



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.: B2020-0802
Date Issued: 3-4-2020	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 3607 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Piatkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB lic.: 185061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	2k
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
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	80.18
Amount received	
Date received:	

Authorized signature: <i>Nick Piatkoff</i>	Date:
Print name: Nick Piatkoff	02/24/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: B2020-0803
Date Issued: 3-4-2020	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 3612 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Platkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB lic.: 185061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	2K
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.30
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>Nick Platkoff</i>	Date:
Print name: Nick Platkoff	02/24/20



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

OFFICE USE ONLY

Date Received:	Permit No.: B2020-0804
Date Issued: 3-4-2020	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 3621 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Piatkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB lic.: 185061	

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.30
Amount received	
Date received:	

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

Authorized signature: <i>Nick Piatkoff</i>	Date:
Print name: Nick Piatkoff	02/24/20



Building Permit Application

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OFFICE USE ONLY

Date Received:	Permit No.: B2020-0805
Date Issued: 3-4-2020	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 3615 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Piatkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB lic.: 185061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	2k
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.30
Amount received	
Date received:	

Authorized signature: <i>Nick Piatkoff</i>	Date:
Print name: Nick Piatkoff	02/24/20

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



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 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received:	Permit No.: B2020-0806
Date Issued: 3-4-2020	By: <i>[Signature]</i>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 3620 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Piatkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB lic.: 185061	

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.30
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>Nick Piatkoff</i>	Date:
Print name: Nick Piatkoff	02/24/20



Building Permit Application

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 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received:	Permit No.: 82020-0807
Date Issued: 3-4-2020	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 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: 3627 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Platkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB lic.: 185061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	2k
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.30
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Nick Platkoff	02/24/20

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



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OFFICE USE ONLY

Date Received:	Permit No.: <i>B2020-0808</i>
Date Issued: <i>3-4-2020</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>3628 SW Innovation Court</i>	
City/State/ZIP: <i>Beaverton/ Oregon/ 97006</i>	
Suite/bldg./apt. no.:	Project name: <i>Dovetail Point Townhome</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Replacing deck rails with new aluminum rails</i>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>I&E Construction</i>	
Contact name: <i>Nick Piatkoff</i>	
Address: <i>9550 SE Clackamas Rd</i>	
City/State/ZIP: <i>Clackamas/ Oregon/ 97015</i>	
Phone: <i>(503) 951-1459</i>	Fax:
E-mail: <i>Nick@iecon.us</i>	
CONTRACTOR	
Business name: <i>I&E Construction</i>	
Address: <i>9550 SE Clackamas Rd</i>	
City/State/ZIP: <i>Clackamas/ Oregon/ 97015</i>	
Phone: <i>(503) 951-1459</i>	Fax:
CCB Lic.: <i>185061</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>2k</i>
Existing building area:	square feet
New building area:	square feet
Number of stories:	<i>3</i>
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<i>128.30</i>
Amount received	
Date received:	

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

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

Authorized signature: <i>Nick Piatkoff</i>	Date:
Print name: <i>Nick Piatkoff</i>	<i>02/24/20</i>



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Community Development Department, Building Division
 City of Beaverton
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 www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received:	Permit No.: B2020-0809
Date Issued: 3-4-2020	By: <i>[Signature]</i>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 3629 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Piatkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB lic.: 185061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	2k
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.30
Amount received	
Date received:	

Authorized signature:

Nick Piatkoff

Print name:	Date:
Nick Piatkoff	02/24/20

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

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



Building Permit Application

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.: B2020-0810
Date Issued: 3-4-2020	By: <i>[Signature]</i>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 3633 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Piatkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB Lic.: 185061	

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.30
Amount received	
Date received:	

Authorized signature: *Nick Piatkoff*

Print name: Nick Piatkoff	Date: 02/24/20
----------------------------------	-----------------------

