



# 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. <b>B2020-0147</b>
Date Issued: <b>1/15/2020</b>	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 buildor	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>6020 SW ARCTIC DRIVE</b>	
City/State/ZIP: <b>BEAVERTON, OREGON</b>	
Subdiv/bldg./apt. no.: <b>B</b>	Project name: <b>ZIMMER BIOMET</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>ADD (2) OFFICES TO EXISTING OPEN OFFICE AREA. NEW TENANT TO THIS SUITE. NO CHANGES TO EXISTING WALLS.</b>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <b>ZIMMER BIOMET</b>	
Address: <b>6070 SW ARCTIC DRIVE</b>	
City/State/ZIP: <b>BEAVERTON, OREGON 97005</b>	
Phone: <b>503-643-0150</b>	Fax:
E-mail: <b>ANA.FROST@ZBOREGON.COM</b>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>OREGON BUSINESS ARCHITECTURE</b>	
Contact name: <b>DANIEL YOUNG</b>	
Address: <b>P.O. BOX 80301</b>	
City/State/ZIP: <b>PORTLAND, OR 97280</b>	
Phone: <b>503.223.9747</b>	Fax:
E-mail: <b>don@OrBizArch.com</b>	
CONTRACTOR	
Business name: <b>SUMMIT CONSTRUCTION</b>	
Address: <b>P.O. BOX 10345</b>	
City/State/ZIP: <b>PORTLAND, OR 97296</b>	
Phone: <b>503-223-9703</b>	Fax:
CCB lic.: <b>63249</b>	

Authorized signature:	Date: <b>01.14.2020</b>
Print name: <b>DANIEL YOUNG</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 <b>2,000<sup>00</sup></b>	
Existing building area: <b>3579</b>	square feet
New building area:	square feet
Number of stories: <b>1</b>	
Type of construction: <b>V.N</b>	
Occupancy groups:	
Existing: <b>B</b>	
New: <b>B</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	<b>4857.89</b>
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) 528-2403; Fax: (503) 526-2550  
 www.BeavertonOregon.gov/bib

*Approved*

OFFICE USE ONLY	
Date Received: 01/02/2020	Permit No.: B2020-0012
Date Issued: 1/25/2020	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 type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14375 Sw 20th street	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.:	Project name: deck covered
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
existing deck (patio)cover measures 14x16 will replace with a new deck cover of 16x20 roof type will be shingles.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: kulala Mekuria	
Address: 14375 Sw 20th street	
City/State/ZIP: Beaverton Oregon 97008	
Phone: 5033302015	Fax:
E-mail: mekuriakulala@aol.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: JDI Innovations construction LLC.	
Contact name: Jazmin Garcia Perez	
Address: 22197 SW Orland st.	
City/State/ZIP: Sherwood Oregon 97140	
Phone: 9715335925	Fax:
E-mail: jdinnovations2019@gmail.com	
CONTRACTOR	
Business name: JDI Innovations Construction LLC.	
Address: 22197 SW Orland St.	
City/State/ZIP: Sherwood Oregon 97140	
Phone: 9715335925	Fax:
CCB lic.: 228379	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	8,042.97
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:	320 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$131.74
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Jazmin Garcia Perez	01/02/2020

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  
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: 11-13-19	Permit No.: B2019-4718
Date Issued: 1/15/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5825 SW Hall Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 13th St. & Hall Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116DD06001	
DESCRIPTION OF WORK	
Addition	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Rebecca Pullen	
Address: 2015 SE Columbia River Place #110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (503) 840-2313	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Revive LLC	
Contact name: Don Isaacson	
Address: 8532 SW Saint Helens Drive, Suite #210	
City/State/ZIP: Wilsonville, OR 97070	
Phone: (971) 285-0770	Fax:
E-mail: info@reviveremodeling.com	
CONTRACTOR	
Business name: Revive LLC	
Address: 8532 SW Saint Helens Drive, Suite #210	
City/State/ZIP: Wilsonville, OR 97070	
Phone: (971) 285-0770	Fax:
CCB lic.: 166165	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	62511.00
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	square feet 322
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

Authorized signature:	Date:
Print name:	

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: 11/05/2019	Permit No.: B2019-4581
Date Issued: 1/15/2020	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: 15500 SW Beaverton Creek Ct.	
City/State/ZIP: Beaverton / Oregon / 97006	
Suite/bldg./apt. no.:	Project name: Apple Beaverton Fitout
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and relocate fire sprinkler heads for tenant improvement.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Apple	
Address: 15500 SW Beaverton Creek Ct.	
City/State/ZIP: Beaverton / Oregon / 97006	
Phone: (503) 479-2042	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Red Hawk Fire Protection	
Contact name: August Hoffman	
Address: 3801 Fruit Valley Road	
City/State/ZIP: Vancouver / Washington / 98660	
Phone: (360) 984-3712	Fax:
E-mail: augusth@redhawkfp.com	
CONTRACTOR	
Business name: Red Hawk Fire Protection	
Address: 3801 Fruit Valley Road	
City/State/ZIP: Vancouver / Washington / 98660	
Phone: (360) 984-3712	Fax:
CCB lic.: 219157	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$52,000
Existing building area:	square feet ~47300
New building area:	square feet ~47300
Number of stories:	2
Type of construction:	Fire Sprinkler TI
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	\$368.51
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
August Hoffman	11/04/19

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\* 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: 1/17/2020	Permit No: 2020-0186
Date Issued: 1/17/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11900 SW Canyon Rd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Basics Meat
Cross street/directions to job site: Canyon Rd/SW Broadway	
Subdivision: Steel's Addition to beaverto	Lot no.: 52
Tax map/parcel no.: 1S115BA00901	
DESCRIPTION OF WORK	
Interior Demolition of Existing Fixtures, Equipment & Finishes.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Basics LLC	
Address: 18555 SW Teton Ave	
City/State/ZIP: Tualitan, OR 97062	
Phone: (503) 307-4369	Fax:
E-mail: gabriel.vizireanu@keystone-pacific.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: AC Schommer & Sons	
Contact name: Chris McGhie	
Address: 6421 NE Colwood Way	
City/State/ZIP: Portland, OR 97218	
Phone: (503) 849-0625	Fax: (503) 287-4499
E-mail: cmcghie@schommer-sons.com	
CONTRACTOR	
Business name: AC Schommer & Sons	
Address: 6421 NE Colwood Way	
City/State/ZIP: Portland, OR 97218	
Phone: (503) 849-0625	Fax: (503) 287-4499
CCB lic.: 4937	

Authorized signature:	Date:
Chris McGhie	01/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	6,500
Existing building area:	1720 square feet
New building area:	1720 square feet
Number of stories:	1
Type of construction:	V
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	162.10
Amount received	
Date received:	221.98

This permit application expires if a 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  
 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: 1/17/2020	Permit No: 52020-0188
Date Issued: 1/17/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: 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: 14845 sw Murray Scholls,	
City/State/ZIP: Beaverton Or 97007	
Suite/bldg./apt. no.: Suite 109	Project name: Enthusiast Group Insurance
Cross street/directions to job site: NW corn of SW Murray Blvd and Scholls Ferry. Suite is proximate to the Chevron Gas Station	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TI Scope - installation of 3 new walls to separate office space from reception area.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Enthusiast Group Insurance	
Address: 14845 sw Murray Scholls, Suite 109.	
City/State/ZIP: Beaverton Or 97007	
Phone: (206) 427-1652	Fax:
E-mail: wendiemartin@allstate.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: NorthWest Classic Homes, LLC	
Contact name: Chris Wall	
Address: 10100 ne 116th Cir	
City/State/ZIP: Vancouver Wa 98662	
Phone: (503) 849-8883	Fax:
E-mail: everestdevelopment@yahoo.com	
CONTRACTOR	
Business name: NorthWest Classic Homes, LLC.	
Address: 10100 ne 116th Cir	
City/State/ZIP: Vancouver Wa 98662	
Phone: (503) 849-8883	Fax:
CCB lic.: 202817	

