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: 2360 SW 170th Ave.	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Inch By Inch CDC
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S107AA00800	
DESCRIPTION OF WORK	
New ADA restroom being added to an existing childcare facility. Addition of (1) water closet & (1) lavatory.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Renee Talrico - Inch by Inch Child Development Center	
Address: 2360 SW 170th Ave.	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 848-2307	Fax:
E-mail: inchbyinch.care@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cascade Studio Architecture	
Contact name: Ryan Flattery	
Address: 1612 SE 35th AVE.	
City/State/ZIP: PORTLAND, OR 97214	
Phone: (503) 433-2255	Fax:
E-mail: ryan@cascaearch.com	
CONTRACTOR	
Business name: NU Construction, Inc.	
Address: 10300 NW Gordon Rd.	
City/State/ZIP: Cornelius OR 97113	
Phone: (503) 647-2466	Fax:
CCB lic.: 118880	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000
Existing building area:	square feet 2920
New building area:	square feet 2920
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	E, B
New:	E, 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:	

Authorized signature:

Print name:	Date:
Ryan Flattery	12/13/19

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

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: 12-19-19	Permit No.: B2019-5210
Date Issued: 12-19-19	By: <i>ME</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 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: 4400 SW Rose Ln	
City/State/ZIP: Beaverton OR, 2019	
Suite/bldg./apt. no.:	Project name: Abra Auto Body DDCVA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
replace 4" DDCVA at outside vault	
<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: 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	4800
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	\$258.64
Amount received	
Date received:	

Authorized signature: *Ronin Campbell*

Print name:	Date:
Ronin Campbell	12/18/19

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

Erickson Realty Fire Sprinkler

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: 11/15/2019	Permit No. B2019-4764
Date Issued: 12-19-19	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9800 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: 9800 Nimbus
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install new sprinkler drops and heads for new ceilings on first floor. Relocate and plug existing sprinkler heads on second floor for new ceiling areas and open to structure areas.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Sound Fire Protection, Inc.	
Contact name: Casey Archer	
Address: 10772 SE Hwy 212	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 655-3775	Fax: 756-6359
E-mail: KC@Soundfirepro.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70003	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$13,400.00
Existing building area:	square feet 45,009
New building area:	square feet Same
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	F1, 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	\$495.04
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Casey Archer	11/12/19

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

Queenz Hood Suppression

Building Permit Application

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



OFFICE USE ONLY

Date Received: 11/08/2019	Permit No.: B2019-4656
Date Issued: 12/19/19	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8225 SW Apple Way Ste 102	
City/State/ZIP: Portland, OR, 97225	
Suite/bldg./apt. no.:	Project name: Queenz Rest
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of a Pyro Chem double PCL-460 fire system into an exhaust hood.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Queenz Restaurant	
Address: 8225 SW Appleway Ste. 102	
City/State/ZIP: Portland, OR, 97225	
Phone: 503-734-4490	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Universal Fire Equipment	
Contact name: Greg Heath	
Address: 18260 SW 100th Ct.	
City/State/ZIP: Tualatin, OR 97062	
Phone: 503-691-9000	Fax: 503-691-9004
E-mail: universalfireequipment@hotmail.com	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 86723	
Authorized signature: <i>[Signature]</i>	
Print name: Greg Heath	Date: 8-29-19

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 7250 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	\$337.44
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