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

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

Form B70-1001 REV 11/19



Building Permit Application

Community Development Department, Building Division
 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.: B2020-0811
Date Issued: 3-4-2020	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 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: 3645 SW Innovation Court	
City/State/ZIP: Beaverton/ Oregon/ 97006	
Suite/bldg./apt. no.:	Project name: Dovetail Point Townhome
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck rails with new aluminum rails	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: I&E Construction	
Contact name: Nick Piatkoff	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
E-mail: Nick@iecon.us	
CONTRACTOR	
Business name: I&E Construction	
Address: 9550 SE Clackamas Rd	
City/State/ZIP: Clackamas/ Oregon/ 97015	
Phone: (503) 951-1459	Fax:
CCB Lic.: 185061	

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	128.30
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: [Signature]	Date:
Print name: Nick Piatkoff	02/24/20

Approved
(over the counter from yesterday)



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 2/28/20	Permit No.: B2020-0819
Date Issued: 3/4/2020	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: 11000 SW Stratus St	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Creekside 4 Shell
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing devices and reinstall devices for the unoccupied building shell sprinkler monitoring and elevator recall.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Advanced Alarm Systems Inc.	
Contact name: Sean Candee	
Address: 12017 NE Sumner St	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 550-0999	Fax: (503) 492-3413
E-mail: seanc@advancedalarmsystemsinc.com	
CONTRACTOR	
Business name: Advanced Alarm Systems Inc.	
Address: 12017 NE Sumner St	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 550-0999	Fax: (503) 492-3413
CCB lic.: 186615	

Authorized signature: [Signature]	Date: 02/27/20
Print name: Sean Candee	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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: \$5,140.00	20,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	3.00
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:	Permit No.: B2018-4297
Date Issued: 3-4-2020	By:
	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: 15705 NW Blueridge Drive	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: AC by Marriott Beaverton
Cross street/directions to job site: NW Blueridge Dr & NW Greenbrier PKWY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire sprinkler install in new construction hotel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brandt Hospitality Group	
Address: 2640 47th Street S	
City/State/ZIP: Fargo North Dakota 58104	
Phone: (701) 499-5322	Fax:
E-mail: matt.kalbus@brandthg.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Jet Fire Protection	
Contact name: Bronson Jones	
Address: 1935 Silverton Road	
City/State/ZIP: Salem OR 97301	
Phone: (503) 798-4502	Fax: (503) 364-2204
E-mail: Bronson.J@jetindustries.net	
CONTRACTOR	
Business name: Jet Industries	
Address: 1935 Silverton Road	
City/State/ZIP: Salem OR 97301	
Phone: (503) 363-2334	Fax: (503) 364-2204
CCB lic.: 3944	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$100,602.00
Existing building area:	N/A square feet
New building area:	68,648 square feet
Number of stories:	4
Type of construction:	V-A
Occupancy groups:	A-3, A-2, R- 1
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Bronson Jones	

This permit application expires if a 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) 526-2650
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 2/10/2020	Permit No.: B2020-0514
Date Issued: 3-4-2020	By: <i>[Signature]</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: 6000 SW Menlo Dr. #2	
City/State/ZIP: Beaverton, OR 97232	
Suite/bldg./apt. no.: Unit 2	Project name:
Cross street/directions to job site: Fir Grove Apartments Corner of SW Menlo and SW Allen Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace cantilever deck with leadgered post and beam deck.	
<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: Stross Contracting LLC	
Contact name: Steven Reeves	
Address: 502 NE 29th Ave	
City/State/ZIP: Portland, OR 97232	
Phone: (503)896-7007	Fax:
E-mail: strosscontracting@gmail.com	
CONTRACTOR	
Business name: Stross Contracting LLC	
Address: 502 NE 29th Ave	
City/State/ZIP: Portland, OR 97232	
Phone: (503)896-7007	Fax:
CCB lic.: 217569	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	6459.00
Existing building area:	54 square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: 6 W H Y H Q 5 H H Y H V	2/7/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