Authorized signature: [Signature]	Date:
Print name: Christopher Wall	01/06/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5000.00
Existing building area:	1092 square feet
New building area:	1092 square feet
Number of stories:	1
Type of construction:	Steel stud w/ drywall
Occupancy groups:	OCC Group B
Existing:	Occupancy B
New:	Occupancy 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	373.96
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

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. 52020-0197
Date Issued: 1/17/2020	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: 1865 NW 169th Place	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.: 105	Project name: Sunset Eye Clinic expansion
Cross street/directions to job site: Cornutt Road / 173rd Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
existing tenant expanding by adding adj. suite - new opening in demising wall, remove 1 sink and 3 sinks minor construction	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pepe Properties	
Address: 12670 NW Barnes Rd #102	
City/State/ZIP: Portland OR 97229	
Phone: 503 983 0040	Fax:
E-mail: linda@addielnc.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TI Design Group	
Contact name: Linda Smith	
Address: PO Box 6	
City/State/ZIP: Beav OR 97075	
Phone: 503 781 6791	Fax:
E-mail: lsmith@tidesigngroup.com	
CONTRACTOR / Bid owner	
Business name: Pepe Properties	
Address: 12670 NW Barnes Road #102	
City/State/ZIP: Portland OR 97229	
Phone: 503 983 0040	Fax:
CGB lic: N/A	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 35,000.00	
Existing building area:	668 square feet
New building area:	no change square feet
Number of stories:	2
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	1,408.62
Amount received	
Date received:	

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

Form B70-1001 REV 11/19

Authorized signature: [Signature]	Date: 1.16.2020
Print name: Linda Smith	

# 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. B2020-0199
Date Issued: 1/17/2020	AM
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: 4905 GRIFFITH DR	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.: 202	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD A WALL TO DIVIDE SPACE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ALFA GRIFFITH LLC	
Address: 4905 GRIFFITH DRIVE SUITE 205	
City/State/ZIP: BEAVERTON, OR 97	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PROPERTY DAMAGE SOLUTIONS, LLC	
Contact name: CHRIS NESTEROWICZ	
Address: 2850 SW CEDAR HILLS BLVD #106	
City/State/ZIP: BEAVERTON OR 97005	
Phone: 503-341-6801	Fax:
E-mail: CHRIS@PDSLLCNW.COM CHRIS@PDSLLCNW.COM	
CONTRACTOR	
Business name: ARM PROPERTY MANAGEMENT	
Address: 4905	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: EXEMPT ORS 701.010 (14)	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 1000	
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	175.36
Amount received	
Date received:	

Authorized signature:

Print name: CHRIS NESTEROWICZ 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: 01/07/2020	Permit No.: B2020-0050
Date Issued: 1/19/2020	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: 2785 SW CEDAR HILLS BOULEVARD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: BLDG D	Project name: FIDELITY INVESTMENT
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD FIRE ALARM NOTIFICATION IN TENANT SPACE	
<input type="checkbox"/> PROPERTY OWNER	<input 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: STONER ELECTRIC, INC.	
Contact name: SARABETH DODD	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 462-5217	Fax:
E-mail: PERMITS@STONERGROUP.COM	
CONTRACTOR	
Business name: STONER ELECTRIC, INC.	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 462-6500	Fax:
CCB lic.: 44823	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$15,000
Existing building area:	square feet 4,782
New building area:	square feet 4,782
Number of stories:	2
Type of construction:	IIIB
Occupancy groups:	B (BUSINESS)
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	\$521.30
Amount received	
Date received:	

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

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: Sarabeth Dodd	01/06/20



# Manufactured Dwelling Permit Application

## City of Beaverton

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

OFFICE USE ONLY		
Date received: 01/09/20	Permit no. B2020-0082	
Project/appl. no.:	Expire date:	
Date issued:	By:	Receipt no.:
Case file no.:	Payment type:	
Health dept.:	DEQ:	

TYPE OF PERMIT		
<input type="checkbox"/> Owner installed	<input checked="" type="checkbox"/> Contractor installed	<input type="checkbox"/> Repair
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Addition/alteration	<input checked="" type="checkbox"/> Replacement: Same location <input type="checkbox"/> Yes <input type="checkbox"/> No

JOB SITE INFORMATION			
Job address: 3737 SW 117 <sup>th</sup> Ave	Address: 3737 SW 117 <sup>th</sup> Ave		Space no.: 73
Manufactured dwelling park: Meek Trailer Ctr/Mobile home (6900)	City: Beaverton	State: OR	ZIP: 97004
Tax map/tax lot no./account no.: 15170 CD00801	Lot #	Block:	Subdivision:
Base flood elevation:	Elevation certificate:		
Description of work on premises: Replacement of mobile home with new HUD manufactured home			

OWNER	MANUFACTURED HOME INFORMATION
Name: Willamette Homes	Concrete stringers/slab under home: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address: 11950 SW 2nd St	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple
City: Beaverton	Valuation \$ 35,000 Square feet 810
Phone: 5036622946	(dwelling and set up only, does not include other permits)
State: OR	
ZIP: 97007	
E-mail: info@willamettehome.com	
Owner representative: Eric Zechenelly	
Phone:	
Fax:	
E-mail:	

SET UP/INSTALLATION CONTRACTOR	ADDITIONAL PERMITS (if required)
Name: Theroux NW	<input type="checkbox"/> Mechanical
Address: PO BOX 1287	<input type="checkbox"/> Plumbing
City: Oregon City	<input type="checkbox"/> Electrical
State: OR	<input type="checkbox"/> Foundation
ZIP: 97045	<input type="checkbox"/> Garage
Phone:	<input type="checkbox"/> Carport
Fax:	<input type="checkbox"/> Cabana
E-mail: twmhsels@msn.com	<input type="checkbox"/> Ramada
CCB license no.: 65789	<input type="checkbox"/> Awning
City/Metro license no.:	<input type="checkbox"/> Alterations
MDI license no.: 147MDI	<input type="checkbox"/> Other
	Permit no.:

SKIRTING CONTRACTOR
Name: DFB Construction
Address: 10780 SE 257TH DR
City: Damascus
State: OR
ZIP: 97089
Contact person: Ryan Betz
Phone:
CCB license no.: 105059
City/Metro license no.:
Skirting license no.:
MDI/LSI license no.: 867MDI

APPLICANT
Name: Willamette Homes
Address: See above
City:
State:
ZIP:
Phone:
Fax:
E-mail:

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

*[Signature]* Date: 1/6/2020

Applicant's signature Date

Notice: Manufactured dwelling installers must have an Oregon MDI and Construction Contractors Board license under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed, or the applicant is exempt from licensing for the following reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Set up fee ..... \$ \_\_\_\_\_