Form B70-1001 REV 2/14

Queenz Rest - 8225 SW Apple Way Ste 102 - Building Permit Application

Approved



Building Permit Application

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

RECEIVED	
OFFICE USE ONLY	
Date Received: 12/11/2019	Permit No.: B2019-5105
Date Issued: 12-20-19	By: <i>MM</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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>8145 SW 152nd Ave</i>	
City/State/ZIP: <i>Beaverton, OR 97007</i>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Change out windows, cabinets, raise ceiling joists in living rm, add 1 electric and 1 gas fireplace - add wall at pantry, remove wall at MSB BATH and add wall.</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Carla Kickbusch & Chuck Brabenac</i>	
Address: <i>8145 SW 152nd Ave</i>	
City/State/ZIP: <i>Beaverton, Or. 97007</i>	
Phone: <i>503-341-5699</i>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>Loranger Builders, LLC</i>	
Contact name: <i>Rick</i>	
Address: <i>2990 Baseline St.</i>	
City/State/ZIP: <i>Cornelius, Or. 97113</i>	
Phone: <i>503-648-1911</i>	Fax: <i>503-643-1369</i>
E-mail: <i>lorangerco@aol.com</i>	
CONTRACTOR	
Business name: <i>Loranger Builders LLC</i>	
Address: <i>2990 Baseline St.</i>	
City/State/ZIP: <i>Cornelius, Or. 97113</i>	
Phone: <i>503-648-1911</i>	Fax: <i>503-643-1369</i>
CCB lic.: <i>108175</i>	

Authorized signature: <i>[Signature]</i>	Date: <i>12-10-19</i>
Print name: <i>Clare J. Loranger</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: <i>0</i> square feet	
Garage/carport area: <i>0</i> square feet	
Covered porch area: <i>0</i> square feet	
Deck area: <i>0</i> square feet	
Other structure area: <i>0</i> square feet	

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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>200,000</i>	
Existing building area: <i>1800</i> square feet	
New building area: <i>0</i> square feet	
Number of stories: <i>1</i>	
Type of construction: <i>wood</i>	
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



Plumbing Permit Application

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

Date Received: <u>12/11/19</u>	Permit No.: <u>B2019-5106</u>
Date Issued: <u>12-20-19</u>	By: <u>[Signature]</u>
Payment Type: <u>Check</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>8145 SW 152nd Ave</u>	
City/State/ZIP: <u>Beaverton, Or. 97007</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Change out KIT SINK - add Bar SINK, Change out MIST LAWS & faucets - add New shower valve + trim + drain, change out SINK + faucet in Guest room tub/shower + w.c.</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Carla Kiebusch and Chuck Brabner</u>	
Address: <u>8145 SW 152nd Ave</u>	
City/State/ZIP: <u>Beaverton, Or. 97007</u>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Loranger Builders</u>	
Contact name: <u>Rick Loranger</u>	
Address: <u>2990 Baseline St.</u>	
City/State/ZIP: <u>Cornelius, Or. 97113</u>	
Phone: <u>503-648-1911</u>	Fax: <u>503-693-1369</u>
E-mail: <u>Lorangerco@aol.com</u>	
CONTRACTOR	
Business name: <u>Alder Plumbing</u>	
Address: <u>2775 N. Clark St.</u>	
City/State/ZIP: <u>Cornelius, Or. 97113</u>	
Phone: <u>503-515-5970</u>	Fax: <u>503-639-3635</u>
E-mail:	Plumbing, lic.: <u>1720 PB</u>
CCB lic.: <u>200809</u>	City or metro lic. no.: <u>8204</u>

Authorized signature: [Signature]
 Print name: Juvenal Aguilar Date: 12-10-19

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (Includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (<u>0</u> sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footling drain		20.31	
Manufactured home utilities		20.31	
Rain drain connector		20.31	
Sanitary sewer (no. linear ft.: <u>0</u>)		*	
Storm sewer (no. linear ft.: <u>0</u>)		*	
Water service (no. linear ft.: <u>0</u>)		*	
Fixture or Item			
Absorption valve (water hammer)		20.31	
Backflow preventer		43.68	
Backwater valve		20.31	
Clothes washer		20.31	
Dishwasher	<u>1</u>	20.31	<u>20.31</u>
Drinking fountain		20.31	
Ejectors/sump		20.31	
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer		20.31	
Garbage disposal	<u>1</u>	20.31	<u>20.31</u>
Hose bib		20.31	
Ice maker	<u>1</u>	20.31	<u>20.31</u>
Interceptor/grease trap		20.31	
Medical gas (value: \$ <u>0</u>)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	<u>5</u>	20.31	<u>101.55</u>
Tub/shower/shower pan	<u>2</u>	20.31	<u>40.62</u>
Urinal		20.31	
Water closet	<u>1</u>	20.31	<u>20.31</u>
Water heater/expansion tank		20.31	
Water meter pvt		20.31	
1&2 family dwelling re-pipe		144.95	
Multi-family/commercial re-pipe (first 20 fixtures)		144.95	
Multi-family/commercial re-pipe ea. fixture over 20		9.67	
Other:		20.31	
Subtotal			<u>223.41</u>
Minimum permit fee			96.64
<input type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		<u>55.85</u>
State surcharge (12% of permit fee)			<u>26.81</u>
TOTAL PERMIT FEE			<u>\$250.22</u>