Community Development Department, Building Division
 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: 2/10/20	Permit No.: B2020-0515
Date Issued: 3-4-2020	By: <i>[Signature]</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: 6000 SW Menlo Dr. #4	
City/State/ZIP: Beaverton, OR 97232	
Suite/bldg./apt. no.: Unit 4	Project name:
Cross street/directions to job site: Fir Grove Apartments Corner of SW Menlo and SW Allen Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace cantilever deck with leadgered post and beam deck.	
<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: Stross Contracting LLC	
Contact name: Steven Reeves	
Address: 502 NE 29th Ave	
City/State/ZIP: Portland, OR 97232	
Phone: (503)896-7007	Fax:
E-mail: strosscontracting@gmail.com	
CONTRACTOR	
Business name: Stross Contracting LLC	
Address: 502 NE 29th Ave	
City/State/ZIP: Portland, OR 97232	
Phone: (503)896-7007	Fax:
CCB lic.: 217569	

Authorized signature:	
Print name:	Date:
Steven Reeves	2/7/20

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	6925.00
Existing building area:	96 square feet
New building area:	96 square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: 01/24/2020	Permit No.: B2020-0271
Date Issued: 3-4-2020	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: 12625 SW Crescent St.	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.:	Project name: Patricia Reser CA
Cross street/directions to job site: SW Crescent St. & SW Rose Biggi Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Fire Sprinkler System the Patricia Reser Center for the Arts	
<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: Cosco Fire Protection	
Contact name: Joseph Kuhn	
Address: 2501 SE Columbia Way, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 883-6383	Fax: (360) 883-6390
E-mail: tcarpenter@coscofire.com	
CONTRACTOR	
Business name: Cosco Fire Protection	
Address: 2501 SE Columbia Way, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 883-6383	Fax: (360) 883-6390
CCB lic.: 67508	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,500
Existing building area:	square feet
New building area:	square feet N/A
Number of stories:	N/A
Type of construction:	N/A
Occupancy groups:	N/A
Existing:	N/A
New:	N/A

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$150.57
Amount received	
Date received:	

Authorized signature: <i>Tim Carpenter</i>	Date:
Print name: Tim Carpenter	01/22/20

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

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

Form B70-1001 REV 2/14



Building Permit Application

Community Development Department, Building Division
 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: 3-4-2020	Permit No.: B2020-0862
Date Issued: 5-4-2020	By: <i>[Signature]</i>
	Payment Type: CARD

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: Condominium
JOB SITE INFORMATION AND LOCATION	
Job site address: 6745 SW Scholls Ferry Rd.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: unit #1	Project name: Talbot
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S123BD90011	
DESCRIPTION OF WORK	
Replacing 3 windows and 1 patio door like for like with new Milgard Vinyl windows.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bailey Talbot	
Address: 6745 SW Scholls Ferry Rd., Unit #1	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 884-0207	Fax:
E-mail: btalbot343@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Henderson & Daughter	
Contact name: Marty Johnson	
Address: 11819 NE Highway 99, Suite A	
City/State/ZIP: Vancouver, WA 98686	
Phone: (360) 713-3644	Fax: (360) 573-7889
E-mail: Marty@HendersonAndDaughter.com	
CONTRACTOR	
Business name: Henderson & Daughter	
Address: 11819 NE Highway 99, Suite A	
City/State/ZIP: Vancouver, WA 98686	
Phone: (360) 573-7402	Fax:
CCB lic.: 68623	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	6000.00
Existing building area:	1025 square feet
New building area:	1025 square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	R-2
Existing:	R-2
New:	R-2

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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: 2/26/20
Print name: Martin Johnson	