State surcharge ..... \$ \_\_\_\_\_

State fee ..... \$ \_\_\_\_\_

TOTAL ..... \$ 252.88

AFFIDAVIT



**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: 1/21/2020	Permit No. B2020-0212
Date Issued: 1/21/2020	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: 6700 SW 105th Ave	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 305	Project name: Amie's Community Care
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add Relocate or Plug off sprinkler heads for code compliance with tenant improvement	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: American Property Management	
Address: 2154 NE Broadway Suite 200	
City/State/ZIP: Portland OR 97232	
Phone: (503) 284-2147	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Vanport Mechanical and Fire Sprinklers	
Contact name: Ivan Krajleski	
Address: 6101 NE 127th Ave	
City/State/ZIP: Vancouver WA 98682	
Phone: (360) 256-9838	Fax:
E-mail: ivank@vanportmech.com	
CONTRACTOR	
Business name: Vanport Mechanical and Fire Sprinklers	
Address: 6101 NE 127th Ave	
City/State/ZIP: Vancouver WA 98682	
Phone: (360) 256-9838	Fax:
CCB Lic.: 208502	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	450
Existing building area:	40000 square feet
New building area:	2160 square feet
Number of stories:	3
Type of construction:	Wood
Occupancy groups:	Offices
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	\$92.00
Amount received	
Date received:	

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

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

Authorized signature:

Print name: Ivan Krajleski	Date: 01/16/20
----------------------------	----------------

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 2/23/2019	Permit # B2019-5246
Date Issued: 1/20/2020	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: 16215 SW Pipit Ct	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Deck Replacement
Cross street/directions to job site: Falcon St	
Subdivision:	Lot no.: 30079
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear out of existing Deck and Replace with New Deck.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bruce Chisholm	
Address: 16215 SW Pipit Ct	
City/State/ZIP: Beaverton OR 97007	
Phone: 503-719-2582	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Shave's Cowboy Construction LLC	
Contact name: Shave Panter	
Address: 13500 SW Pacific Hwy Ste 58-188	
City/State/ZIP: Tigard OR 97223	
Phone: 503-716-0735	Fax:
E-mail: shavepanter773@gmail.com	
CONTRACTOR	
Business name: Shave's Cowboy Construction LLC	
Address: 13500 SW Pacific Hwy Ste 58-188	
City/State/ZIP: Tigard OR 97223	
Phone: 503-716-0735	Fax:
CCB lic.: 211037	
Authorized signature: [Signature]	Date: 12-11-19
Print name: Shave Panter	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$42,000
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	\$493.77
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

# 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

## OFFICE USE ONLY

Date Received: 11/12/19	Permit No.: B209-4700
Date Issued: 1/21/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11620 SW 9th St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Kirby House
Cross street/directions to job site: SW Alger Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kevin Kirby	
Address: 11620 SW 9th St	
City/State/ZIP: Beaverton OR 97005	
Phone: 360-865-2151	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Quinby Construction	
Contact name: Eric Harrison	
Address: 1002A N Springbrook rd #259	
City/State/ZIP: Newberg OR 97132	
Phone: 503-516-4593	Fax:
E-mail: Eric@QuinbyConstruction.com	
CONTRACTOR	
Business name: Quinby Construction	
Address: 1002A N Springbrook rd #259	
City/State/ZIP: Newberg OR 97132	
Phone: 503-516-4593	Fax:
CCB lic.: 201995	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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
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	460.42
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 11/12/19
Print name: Eric Harrison	

This permit application expires if a 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

*Mamancy Tea 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: 10/02/2019	Permit No.: B2019-4140
Date Issued: 1/21/2020	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: 3831 SW 117TH Avenue	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Mamancy Tea
Cross street/directions to job site: 117th and Canyon Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add non-load bearing walls.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Anne Johnson - Mamancy Tea	
Address: 3831 SW 117TH Avenue	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax: live.com
E-mail: anne.johnson@mamancytea.com ; anne.hannah.johnson@	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Obsidian Design, LLC	
Contact name: Chelsea Rodgers	
Address: 5921 SE Cedar St.	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 539-3657	Fax:
E-mail: obsidiandesignpdx@gmail.com	
CONTRACTOR	
Business name: Portland Commercial Construction	
Address: 2519 N Hayden Island Dr.	
City/State/ZIP: Portland, OR 97217	
Phone: (971) 279-5250	Fax:
CCB lic.: 209259	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$92,000
Existing building area:	square feet 1,009
New building area:	square feet 1,009
Number of stories:	1
Type of construction:	V-B Sprinkled
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	\$1,322.61
Amount received	
Date received:	

Authorized signature:	Date:
Chelsea Rodgers	10/02/19

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

**Washington County** Phone: 503-846-3470, Fax: 503-846-3993, Inspection Request: 503-846-3699  
 155 N. 1<sup>st</sup> AV, Suite 350, MS 12, Hillsboro, OR 97124 [www.co.washington.or.us](http://www.co.washington.or.us)  
 Land Use Approval: \_\_\_\_\_ Project # \_\_\_\_\_ Permit # **B2000-0139**

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>One Willow Creek 16100 New Carnell Rd</u>	
City/State/ZIP: <u>Beaverton OR 97006</u>	
Suite/bldg./apt. no.: <u>Suite 140</u>	Project name:
Cross street/directions to job site:	
Plan No.	Reissue: Yes [ ] No [ ]
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Hem Street Development</u>	
Address: <u>7440 E Pinnacle Peak Rd #142</u>	
City/State/ZIP: <u>Scottsdale, AZ 85255-3638</u>	
Phone: ( )	Fax: ( )
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Economy Enterprises</u>	
Contact name: <u>Jim Nikolaus</u>	
Address: <u>PO Box 468 Banks</u>	
City/State/ZIP: <u>Banks OR 97106</u>	
Phone: (503) <u>830-8082</u>	Fax: ( )
E-mail: <u>JBNBKSOR@MSN.COM</u>	
CONTRACTOR	
Business name: <u>Economy Enterprises</u>	
Address: <u>PO Box 468</u>	
City/State/ZIP: <u>Banks OR 97106</u>	
Phone: (503) <u>830-8082</u>	Fax: ( )
CCB lic.: <u>168450</u>	
Engineer:	Architect:
Address:	Address:
Phone:( )	Phone:( )
Email:	Email:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$30,000</u>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>\$1,271.06</u>
Amount received	\$
Date received:	

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

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

Authorized signature: [Signature]

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

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: 2/23/2019	Permit # B2019-5246
Date Issued: 2/23/2019	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: 16215 SW Pipit Ct	
City/State/ZIP: Beaverton Or 97007	
Suite/bldg./apt. no.:	Project name: Deck Replacement
Cross street/directions to job site: Falcon St	
Subdivision:	Lot no.: 30079
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear out of existing Deck and Replace with New Deck.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bruce Chisholm	
Address: 16215 SW Pipit Ct	
City/State/ZIP: Beaverton Or 97007	
Phone: 503-719-2582	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Shaves Cowboy Construction LLC	
Contact name: Shave Painter	
Address: 13500 SW Pacific Hwy Ste 58-188	
City/State/ZIP: Tigard Or 97223	
Phone: 503-716-0735	Fax:
E-mail: shavepainter773@gmail.com	
CONTRACTOR	
Business name: Shaves Cowboy Construction LLC	
Address: 13500 SW Pacific Hwy Ste 58-188	
City/State/ZIP: Tigard Or 97223	
Phone: 503-716-0735	Fax:
CCB lic.: 211037	
Authorized signature: [Signature]	Date: 2-11-19
Print name: Shave Painter	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$42,000
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	\$493.77
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



**Building Permit Application**

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

*Denney Rd Re-Hang FS*

OFFICE USE ONLY	
Date Received: 11/14/2019	Permit No.: B2019-4743
Date Issued: 12/4/2020	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: 10750 SW Denney Rd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Building 1	Project name: Denney Rd Re-Hang
Cross street/directions to job site: SW Denny Rd and SW 105th Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-Hang existing system removed in order to install new roof	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Denny Rd Industrial Park	
Address: 1121 SW Salmon St suite 500	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 242-2900	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Joseph Plattner	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: joseph.plattner@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4,525.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1.00
Type of construction:	5B
Occupancy groups:	
Existing: B	
New: B	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$74.13
Amount received	
Date received:	