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

* See Fee Schedule



Building Permit Application

Hearthstone Unit Conversion

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: 09/25/2019	Permit No.: B2019-4034
Date Issued: 12-20-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>Check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12520 SW Hart Rd	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Hearthstone Conversion
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Convert three studio dwelling units into two single units.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Hearthstone of Beaverton	
Address: 12520 SW Hart Rd	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 641-0911	Fax:
E-mail: Katie Gaffney <katie@hearthstoneofbeaverton.com>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: White River Homes	
Contact name: Jon Fox	
Address: 21128 NE Oak Ln	
City/State/ZIP: Aurora, OR 97002	
Phone: (503) 575-8756	Fax:
E-mail: jon@whiteriverhomes.net	
CONTRACTOR	
Business name: White River Homes	
Address: 21128 NE Oak Ln	
City/State/ZIP: Aurora, OR 97002	
Phone: (503) 575-8756	Fax:
CCB lic.: 189276	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	28K
Existing building area:	square feet 1044
New building area:	square feet 0
Number of stories:	2
Type of construction:	Residential
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	\$1,216.04
Amount received	
Date received:	

Authorized signature: *Jonathan Fox*

Print name: Jonathan Fox	Date: 09/25/19
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

(Approved)



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 12/06/2019	Permit No.: B2019-5048
Date Issued: 12-20-19	By: JUK
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: 8700 SW Cortez Ct	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Gaston Remodel
Cross street/directions to job site: SW 135th Ave/SW Tapadera St	
Subdivision: Silverado	Lot no.: 2
Tax map/parcel no.: 1S128BD06500	
DESCRIPTION OF WORK	
Remove interior wall; add beam, supports, and floor framing; remodel new, larger kitchen	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Natalie Gaston	
Address: 8700 SW Cortez Ct	
City/State/ZIP: Beaverton OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Don R Titus, Residential Designer LLC	
Contact name: Don Titus	
Address: 5138 SE 115th Ave	
City/State/ZIP: Portland OR 97266	
Phone: (503) 621-6085	Fax:
E-mail: don@donrtitus.com	
CONTRACTOR	
Business name: Gibb Construction & Remodeling, Inc	
Address: 15755 SW Serena Ct	
City/State/ZIP: Tigard OR 97224	
Phone: (503) 407-9686	Fax:
CCB lic.: gibbconstruction@comcast.net 184049	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$7,000
Number of bedrooms:	4
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	0 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$117.12
Amount received	
Date received:	

Authorized signature:		Date:	12/06/19
Print name:	Don Titus		

This permit application expires if a 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
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/bib

RECEIVED

OFFICE USE ONLY

Date Received: 12/11/2019	Permit No.: b2019-5102
Date Issued: 12-20-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>USA</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3101 SW 153RD Drive	
City/State/ZIP: Beaverton, OR, 97003	
Suite/bldg./apt. no.: Mercurial	Project name: Nike Mercurial AV
Cross street/directions to job site: Cross streets: SW Millikan Way and SW 153rd DR. 2nd building North of SW Millikan Way.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of seismic backing for two AV screens in the Montebelluna conference room	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike	
Address: 1 Bowerman Dr.	
City/State/ZIP: Beaverton OR, 97006	
Phone: (503) 347-8868	Fax:
E-mail: Brett.Schwartz@swinerton.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Swinerton Builders	
Contact name: Brett Schwartz	
Address: 342 SW 2nd Ave.	
City/State/ZIP: Portland, OR, 97204	
Phone: (503) 347-8868	Fax:
E-mail: Brett.Schwartz@swinerton.com	
CONTRACTOR	
Business name: Swinerton Builders	
Address: 342 SW 2nd Ave	
City/State/ZIP: Portland, OR, 97204	
Phone: (503) 347-8868	Fax:
CCB lic.: 78483	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	15000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