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: 03/02/2020	Permit No. B2020-0835
Date Issued: <i>3/2/2020</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15220 NW Greenbrier PKWY	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 310	Project name: Realty One TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocate 1 fire sprinkler	
<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: Same as below	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: <i>T. Schweitzer</i>	
CONTRACTOR	
Business name: Sprinklt Fire Protection Inc.	
Address: PO Box 2227 Oregon City, OR 97045	
City/State/ZIP:	
Phone: 971-340-0996	Fax:
CCB Lic.: 211320	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$500	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$*92.00
Amount received	
Date received:	

Authorized signature:	Date: 2-28-20
Print name: Travis Schweitzer	

This permit application expires if a 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: 03/02/2020	Permit No. B2020-0836
Date Issued: 3/2/2020	By: <i>STU</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1850 SW 170th Ave	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Tualatin Valley Water District
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 2 fire sprinklers for tenant improvement.	
<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: Same as below	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Travis Schweitzer	
Address: PO Box 2227 Oregon City, OR 97045	
City/State/ZIP:	
Phone: 503-272-6650	Fax:
CCB Lic.: 211320	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$1,200	
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	\$133.00
Amount received	
Date received:	

Authorized signature: <i>Travis Schweitzer</i>	Date: 2-24-20
Print name: Travis Schweitzer	

This permit application expires if a 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: 1-28-2020	Permit No. 157020-0830
Date Issued: 3-2-2020	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: 15220 NW GREENBRIER PKWY	
City/State/ZIP: BEAVERTON, OREGON 97006	
Suite/bldg./apt. no.: 310	Project name: REALITY ONE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK:	
ADD (2) STROBES TO EXISTING FIRE SYSTEM	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: LARRY BUSHAW	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: Office@TL-Communications.com	
CONTRACTOR	
Business name: T & L COMMUNICATIONS	
Address: PO BOX 87387	
City/State/ZIP: VANCOUVER, WA 98687	
Phone: (360) 737-9725	Fax:
CCB #.: 67787	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	1,250.00
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	138,85
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name:	



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: 01/24/2020	Permit No.: B2020-0290
Date Issued: 3-2-2020	By: <i>[Signature]</i>
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10470 SW Barnes Road	
City/State/ZIP: Beaverton/Oregon/97225	
Suite/bldg./apt. no.:	Project name: Peterkort Station
Cross street/directions to job site: Site off of Barnes road to the west of the metro station.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Bike Shelter - Structural footing review	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: J Peterkort Co.	
Address: 9755 SW Barnes Road	
City/State/ZIP: Beaverton/Oregon/97225	
Phone: (503) 292-1981	Fax:
E-mail: ldditmars@peterkort.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Robinson Construction Co.	
Contact name: Adam Bromley	
Address: 8060 NE Walker Road	
City/State/ZIP: Hillsboro/Oregon/97124	
Phone: (503) 645-8531	Fax:
E-mail: adamb@robcon.com	
CONTRACTOR	
Business name: Robinson Construction Co.	
Address: 8060 NE Walker Road	
City/State/ZIP: Hillsboro/Oregon/97124	
Phone: (503) 645-8531	Fax:
CCB lic.: OR CCB# 63147	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$46,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	Bike Shelter
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	527.70
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Adam Bromley	01/23/20

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

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



Building Permit Application

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: 03/17/2020	Permit No. B2020-1046
Date Issued: 3/17/2020	Payment Type:
CITY OF BEAVERTON	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9000 SW Beaverton Hillsdale HWY	
City/State/ZIP: Portland OR 97225	
Suite/bldg./apt. no.:	Project name: Jesuit High School
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Recover over Existing Roofing	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jesuit High School	
Address: 9000 Beaverton Hillsdale Hwy	
City/State/ZIP: Portland OR 97225	
Phone:	Fax:
E-mail: BrianB@mcdonaldwette.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mcdonald & Wette Inc	
Contact name: Brian Bell	
Address: 2020 NE 194th Ave	
City/State/ZIP: Portland OR 97230	
Phone: (503) 667-0175	Fax: (503) 665-0141
E-mail: BrianB@mcdonaldwette.com	
CONTRACTOR	
Business name: Same As Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 44680	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	129,980
Existing building area:	17000 square feet
New building area:	17000 square feet
Number of stories:	2
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	\$1,830.98
Amount received	
Date received:	