Authorized signature:	
Print name: Joseph Plattner	Date: 11/19/19

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

WINGSTOP 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 VTDD  
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 12/23/2019	Permit No.: B2019-5237
Date Issued: 1/24/2020	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: fire sprinkler
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11350 SW Canyon Rd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Wingstop Beaverton TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 18 new sprinkler head drops off of existing wet system new floor plan	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: AFP Systems	
Contact name: Breanna Ripple	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
E-mail: breanna@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	
Authorized signature: [Signature]	Date:
Print name: Steve Frost	12/17/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		
Number of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		\$5,000.00
Existing building area:	square feet	1785 TI
New building area:	square feet	no new
Number of stories:		2
Type of construction:		VB
Occupancy groups:		B
Existing:		
New:		
NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
BUILDING PERMIT FEES*		
Please refer to fee schedule		
Fees due upon application		\$258.64
Amount received		
Date received:		

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

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

# Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: <b>1/17/2020</b>	Permit No. <b>B2020-0260</b>
Date Issued:	By:
<b>CITY OF BEAVERTON</b>	
<b>BUILDING DIVISION</b>	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5355 Southwest Elm Avenue, Beaverton, Oregon, 97005, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 7.88 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bruce Heath	
Address: 5355 Southwest Elm Avenue, Beaverton, Oregon, 97005, United St	
City/State/ZIP:	
Phone: 503-939-0808	Fax:
E-mail: bruceaheath@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Hannah Webb	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$17,627
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

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

Authorized signature: <i>Jeffrey Lee</i>	Date:
Print name: Jeff Lee	01/16/2020

This permit application expires if a 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:	1/22/2020
Date Issued:	01/21/20
Permit No:	B2020-0246
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: 11070 SW Canyon Rd	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Bacon Tire Pros
Cross street/directions to job site: Canyon Rd and HWY 217	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Face lift of inside of building. Move location of one of the existing bathrooms. Update lighting, drywall, insulation, paint.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Jim Bacon Tire Pros	
Address: 11070 SW Canyon Rd	
City/State/ZIP: Beaverton OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DBM Construction LLC	
Contact name: Adrian Oltean	
Address: 14325 NE Airport way #103	
City/State/ZIP: Portland OR	
Phone: 503-969-2518	Fax:
E-mail: Adrian@teambdm.com	
CONTRACTOR	
Business name: Bria Construction LLC	
Address: 14325 NE Airport way #103	
City/State/ZIP: Portland OR 97230	
Phone: (503) 969-2518	Fax:
CCB Lic: 218405	
Authorized signature:	Date: 1/21/20
Print name: Adrian Oltean	Date: 1/21/20

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	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	150,000
Existing building area:	4650 square feet
New building area:	N/A square feet
Number of stories:	1
Type of construction:	alteration
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 11/10



### 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: 12/30/2019	Permit No.: B2019-5305
Date Issued: 1/27/2020	BLM
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: 4021 SW 117TH AVE	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.: SUITE E	Project name: CHINATOWN
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACE EXISTING WALK IN COOLER AND WALK IN FREEZER WITH NEW	
<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) 453-0929	Fax:
E-mail: CNELSON48@GMAIL.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	

Authorized signature:	Date:
Print name: CHRIS NELSON	12/27/20

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	\$5,200
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:	

This permit application expires if a 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 870-1001 REV 11/19

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: 11/04/2019	Permit No.: B2019-4577
Date Issued: 1/27/2020 <i>CM</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: 11375 SW CENTER STREET	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: ACMA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACEMENT OF EXISTING 1 STORY BUILDING WITH NEW 2 STORY BUILDING FOR ARTS & COMMUNICATIONS MAGNET ACADEMY. (ACMA)	
<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:	
CONTRACTOR	
Business name: AC&E ELECTRIC	
Address: 3535 DEL WEBB AVE SUITE 100	
City/State/ZIP: SALEM, OR 97301	
Phone: (503) 363-2301	Fax:
CCB lic.: 591	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$110,000.00
Existing building area:	square feet
New building area:	square feet 75,000
Number of stories:	2
Type of construction:	2B
Occupancy groups:	E
Existing:	
New:	75,000

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$577.23
Amount received	
Date received:	

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

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

Authorized signature: *Jeff Haga*

Print name: JEFF HAGA	Date: 11/04/19
-----------------------	----------------



# Building Permit Application

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

## OFFICE USE ONLY

Date Received:	Permit No. <b>2020-0313</b>
Date Issued: <b>1/27/2020</b>	By: <b>CM</b>
1&2 family: Simple	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7655 SW HYLAND WAY	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: KRISTOFF
Cross street/directions to job site:	
Subdivision: W284651	Lot no.:
Tax map/parcel no.: 1S121DC01101	
DESCRIPTION OF WORK	
REMOVE FULL ROOF TRUSS SYSTEM AND REPLACE DO TO FIRE DAMAGE. REPLACE ALL INSULATION AND WALL BOARD	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: KRISTOFF	
Address: 7655 SW HYLAND WAY	
City/State/ZIP: BEAVERTON OR 97005	
Phone: ( 503 )	Fax: ( )
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MIKE MONTGOMERY	
Contact name: SIMPL HOME DESIGNS	
Address: 4931 SW 76TH AVE., PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: ( 503 ) 515-6495	Fax: ( 503 ) 719-4825
E-mail: <a href="mailto:mikem@ezpermits.biz">mikem@ezpermits.biz</a>	
CONTRACTOR	
Business name: Northwest Restoration	
Address: PO Box 3264	
City/State/ZIP: Tualatin, OR 97062	
Phone: ( 503 ) 678-2343	Fax: ( )
CCB lic.: 181827	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	180,000.00
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature:

Print name: Mike Montgomery	Date: 01/27/20
-----------------------------	----------------

Approved

9/27/2019

### Building Permit Application



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

OFFICE USE ONLY	
Date Received: 9-27-19	Permit No.: B2019-4328
Date Issued: 11/29/2019	BT
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: 3280 SE 170th Ave.	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Clubhouse Remodel
Cross street/directions to job site: Clubhouse at the Arbor Creek Apartment Complex; Entrance off 170th Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S1080001409	
DESCRIPTION OF WORK	
SITE: New standalone open air, covered pavilion structure.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Security Properties	
Address: 701 SW Fifth Avenue, Suite 5700	
City/State/ZIP: Seattle, WA 98104	
Phone: (206) 628-8808	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Dominek Architecture, LLC	
Contact name: Paul D. Wolfe	
Address: 2246 E Burnside Street, #A	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 954-3065	Fax:
E-mail: pwolfe@dominekarch.com	
CONTRACTOR	
Business name: Morrison Construction, LLC	
Address: 10505 SW Barbur Blvd. Ste. 302	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 709-1072	Fax:
CCB lic.: 189900	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$40,601
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	Open air pavilion
Type of construction:	VB
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	1,573.70
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Paul D. Wolfe	09/26/19