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

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

Authorized signature:	Date:
Print name: Brett Schwartz	12/10/19



Building Permit Application

Trader Joes TI

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

OFFICE USE ONLY
Date Received: 11/27/2019
Date Issued: 12-20-19
Permit No. B2019-4944
By: [Signature]
Payment Type: Visa
CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK
CATEGORY OF CONSTRUCTION
JOB SITE INFORMATION AND LOCATION
DESCRIPTION OF WORK
PROPERTY OWNER / TENANT
CONTACT PERSON
CONTRACTOR

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
REQUIRED DATA: COMMERCIAL-USE CHECKLIST
NOTICE
BUILDING PERMIT FEES*

Authorized signature: [Signature]
Print name: Kevin Mohr
Date: 11/27/19

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 12-20-19	Permit No.: B2019-5234
Date Issued: 12-20-19	By: <i>MK</i>
	Payment Type: <i>Visa</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9590 SW Gemini Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Sedia
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install 1 fire alarm notification device in tenant space per plans.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Shorestein Realty Services, LP	
Address: 10220 SW Greenburg Road Suite 310	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 412-4880	Fax:
E-mail: mnevius@shorestein.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: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	

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

Print name:	Date:
Shane Tinkle	12/20/19

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
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97078
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 12-20-19	Permit No.: B2019-5227
Date Issued: 12-20-19	By: <i>ME</i>
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: FIRE ALARM REPAIR
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	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.: BLDG 1	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACE EXISTING FIRE ALARM CONTROL PANEL MOTHER BOARD DUE TO WATER DAMAGE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: Sabarry@actiontechnology.com	
CONTRACTOR	
Business name: ACTION TECHNOLOGY SYSTEMS LLC	
Address: 835 SE 17TH AVENUE	
City/State/ZIP: PORTLAND OR 97214	
Phone: (503) 231-1992	Fax: (503) 231-1402
CCB lic.: 157630	

Authorized signature: *[Signature]*

Print name: *STEVEN A. BARRY* Date: 12-20-19

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 \$900.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	
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 11/19

Building Permit Application

Sound Start Daycare

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: 11/1/2019	Permit No.: B2019-4531
Date Issued: 12-23-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type: <i>Check</i>	

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: 9955 SW BEAVERTON HILLDALE HWY	
City/State/ZIP: PORTLAND/ OR/ 97005	
Suite/bldg./apt. no.: STE 115	Project name: SOUND START
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW DAY CARE FACILITY IN (E) OFFICE SPACE. NEW WALLS, DOORS, CASEWORK, RELITES, CEILING SYSTEM, AND NEW FINISHES THROUGHOUT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DOUG BEAN & ASSOCIATES	
Address: 1650 NW NATIO PARKWAY, STE. 302	
City/State/ZIP: PORTLAND/ OR/ 97209	
Phone: (503) 970-8477	Fax: (503) 222-5100
E-mail: malter@dougbean.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ANKROM MOISAN ARCHITECTS, INC.	
Contact name: ROBERTA PENNINGTON	
Address: 38 NW DAVIS ST., STE. 300	
City/State/ZIP: PORTLAND/ OR/ 97209	
Phone: (503) 952-1347	Fax:
E-mail: robertap@ankrommoisan.com	
CONTRACTOR	
Business name: SUMMIT CONSTRUCTION	
Address: PO BOX 10345	
City/State/ZIP: PORTLAND/ OR/ 97210	
Phone: (503) 223-9703	Fax: (503) 242-3041
CCB lic.: 63249	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$118,660
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	B
New:	B/E