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

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

Authorized signature: *Russ Chumacherko*

Print name: Russ Chumacherko Date: 3/11/2020

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 1/17/2020	Permit No: B2020-0194
Date Issued: 3/24/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input 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: 774 SW NIMBUS AVE	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: 822587 Bel-Air TMO
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S-1-22DD-00500-001	
DESCRIPTION OF WORK	
Replace (3) antennas and (2) support cabinets. Add (3) radios onto the tower.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH INVESTMENT PROPERTIES LLC	
Address: 121 SW SALMON ST #5	
City/State/ZIP: Portland, OR 97205	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle (tower owner)	
Contact name: Zach Phillips	
Address: 5111 N. Bowdoin St.	
City/State/ZIP: Portland, OR 97203	
Phone: (503) 708-9200	Fax:
E-mail: zach.phillips@crowncastle.com	
CONTRACTOR	
Business name: Crown Castle	
Address: 1505 Westlake Ave. N., Ste 800	
City/State/ZIP: Seattle, WA 98109	
Phone: (503) 708-9200	Fax:
CCB lic.: 203500	

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

Authorized signature: [Signature]	Date:
Print name: Zach Phillips	01/17/19

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

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

MED OFFICE - GT3 - TANASBOURNE CLINIC - 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: 11/06/2019	Permit No.: B2019-4617
Date Issued: 3/24/2020	BY: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input 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: 17885 NW Evergreen Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: GT3 at Tanasbourne
Cross street/directions to job site: 2nd floor of MOB located above the corner of NW Cornell and NW Evergreen PKWY	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N130CD01100 Real Property Account: R2170100	
DESCRIPTION OF WORK	
Tenant improvement remodel of 5,068 SF to accommodate a health care clinic providing medical services, rehab services, general administrative and office work.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Good Old Boys III, LLC.	Contact: Dr. David Spangler
Address: 17895 NW Evergreen Parkway, Suite 100	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 533-0770	Fax:
E-mail: drspanky2@juno.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Soderstrom Architects	
Contact name: Chuck Westerholm	
Address: 1200 NW Naito Parkway, Suite 410	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 228-5617	Fax:
E-mail: chuckw@sdra.com	
CONTRACTOR	
Business name: Swinerton Builders	
Address: 342 SW 2nd Avenue	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 224-6888	Fax:
CCB lic.: 78483	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$319,084.80
Existing building area:	square feet 5,068
New building area:	square feet 0
Number of stories:	2 w/ partial basement (one)
Type of construction:	VB
Occupancy groups:	B-business
Existing:	B-business
New:	B-business
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$3,078.71
Amount received	
Date received:	

Authorized signature:

Print name: Charles L Westerholm Date: 10/05/19

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

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

Form B70-1001 REV 2/14



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2650
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 03/18/2020	Permit No: B2020-1058
Date Issued: 3/24/2020	Signature: [Handwritten 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: 12725 SW MILLIKAN WAY / PO BOX 4755	
City/State/ZIP: BEAVERTON, OR 97076	
Suite/bldg./apt. no.: 12725	Project name: Construction of The Beav
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Water Damage Restoration Project	
<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: 3 Diamond Construction, LLC	
Contact name: Dionicio Fernandez	
Address: 2132 SE 117 Ave	
City/State/ZIP: Portland, OR 97216	
Phone: (503) 927-6287	Fax: (503) 254-8045
E-mail: 3diamondconstruction@gmail.com	
CONTRACTOR	
Business name: 3 Diamond Construction, LLC	
Address: 2132 SE 117 Ave	
City/State/ZIP: Portland, OR 97216	
Phone: (503) 927-6287	Fax: (503) 254-8045
CCB lic.: 200520	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	\$197,896
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: Dionicio Fernandez	03/13/20