# Building Permit Application

Approved

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

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

OFFICE USE ONLY	
Date Received: 08/02/2019	Permit No.: B2019-3317
Date Issued: 11/29/2020	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: 3280 SE 170th Ave	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Clubhouse Remodel
Cross street/directions to job site: Clubhouse at the Arbor Creek Apartment Complex; Entrance off 170th Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S1080001409	
DESCRIPTION OF WORK	
BUILDING: Remodel of existing apartment complex Clubhouse, A-3 Occupancy Type VB Building; addition of 1,647 SF new floor area on Main Level (infill of double ht. spaces). New stand-alone landscape structure. New roof over (E) spa area. Other modifications to pool deck area.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Holland Partner Group	
Address: 1111 Main Street, Ste. 700	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 694-7888	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Dominek Architecture, LLC	
Contact name: Paul D. Wolfe	
Address: 2246 E Burnside St., #A	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 954-3065	Fax:
E-mail: pwolfe@dominekarch.com	
CONTRACTOR	
Business name: Morrison Construction, LLC	
Address: 10505 SW Barbur Blvd., Ste. 302	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 709-1072	Fax:
CCB lic.: 189900	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$203,008
Existing building area:	square feet 5353
New building area:	square feet 7000
Number of stories:	1 + Basement
Type of construction:	VB
Occupancy groups:	
Existing:	A-3
New:	A-3, S-1

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,192.94
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Paul D. Wolfe	08/01/19

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 **2,379.34** REV 2/14

# Building Permit Application

RECEIVED

RECEIVED

ELECTRONIC SUBMITTAL  
SEE BLDG DIV WG 8

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

OFFICE USE ONLY

Date Received: 03/28/2019	Permit No.: B2019-1254
Date Issued: 03/28/2019	City of Beaverton Building Division
Payment Type:	



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: 17336 SW Dotterel Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: #166
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$321,583.34
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2618
Garage/carport area:	square feet 398
Covered porch area:	square feet 197
Deck area:	square feet 247
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule.	
Fees due upon application	\$1,346.87
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Sandro Guerrero	03/21/19

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

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

# Building Permit Application



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: 10/03/2019	Permit No.: B2019-4150
Date Issued: 1-2-20	By: MK
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16851 NW Cornell Road	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: AT&T @ PR60 Cornell
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N130DC00100	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: New Cingular Wireless PCS, LLC (AT&T)	
Address: 5628 Airport Way South, Suite 112	
City/State/ZIP: Seattle, WA 98108	
Phone: (206) 523-1941	Fax:
E-mail: ccontreras@rykaconsulting.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: New Cingular Wireless PCS, LLC (AT&T), Ryka Consulting	
Contact name: Christine Contreras	
Address: 5628 Airport Way South, Suite 112	
City/State/ZIP: Seattle, WA 98108	
Phone: (206) 523-1941	Fax:
E-mail: ccontreras@rykaconsulting.com	
CONTRACTOR	
Business name: Zenisco, Inc	
Address: 3220 C St. NE, Unit 1	
City/State/ZIP: Auburn WA 98002	
Phone: 425-321-2300	Fax: 425-332-5046
CCB lic.: 223484	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	0
Number of bedrooms:	N/A
Number of bathrooms:	N/A
Total number of floors:	N/A
New dwelling area:	square feet N/A
Garage/carport area:	square feet N/A
Covered porch area:	square feet N/A
Deck area:	square feet N/A
Other structure area:	square feet N/A
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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 318
New building area:	square feet N/A
Number of stories:	N/A
Type of construction:	V-B
Occupancy groups:	U
Existing:	U
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$290.98
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Christine Contreras	

This permit application expires if a 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: 12/23/2019	Permit No.: B2019-5236
Date Issued: 1-2-20	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>visa</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10575 SW 136th Place	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.:	Project name: Stanger
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Build new sheer wall, install two support beams and remodel kitchen	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Davis and Carol Stanger	
Address: 10575 Sw 136th Place	
City/State/ZIP: Beaverton, Oregon 97008	
Phone: (503) 781-8727	Fax:
E-mail: dastanger14@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Garden Home Interiors	
Contact name: Bill Fletcher	
Address: 8409 SW 57th Ave.	
City/State/ZIP: Portland, Oregon 97219	
Phone: (503) 780-4010	Fax:
E-mail: bill@gardenhomeinteriors.com	
CONTRACTOR	
Business name: Garden Home Interiors	
Address: 8409 SW 57th Ave.	
City/State/ZIP: Portland, Oregon 97219	
Phone: (503) 780-4010	Fax:
CCB lic.: 162912	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$35,000
Number of bedrooms:	4
Number of bathrooms:	2 1/2
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	\$312.79
Amount received	
Date received:	

Authorized signature: <i>Bill Fletcher</i>	Date:
Print name: Bill Fletcher	12/20/20

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

NEW SFD

Approved

3 AP

**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: <b>9/16/2019</b>	Permit No.: <b>B2019-3885</b>
Date Issued: <b>12/20</b>	By: <i>[Signature]</i>
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 checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>17344 SW Dotterel LN</b>	
City/State/ZIP: <b>BEAVERTON, OR</b>	
Suite/bldg./apt. no.: <b>LOT 165</b>	Project name: <b>SOUTH COOPER MT.</b>
Cross street/directions to job site:	
Subdivision: <b>SOUHT COOPER MT</b>	Lot no.: <b>165</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NEW HOME</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>SK HOFF CONSTRUCTIO</b>	
Address: <b>735 SW 158TH AVE</b>	
City/State/ZIP: <b>BEAVERTON ,OR, 97006</b>	
Phone: <b>(503) 319-6963</b>	Fax: <b>(503) 641-7661</b>
E-mail: <b>sguerrero@arborhomes.com</b>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>SK HOFF CONSTRUCTION</b>	
Contact name: <b>SANDRO GUERRERO</b>	
Address: <b>735 SW 158TH AVE</b>	
City/State/ZIP: <b>BEAVERTON , OR 97006</b>	
Phone: <b>(503) 319-6963</b>	Fax: <b>(503) 641-7661</b>
E-mail:	
CONTRACTOR	
Business name: <b>SK HOFF CONSTRUCTION</b>	
Address: <b>735 SW 158TH AVE</b>	
City/State/ZIP: <b>BEAVERTON , OR 97006</b>	
Phone: <b>(503) 641-7342</b>	Fax: <b>(503) 641-7661</b>
CCB lic.: <b>121987</b>	

Authorized signature:	Date:
Print name: <b>Sandro Guerrero</b>	<b>09/13/19</b>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$312,284.24</b>
Number. of bedrooms:	<b>3</b>
Number of bathrooms:	<b>2-1/2</b>
Total number of floors:	<b>2</b>
New dwelling area:	square feet <b>2334</b>
Garage/carport area:	square feet <b>407</b>
Covered porch area:	square feet <b>125</b>
Deck area:	square feet <b>178</b>
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	<b>2</b>
Type of construction:	<b>SINGLE FAMILY</b>
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

# Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: 12/31/2019	Permit No.: B2019-5325
Date Issued: 1/3/2020	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: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: MEGAMELTER
Cross street/directions to job site: Between SW 141st and SW Hocken Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109CD002	
DESCRIPTION OF WORK	
Megamelter equipment install/anchorage for the Nike M73 Building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike, Inc.	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 671-6453	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike Air MI	
Contact name: Nick Pisciotto	
Address: 13630 SW Terman Rd	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 206-2899	Fax:
E-mail: nick.pisciotta@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	

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

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

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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: Nick Pisciotto	12/30/19