NOTICE

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

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

Kim@SoundStartPdx.org

Authorized signature: <i>[Signature]</i>	Date:
Print name: ROBERTA E PENNINGTON	10/31/19

OK per BA in planning



Building Permit Application

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

OFFICE USE ONLY

Date Received: 12-23-19	Permit No.: B2019-5244
Date Issued: 12-23-19	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4800 SW Menlo Dr	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Farmington Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo Current Home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Donald Maxey	
Address: 4800 SW Menlo Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-621-6105	Fax:
E-mail: DonaldWMaxey2678@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Donald Maxey	
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	\$ 7,500
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]	Date: 12-23-2019
Print name: Donald W. Maxey	

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 12-13-19	Permit No.: B2019-5257
Date Issued: 12-23-19	By: <i>HK</i>
	Payment Type: <i>VISA</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2180 SW 170TH AVE	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.: BLDG 1	Project name: BSD MAINT FACILITY
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD FIRE ALARM MONITORING ZONE FOR FIRE VAULT CHECK-VALVE TAMPER	
<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	\$ 800.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	109.57
Amount received	
Date received:	

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

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

Form B70-1001

REV 2/14

Authorized signature:	
Print name:	NATHAN BUTZ
Date:	12/13/19



Building Permit Application

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

RECEIVED

OFFICE USE ONLY

Date Received: 11/20/2019	Permit No.: B2019-4827
Date Issued: 12-24-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type: AMX	

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: 16505 NW Bethany Ct	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Boiler
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installing boiler	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ken Kaveny	
Address: 16505 NW Bethany CT	
City/State/ZIP: Beaverton OR 97006	
Phone: (503) 880-3976	Fax:
E-mail: Ken@sagellc.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Sage LLC	
Contact name: Ken Kaveny	
Address: 16505 NW Bethany Ct	
City/State/ZIP: Beaverton OR 97006	
Phone: (503) 880-3976	Fax:
E-mail: Ken@sagellc.net	
CONTRACTOR	
Business name: Northwest Thermal Systems Thermal	
Address: PO Box 946	
City/State/ZIP: Estacada OR 97023	
Phone: (503) 630-8250	Fax: (503) 630-8253
CCB lic.: 90163 / B99-2017	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	15,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$281.85
Amount received	
Date received:	

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

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

Authorized signature:	
Print name:	Date:
Ken Kaveny	11/19/19

Building Permit Application

Brickson Realty FS



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: 10/8/2019	Permit No.: B2019-4218
Date Issued: 12-24-19	By: <i>MLK</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: <i>Discover</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: 9800 SW Nimbus Ave	
City/State/ZIP: Beaverton/OR/97008	
Suite/bldg./apt. no.:	Project name: 9800 Nimbus Bldg
Cross street/directions to job site: Cross street SW Scholls Ferry Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire alarm system upgrade from 8 zone conventional to intelligent addressable. B Occupancy 2 story fully sprinkled. F-1 Occupancy in shop space.	
<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: Western States Fire Protection	
Contact name: Mike Teague	
Address: 17500 SW 65th Ave	
City/State/ZIP: Lake Oswego/OR/97035	
Phone: (503) 305-3033	Fax:
E-mail: mike.teague@wsfp.us	
CONTRACTOR	
Business name: Western States Fire Protection	
Address: 17500 SW 65th Ave	
City/State/ZIP: Lake Oswego/OR/97035	
Phone: (503) 657-5155	Fax:
CCB lic.: 104570	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,020.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

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

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

Authorized signature:	Date:
Print name: Mike Teague	10/07/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 12/20/2019	Permit No.: B2019-5224
Date Issued: 12-26-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 9825 SW 130th Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Attached Garage
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Build new one story 20'x21' attached garage to existing house.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jose A. Cruz	
Address: 19717 SW Murphy St	
City/State/ZIP: Aloha, OR 97078	
Phone: (503) 701-6239	Fax:
E-mail: jacruzdesign@gmail.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Eduardo Cruz	
Address:	
City/State/ZIP:	
Phone: (503) 432-9873	Fax:
E-mail: eduardocruz560902@yahoo.com	
CONTRACTOR	
Business name: Jose A. Cruz (Property owner)	
Address: 19717 SW Murphy St.	
City/State/ZIP: Aloha, OR 97078	
Phone: (503) 701-6239	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	20466.60
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	420 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$302.69
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Jose A. Cruz	12/18/19