### 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: <b>12/18/2019</b>	Permit No.: <b>B2019-5188</b>
Date Issued: <b>1/3/20</b>	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: <b>8905 SW Cascade Ave</b>	
City/State/ZIP: <b>Beaverton, OR 97008</b>	
Suite/bldg./apt. no.:	Project name: <b>Old Navy</b>
Cross street/directions to job site: <b>Cascade Plaza</b>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>Install LED Illuminated Sign on Exterior Mall Space</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Harsch Investment Properties / Jay Featherston</b>	
Address: <b>1121 SW Salmon St</b>	
City/State/ZIP: <b>Portland OR 97206</b>	
Phone: <b>503-242-2900</b>	Fax:
E-mail: <b>jayf@harschcom</b>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Old Navy</b>	
Contact name: <b>Patty Whalen</b>	
Address: <b>8905 SW Cascade Ave</b>	
City/State/ZIP: <b>Beaverton, OR 97008</b>	
Phone: <b>541-342-1769</b>	Fax:
E-mail: <b>pwhalen@ramsaysigns.com</b>	
CONTRACTOR	
Business name: <b>Ramsay Signs - Patty Whalen / pwhalen@ramsaysigns.com</b>	
Address: <b>9160 SE 74th Ave</b>	
City/State/ZIP: <b>Portland, OR 97206</b>	
Phone: <b>541-342-1769</b>	Fax:
CCB Lic.: <b>63422</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	<b>\$8,950</b>
Existing building area:	square feet <b>119.3</b>
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	<b>yes</b>
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	<b>\$162.16</b>
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

DocuSigned by:  
 Authorized signature: *Patty Whalen*  
 Print name: **Patty Whalen** Date: **12.17.19**

# 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 V/TDD  
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 01/02/2020	Permit No.: B2020-0008
Date Issued: 1/2/20	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 checked="" type="checkbox"/> Other: fire sprinkler
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldler	<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.: 150	Project name: Monkey's Subs TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 10 new sprinkler head drops off of existing wet system to cover new floor plan.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: AFP Systems	
Contact name: Breanna Ripple	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
E-mail: breanna@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3,750.00
Existing building area:	square feet TI 1,018
New building area:	square feet
Number of stories:	2
Type of construction:	VB
Occupancy groups:	B
Existing:	
New:	

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

BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	232.37
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Steve Frost	12/30/19

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

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



### Building Permit Application

Community Development Department, Building Division  
 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. B 2020-0018
Date Issued: 1/7/2020	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: 14661 SW Teal Blvd	
City/State/ZIP: Beaverton Or. 97007	
Suite/bldg./apt. no.:	Project name: White Oak Tap House
Cross street/directions to job site: Murry and Hsy 210	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace SR SSU with QR SSU Add (1) dry head to new cooler Add (1) SSP to new restroom	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Spruce Box	
Address: 9033 SW Burnham St	
City/State/ZIP: Beaverton Or 97223	
Phone: (503) 550-8205	Fax:
E-mail: katy@sprucebox.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Performance System Integration	
Contact name: Tony Bjerke	
Address: 4324 SW Durham Rd	
City/State/ZIP: Portland Or 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
E-mail: tonyb@psintegrated.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
OCB No.: 227526	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$4,104.29
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]  
 Print name: Anthony Bjerke Date: 1-2-2020

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

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

# Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: <b>8/12/2019</b>	Permit No.: <b>B2019-3438</b>
Date Issued: <b>1-8-20</b>	By: <i>ML</i>
<b>CITY OF BEAVERTON</b>	
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: <b>4815 SW LOMBARD AVE</b>	
City/State/ZIP: <b>BEAVERTON, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>VERSO APTS.</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>ADD SPRINKLER SYSTEM IN NEW BUILDING PER NFPA 13. BUILDING PERMIT #B2019-0704</b>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>REMBOLD PROPERTIES LLC</b>	
Address: <b>10305 SW PARK WAY SUITE 204</b>	
City/State/ZIP: <b>PORTLAND</b>	
Phone:	Fax:
E-mail: <b>ksb@rembold.com</b>	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>VANPORT MECHANICAL AND FIRE, INC.</b>	
Address: <b>6101 NE 127TH AVE #200</b>	
City/State/ZIP: <b>VANCOUVER, WA 98682</b>	
Phone: <b>(360) 256-9838</b>	Fax: <b>(360) 256-5886</b>
CCB lic.: <b>208502</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	<b>323200.00</b>
Existing building area:	square feet
New building area:	square feet
Number of stories:	<b>5</b>
Type of construction:	
Occupancy groups:	
Existing:	
New:	

**NOTICE**

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

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

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

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

Authorized signature:	Date:
<b>JAMES RUARK</b>	<b>08/12/19</b>

CHC LOT 4 SITE WORK  
**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: 10/9/2019	Permit No.: B2019-4227
Date Issued: 10/30	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 2545 SW Cedar Hills Blvd (for entire Lot 4)	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: CHC - Lot 4
Cross street/directions to job site: SW CEDAR HILLS BLVD AND SW WALKER RD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109AD / TL3700	
DESCRIPTION OF WORK	
Site Fire & Life Safety permit (site improvements only)	
<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 98661	
Phone: 360-696-0837	Fax:
CCB lic.: 63261	
Authorized signature: [Signature]	Date: 9/30/19
Print name: Mike Towle, PE	Date: 9/30/19

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$409,138
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: 1/8/2020	Permit No.: B2020-0072
Date Issued:	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5500 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.:	Project name: Flynn Office Renovation
Cross street/directions to job site: Allen/Arctic Dr.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of interior non-load bearing walls (3 offices)	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Flynn BEC LP	
Address: 5500 SW Arctic Dr	
City/State/ZIP: Beaverton, OR, 97005	
Phone: (800) 827-7845	Fax: (888) 899-1389
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Flynn BEC LP	
Contact name: Tylar Deveraux	
Address: 5500 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR, 97005	
Phone: (503) 396-2362	Fax: (888) 899-1389
E-mail: tylar.deveraux@flynncompanies.com	
CONTRACTOR	
Business name: Fred Shearer & Sons, Inc.	
Address: 8015 SW Hunziker Rd	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 520-9991	Fax: (503) 626-9891
CCB lic.: 357	
Authorized signature:	Date:
Print name: Tylar Deveraux	01/07/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4,500.00
Existing building area:	32,190 square feet
New building area:	32,190 square feet
Number of stories:	2
Type of construction:	Renovation/Demolition
Occupancy groups:	
Existing:	Flynn BEC LP
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	184.51
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

CHC BLDG 8 LOT 4

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: 10/9/2019
Permit No.: B2019-4228
Date Issued: 10/30/2019
CITY OF BEAVERTON Payment Type:

TYPE OF WORK: New construction
CATEGORY OF CONSTRUCTION: Commercial/Industrial
JOB SITE INFORMATION AND LOCATION: 2545 SW Cedar Hills Blvd
DESCRIPTION OF WORK: Installation of site Fire Suppression Line, FDC and DCDA vault
PROPERTY OWNER: Mall 2 LLC
CONTACT PERSON: Mike Towle, PE
CONTRACTOR: James E John Construction

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees\* are based on the value of the work performed.
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.
Valuation: 60,000
Existing building area: square feet 0
New building area: square feet 10,255
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.

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

*Kiefel Equipment Platform*

OFFICE USE ONLY	
Date Received: 11/14/2019	Permit No.: B2019-4749
Date Issued: 1-8-20	By: <i>ME</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Account	

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: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Kiefel Equipment Platform
Cross street/directions to job site: SW 141st & SW Hocken	
Subdivision:	Lot no.:
Tax map/parcel no.: R2088984	
DESCRIPTION OF WORK	
Install an equipment platform	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike AIR MI	
Contact name: Ferdie Williams	
Address: 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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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.	
Valuallon	60000
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	\$1,017.91
Amount received	
Date received:	

Authorized signature:

Print name: <i>Ferdie Williams</i>	Date: 11/14/20
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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

Form B70-1001 REV 11/19



# 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/blb

OFFICE USE ONLY	
Date Received: 01/07/2020	Permit No.: B2020-0059
Date Issued: 1-9-20	By: <i>ML</i>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8225 sw apple way	
City/State/ZIP: Beaverton, Oregon 97225	
Suite/bldg./apt. no.:	Project name: queenz
Cross street/directions to job site: Beaverton Hillsdale highway and laurelwood ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Engineering and building of Guardrails and Seismic attachment for Freezer and Cooler Box.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Caesar Construction LLC	
Address: PO Box 1231	
City/State/ZIP: Clackamas, Oregon 97015	
Phone:	Fax:
CCB lic.: 182918	

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

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BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	753.73
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:	1/6/2020



### 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: 12/3/2019	Permit No. B2019-4974
Date Issued: 1-8-20	By: <i>ALC</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: 230 NW Lost Springs Terrace #10	
City/State/ZIP: Portland, OR 97229	
Suite/bldg./apt. no.: 10	Project name: Great Notion
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Assemble a pre-fab, walk-in cooler	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Great Notion	
Address: 230 NW Lost Springs Terrace #10	
City/State/ZIP: Portland, OR 97229	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Royal Mechanical LLC	
Contact name: Jeff Brown	
Address: PO Box 86	
City/State/ZIP: Sherwood, OR 97140	
Phone: (503) 925-2562	Fax:
E-mail: royalmechanicalpdx@gmail.com	
CONTRACTOR	
Business name: Royal Mechanical LLC	
Address: PO Box 86	
City/State/ZIP: Sherwood, OR 97140	
Phone: (503) 625-2562	Fax:
CCB lic.: 197385	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	3225.00
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: Jeff Brown	12/02/19



**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: 01/09/2020	Permit No.: B2020-0085
Date Issued:	By: <i>ML</i>
	Payment Type: <i>AMX</i>

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

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2350 SW 81st Ave	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Hayes Solar System
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
9.75kW rooftop solar pv system. (30) Panasonic modules (1) SolarEdge inverter. IronRidge racking system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kevin Hayes	
Address: 2350 SW 81st Ave	
City/State/ZIP: Portland, OR 97225	
Phone: (971) 219-9757	Fax:
E-mail: kevin.hayes@klarquest.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Sunbridge Solar	
Contact name: Haley Polk	
Address: 421 C St Unit 5A	
City/State/ZIP: Washougal, WA 98671	
Phone: (971) 325-4164	Fax:
E-mail: haley@sunbridgesolar.com	
CONTRACTOR	
Business name: Sunbridge Solar	
Address: 421 C St Unit 5A	
City/State/ZIP: Washougal, WA 98671	
Phone: (971) 325-4164	Fax:
CCB lic.: 189787	

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

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

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

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

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

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

Authorized signature: <i>Haley Polk</i>	Date: 1/7/2020
Print name: Haley Polk	Date: 01/07/20

# 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: 01/06/2020	Permit No.: B2020-0043
Date Issued: 1-9-20	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9765 SW 163rd Ave	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Deck Repair
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing 2-4x4 PT Posts and Properly Set in Concrete Replacing 42-2x6 Joist Hangers with 2x8 Joist Hangers  See Site Plans (2 Pages)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Cheryl Pippin	
Address: 9765 SW 163rd Ave.	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-753-9093	Fax:
E-mail: cherplc@hotmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Wall-To-Wall Home Inspections	
Contact name: Larry Coates	
Address: 2025 Webb Street	
City/State/ZIP: West Linn, OR 97068	
Phone: 503-819-8838	Fax:
E-mail: LDCCOATES@GMAIL.COM	
CONTRACTOR	
Business name: Wall-To-Wall Home Inspections	
Address: 2025 Webb Street	
City/State/ZIP: West Linn, OR 97068	
Phone: 503-819-8838	Fax:
CCB lic.: 208303	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	650
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	\$120.23
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date: 1/4/2020
Print name: LARRY COATES	Date: 1/4/2020

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

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

Form B70-1001 REV 2/14



### Building Permit Application

Community Development Department, Building Division  
 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. B2000-0099
Date Issued:	1/9/2020
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:	4955 SW WESTERN AVE
City/State/ZIP:	BEAVERTON OR 97005
Suite/bldg./apt. no.:	Project name: MONTAVILLA
Cross street/directions to job site:	IN SAME BUILDING AS MICHEALS

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

DESCRIPTION OF WORK
MOVING STORE ROOM NON BEARING WALL 5'-6" FORWARD TO MAKE FOR MORE STORAGE

PROPERTY OWNER	TENANT
Name: MONTAVILLA SEWING CENTER	
Address: 4955 SW WESTERN AVE	
City/State/ZIP: BEAVERTON OR 97005	
Phone:	Fax:
E-mail:	

APPLICANT	CONTACT PERSON
Business name: WARNEKING CONSTRUCTION	
Contact name: DAVE	
Address: 4900 NW 140th AVE	
City/State/ZIP: PORTLAND OR 97229	
Phone: 503-805-1500	Fax:
E-mail: davewarneking@gmail.com	

CONTRACTOR	
Business name: WARNEKING CONSTRUCTION	
Address: 4900 NW 140th AVE	
City/State/ZIP: PORTLAND OR 97229	
Phone: 503-805-1500	Fax:
OCB lic.: 89285	

Authorized signature:	
Print name: DAVID WARNEKING	Date: 1-7-20

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5000.00
Existing building area:	15000 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	III A SPRINKLED
Occupancy groups:	B
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	373.96
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



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: 07/01/2019	Permit No.: B2019-2839
Date Issued: 1/9/2020	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: 15901 SW JENKINS	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Costco TI
Cross street/directions to job site: Jenkins Rd & 158th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FOOD SERVICE RENOVATION. FULL FOOD SERVICE AND ASSOCIATED EQUIPMENT REPLACEMENT. NO CHANGE IN OCCUPANCY OR FLOOR AREA. NO IMPACT ON BUILDING ENVELOPE OR HVAC LOADS. NO CHANGE IN ACCESSIBILITY.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: COSTCO WHOLESALE	
Address: 999 LAKE DRIVE	
City/State/ZIP: ISSAQUAH, WA 98027	
Phone: (425) 416-5703	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Scout Services	
Contact name: Connor Suprock	
Address: 490 Quail Ridge Dr	
City/State/ZIP: Westmont, IL 60559	
Phone:	Fax:
E-mail: csuprock@scoutservices.com	
CONTRACTOR	
Business name: Refrigeration Unlimited LLC	
Address: 5102 20th Street East #102	
City/State/ZIP: Fife, WA 98424	
Phone: (253) 474-3100	Fax: (253) 474-4039
CCB lic.: 222543	
Authorized signature: [Signature]	Date:
Print name: Erin Manners	01/08/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet 138860
New building area:	square feet 0
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	M
Existing:	M
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a 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: 01/06/2020	Permit No: B2020-0049
Date Issued: 1-10-20	By: <i>ME</i>
	Payment Type: <i>MC</i>

CITY OF BEAVERTON  
 BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Sign
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: 3925 SW Rose Biggi	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: #120	Project name: Central Station Taps
Cross street/directions to job site: SW Canyon	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AA	
DESCRIPTION OF WORK	
Install one (1) set of channel letters mounted on a raceway installed flush with canopy.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Central Station Taps	
Address: 3925 SW Rose Biggi #120	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 312-0168	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: E S & A Sign Corp	
Contact name: Marcia Nering	
Address: 89975 Prairie Rd	
City/State/ZIP: Eugene, OR 97402	
Phone: (541) 664-6222	Fax: (541) 485-5813
E-mail: marcia@blazesigns.com	
CONTRACTOR	
Business name: E S & A Sign Corp	
Address: 89975 Prairie Rd	
City/State/ZIP: Eugene, OR 97402	
Phone: (541) 485-5546	Fax: (541) 485-5813
CCB lic.: 163470	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	6,000.00
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	\$127.03
Amount received	
Date received:	