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

DIAMOND NAIL, TI

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 10-16-19	Permit No.: 32019-4303
Date Issued: 12-26-19	By: <i>Me</i>
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Tenant Improvement
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: 3300 SW Hocken Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Suite 104	Project name: Diamond Nails
Cross street/directions to job site: SW Terman Road	
Subdivision: George W Elliott DLC 42	Lot no.: 4
Tax map/parcel no.: 1S-1W-09-SE-NW	
DESCRIPTION OF WORK	
Demo existing rooms and build out new for Nails Salon. Existing restroom to remain	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: CHRISTIAN NGUYEN	
Address: 3328 SW Alicia Pl	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 926-3956	Fax:
E-mail: c.nguyen22@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: SANG NGUYEN	
Address: 2129 SE 131st Ave.	
City/State/ZIP: Portland, OR 97233	
Phone: (971) 227-8045	Fax:
E-mail: andy503503@yahoo.com	
CONTRACTOR	
Business name: J & L GENERAL CONTRACTOR	
Address: 10623 SW 127th Ct	
City/State/ZIP: Tigard, OR 97223	
Phone: 503-519-9550	Fax:
CCB lic.: 224377	
Authorized signature:	Date:
Print name: SANG NGUYEN	Date: 10/11/19

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	\$60,000
Existing building area:	square feet 5,930
New building area:	square feet 5,930
Number of stories:	1
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	\$1,017.91
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
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 12/27/2019	Permit No.: B2019-5283
Date Issued: 12-27-19	By: MLK
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: 4145 SW WATSON AVE.	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: 200	Project name: ARM INSIGHT TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RELOCATED (1) PENDENT SPRINKLER HEAD BY EXTENDING ARM OVER 8" SO THAT PROPER DISTANCE WAS MAINTAINED FROM WALL CONSTRUCTED DURING ARM INSIGHT TI.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: AMERICAN SPRINKLER	
Contact name: WYATT ARNALL	
Address: 52592 NE 3RD	
City/State/ZIP: SCAPPOOSE, OR 97056	
Phone: (971) 246-4076	Fax:
E-mail: WYATT.ARNALL@GMAIL.COM	
CONTRACTOR	
Business name: AMERICAN SPRINKLER INC.	
Address: 10828 NW ST. HELENS RD	
City/State/ZIP: PORTLAND, OR 97231	
Phone: (503) 289-3095	Fax:
CCB Lic.: 64890	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$600
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	\$97.86
Amount received	
Date received:	

Authorized signature:	Date:
	12/23/19
Print name:	
WYATT ARNALL	

This permit application expires if a 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 11/19

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



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OFFICE USE ONLY	
Date Received: 12/10/2019	Permit No.: B7019-280
Date Issued: 12/31/2019	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 checked="" type="checkbox"/> Other: ADU
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 checked="" type="checkbox"/> Other: ADU
JOB SITE INFORMATION AND LOCATION	
Job site address: 18085 NW WALKER RD.	
City/State/ZIP: BEAVERTON, OR. 97006	
Suite/bldg./apt. no.:	Project name: MARTES ADU
Cross street/directions to job site: CORNER OF WALKER RD. & NW 180TH AVE	
Subdivision:	Lot no.: 14
Tax map/parcel no.:	
DESCRIPTION OF WORK	
BUILD 799# ADU	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SANDRA S. MARTES	
Address: 18085 NW WALKER RD.	
City/State/ZIP: BEAVERTON, OR. 97006	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: ANTON MCCOY	
Address:	
City/State/ZIP:	
Phone: 503 616 6088	Fax:
E-mail: LEAKCHASER77@YAHOO.COM	
CONTRACTOR	
Business name: HNW LLC.	
Address: 8152 SW HALL BLDG #138	
City/State/ZIP: BEAVERTON, OR. 97008	
Phone: 503 616 6088	Fax:
CCB lic.: 203898	
Authorized signature: [Signature]	
Print name: SANDRA S. MARTES	Date: 12.1.2019

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	80,000
Number of bedrooms:	2
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	799 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	348# square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 12/31/2019	Permit No.: B2019-5328
Date Issued:	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input 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: 6615 SW DOVER ST.	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW DOVER ST WEST OF SW DOVER LANE	
Subdivision: HEMSTREET HEIGHTS	Lot no.:
Tax map/parcel no.: 1S113DA02100 / R99397	
DESCRIPTION OF WORK	
REMOVE INTERIOR BEARING WALL AND ADD SUPPORT BEAM, POSTS AND FOOTING TO SUPORT ROOF LOAD	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SHANELLE AND ERIC HIPONIA	
Address: 6615 SW DOVER ST	
City/State/ZIP: BEAVERTON, OR 97225	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ZAROSINSKI ENGINEERING AND DESIGN, INC	
Contact name: DEAN P. ZAROSINSKI PE	
Address: 1400 NW 155TH CIRCLE	
City/State/ZIP: VANCOUVER, WA 98685	
Phone: (360) 513-2746	Fax:
E-mail: dpzski@hotmail.com	
CONTRACTOR	
Business name: AFFINITY HOME AND DESIGN	
Address: 13410 SE PHEASANT CT.	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 348-3701	Fax:
CCB lic.: LBPR189918	

Authorized signature:	Date:
Print name: DEAN P. ZAROSINSKI PE	12/28/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7,000.00
Number of bedrooms:	3-N/C
Number of bathrooms:	2 N/C
Total number of floors:	1 N/C
New dwelling area:	0 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Approved

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 12/30/2019	Permit No.: B2019-5321
Date Issued: 12/27/2019	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 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: 16715 SW Springwater Ln	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Lee 34312
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S106AA05200	
DESCRIPTION OF WORK	
Encapsulate Crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Susan Lee	
Address: 16715 SW Springwater Ln	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 442-1751	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 exp 12/21/20	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$109.82
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: ELENITA RONQUILLO	12/27/19

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

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

Approved



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

OFFICE USE ONLY	
Date Received: 12/24/2019	Permit No.: B2019-5268
Date Issued: 12/31/2019	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: 977 NW 170th Dr	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Montoya 34289
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Encapsulate Crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sandra Schwerin Montoya	
Address: 977 NW 170th Dr	
City/State/ZIP: Beaverton, OR 97006	
Phone: (408) 838-3056	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" 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: (971) 205-5235	Fax:
E-mail: eronquillo@terrafirmafs.com	
CONTRACTOR	
Business name: TeraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547 exp 12/21/20	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
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 11/19

Authorized signature:	Date:
Print name: ELENITA RONQUILLO	12/19/19

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

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OFFICE USE ONLY

Date Received: 9/16/2019	Permit No.: B2019-3887
Date Issued: 12/31/2019	<i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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 addr: 12820 SW Crescent Street	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: Westgate Hyatt House
Cross street/directions to job site: SW Rose Biggl Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NFPA 13 New fire sprinkler system for a newly-constructed hotel <i>CLASS 1 STANDARDE</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Supreme Bright Beaverton LLC	
Address: 700 State Hwy 121 Byp #175	
City/State/ZIP: Lewisville TX 75067	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Triad Fire Protection	
Contact name: Todd Sexton	
Address: 1927 NE Rodney Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 856-6333	Fax:
E-mail: office@triad-fire.com	
CONTRACTOR	
Business name: Triad Fire Protection	
Address: 1927 NE Rodney Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 856-6333	Fax:
CCB lic.: 199988	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	141,797
Existing building area:	square feet
New building area:	square feet 79,232
Number of stories:	5
Type of construction:	new
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Allana Corrigan	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

Form B70-1001 REV 2/14