Authorized signature: <i>Marcia Nering</i>	Date:
Print name: Marcia Nering	1/6/2020

This permit application expires if a 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



OFFICE USE ONLY	
Date Received: 01/03/2020	Permit No.: B2020-0042
Date Issued: 1-10-20	By: <i>ME</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4145 SW Watson Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Watson Bldg
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
· NEW NOTIFICATION APPLIANCES (STROBES & HORN-STROBES) · TIE TO EXISTING FIRE ALARM SYSTEM	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Performance Systems Integrated	
Contact name: Katie Harbaugh	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
E-mail: katieh@psintegrated.com	
CONTRACTOR	
Business name: Performance Systems Integrated	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
CCB lic.: 227526	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$4,143.02
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	\$74.13
Amount received	
Date received:	

Authorized signature: <i>Katie Harbaugh</i>	Date:
Print name: Katie Harbaugh	01/03/20

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

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

RECEIVED

OFFICE USE ONLY
Date Received: 12/17/2019
Permit No.: B2019-5175
Date Issued: 1-10-20
By: [Signature]
Payment Type: Visa

CITY OF BEAVERTON BUILDING DIVISION

TYPE OF WORK: Addition/alteration/replacement
CATEGORY OF CONSTRUCTION: Commercial/Industrial
JOB SITE INFORMATION AND LOCATION: 9000 SW GEMINI DR, BEAVERTON OR 97000
DESCRIPTION OF WORK: RELOCATE FLEX HDG TO NEW CEILING
PROPERTY OWNER/TENANT: [Blank]
APPLICANT/CONTACT PERSON: PACIFIC FIRE, 6704 TULLIVERA CT, WEST Linn OR 97068, Kent Madera

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Valuation: [Blank]
Number of bedrooms: [Blank]
Number of bathrooms: [Blank]
Total number of floors: [Blank]
New dwelling area: [Blank] square feet
Garage/carport area: [Blank] square feet
Covered porch area: [Blank] square feet
Deck area: [Blank] square feet
Other structure area: [Blank] square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Valuation: \$2,600.00
Existing building area: [Blank] square feet
New building area: [Blank] square feet
Number of stories: [Blank]
Type of construction: [Blank]
Occupancy groups: [Blank]
Existing: [Blank]
New: [Blank]

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.

BUILDING PERMIT FEES
Please refer to fee schedule
Fees due upon application: \$363.71
Amount received: [Blank]
Date received: [Blank]

This permit application expires if a 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

# Electronic Submittal



## 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

RECEIVED

### OFFICE USE ONLY

Date Received: 10/1/2019	Permit No.: B2019-2837
Date Issued: 1/10/2020	City of Beaverton
CITY OF BEAVERTON	Payment Type:
BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 7090 S.W. 68th	
City/State/ZIP: Portland OR, 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Corty to 68th	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Rebuild existing additions interior upgrades. No change to footprint of home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ron Stoy S.W. 68th	
Address: 7050	
City/State/ZIP: Portland OR, 97223	
Phone: (503) 880-5707	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Mark Ferrante Construction	
Contact name: Mark Ferrante	
Address: 13940 S.E. 141st Ave	
City/State/ZIP: Clackamas OR, 97015	
Phone: (503) 789-5801	Fax:
E-mail: ferrantemca@msn.com	
CONTRACTOR	
Business name: Mark Ferrante Construction	
Address: 13940 S.E. 141st Ave.	
City/State/ZIP: Clackamas OR, 97015	
Phone: (503) 789-5801	Fax:
CCB lic.: 103137	
Authorized signature: Mark Ferrante	
Print name: MARK FERRANTE	Date: 6/17/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 140,000	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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



**Building Permit Application**

Community Development Department, Building Division  
 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: 01/10/2020	Permit No.: B2020-0110
Date Issued: 1/13/2020	
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1055 SW 166th Avenue	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Baseline Condos
Cross street/directions to job site: SW Jenkins Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Removal and replacement of the existing roof system using Gray Genflex 60mil TPO single ply roof membrane system mechanically attached with new heavy-duty screws and barbed seam plates.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Scott Simpson	
Address: 1055 SW 166th Ave.	
City/State/ZIP: Beaverton, OR	
Phone: (859) 445-8296	Fax:
E-mail: scott.simpson@nike	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Raindrop Roofing NW, LLC	
Contact name: Torrey Henderson	
Address: 8305 SW Cirrus Dr.	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 707-1506	Fax: (503) 430-8330
E-mail: torrey@raindropnw.com	
CONTRACTOR	
Business name: Raindrop Roofing NW, LLC	
Address: 8305 SW Cirrus Dr.	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 707-1506	Fax: (503) 430-8330
CCB lic.: 172720	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$155,579.00
Existing building area:	16,400 square feet
New building area:	n/a square feet
Number of stories:	3
Type of construction:	low slope re-roof
Occupancy groups:	
Existing:	multi family
New:	n/a

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,055.05
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: Torrey Henderson	01/09/20



### 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: 1/15/2020	Permit No: B2020-0148
Date Issued: 1/15/2020	Payment Type: [initials]

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: 6070 SW ARCTIC DRIVE	
City/State/ZIP: BEAVERTON, OREGON 97005	
State/Reg./Appl. no.:	Project name: ZIMMER BIOMET
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE (2) OFFICES FROM FULFILLMENT/STAGING AREA. REMOVE WALL TO EXPAND FULFILLMENT STAGING AREA. THIS IS AN EXISTING TENANT SPACE w/ EXISTING TENANT	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: ZIMMER BIOMET	
Address: 6070 SW ARCTIC DRIVE	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: 503.643.0150	Fax:
E-mail: ANA.FROST@ZBOREGON.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: dcy@orbizarch.com	
CONTRACTOR	
Business name: SUMMIT CONSTRUCTION	
Address: P.O. Box 10345	
City/State/ZIP: PORTLAND, OR 97296	
Phone: 503.223.9703	Fax:
CCB lic.: 08249	
Authorized signature: [Signature]	Date: 01.14.2020
Print name: DANIEL YOUNG	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 <sup>00</sup>	
Existing building area:	8,180 square feet
New building area:	square feet
Number of stories:	1
Type of construction:	V.N
Occupancy groups:	
Existing:	B/F.I./S.I
New:	B/F.I./S.I
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	411.94
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  
 12726 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: 01/08/2020 Permit No.: B2020-0075

Date Issued: 1/13/2020

CITY OF BEAVERTON

Payment Type:

#### BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6700 SW 105th Ave.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 305	Project name: Amie's Community Care
Cross street/directions to job site: SW 105th and SW Denney Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo Partition walls and construct Partition walls	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Weston Investment	
Address: 2154 NE Broadway	
City/State/ZIP: Portland, OR 97232	
Phone: (503) 284-2147	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: American Property Management	
Contact name: Mark Wolfe	
Address: 2510 NE Multnomah Ave.	
City/State/ZIP: Portland OR 97232	
Phone: (503) 969-2703	Fax:
E-mail: mwolfe@apmportland.com	
CONTRACTOR	
Business name: Same as Applicant/Owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: Owner	

#### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

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

#### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation	\$25,000.00
Existing building area:	2406 square feet
New building area:	2406 square feet
Number of stories:	3
Type of construction:	
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	\$549.24
Amount received	
Date received:	

Authorized signature:

Print name: Mark Wolfe	Date: 01/08/20
------------------------	----------------

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