OK TO ISSUE

Building Permit Application

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

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

RECEIVED

OFFICE USE ONLY

Date Received: 7/26/2019 Permit No.: B2019-3217
Date Issued: 3/16/2020
CITY OF BEAVERTON BUILDING DIVISION Payment Type:



Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>12715 SW 172nd Avenue</u>	
City/State/ZIP: <u>Beaverton, OR</u>	
Suite/bldg./apt. no.:	Project name: <u>SCMH MF Spanos</u>
Cross street/directions to job site: <u>NE corner Scholls Ferry Road and 175th</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>2S106AC00200</u>	
DESCRIPTION OF WORK	
<u>Fire piping building permit for private site construction of parking garage and 4 multifamily buildings with clubhouse.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>The Spanos Corporation</u>	
Address: <u>10220 SW Greenburg Rd, Building 2 Suite 530</u>	
City/State/ZIP: <u>Portland, OR, 97223</u>	
Phone: <u>(503) 272-8833</u>	Fax:
E-mail: <u>jmauch@agspanos.com</u>	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Otak, Inc.</u>	
Contact name: <u>Mike Peebles, PE</u>	
Address: <u>808 SW Third Ave., Suite 300</u>	
City/State/ZIP: <u>Portland, OR, 97204</u>	
Phone: <u>(503) 415-2354</u>	Fax: <u>(503) 415-2304</u>
E-mail: <u>mike.peebles@otak.com</u>	
CONTRACTOR	
Business name: <u>Mr Canby Excavating</u>	
Address: <u>P.O. Box 808</u>	
City/State/ZIP: <u>Canby OR 97013</u>	
Phone:	Fax:
CCB lic.: <u>77471</u>	
Authorized signature: <u>[Signature]</u>	
Print name: <u>JAMES P. MAUCH</u>	Date: <u>7/26/19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$50,358</u>
Existing building area:	square feet <u>0</u>
New building area:	square feet <u>414772</u>
Number of stories:	<u>4</u>
Type of construction:	<u>V-A</u>
Occupancy groups:	<u>R-2, U</u>
Existing:	
New:	<u>4 Story Apartments</u>
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<u>\$364.78</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

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WORKS

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: <u>7/3/19</u>	Permit No.: <u>32019-2891</u>
Date Issued: <u>3/27/2020</u>	By: _____
Payment Type: _____	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>4570 SW Lombard Ave.</u>	
City/State/ZIP: <u>Beaverton / OR / 97005</u>	
Suite/bldg./apt. no.: <u>AE</u>	Project name: <u>K-Town Korean BBQ</u>
Cross street/directions to job site: <u>Lombard ave. at Farmington.</u>	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1S115BD00800</u>	
DESCRIPTION OF WORK	
<u>Tenant Improvement for a restaurant. Project includes new walls, new dining area, Kitchen, restrooms, & equipment installation.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>K-Town Korean BBQ</u>	
Address: <u>11201 NE 182th St.</u>	
City/State/ZIP: <u>Vancouver / WA / 98604</u>	
Phone: <u>503-866-7920</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Modern Vision Construction.</u>	
Contact name: <u>Anthony Kim</u>	
Address:	
City/State/ZIP:	
Phone: <u>503-784-1563</u>	Fax:
E-mail: <u>TKH1@HOTMAIL.COM</u>	
CONTRACTOR	
Business name: <u>Modern Vision Construction</u>	
Address: <u>12218 SE Sherman St.</u>	
City/State/ZIP: <u>Portland / OR / 97233</u>	
Phone: <u>503-784-1563</u>	Fax:
OCB lic.: <u>166489</u>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: <u>1,179,400.00</u>	
Existing building area:	<u>5704</u> square feet
New building area:	square feet
Number of stories:	<u>1</u>
Type of construction:	<u>11-13</u>
Occupancy groups:	<u>Business (Tenant: A2)</u>
Existing:	<u>A2</u>
New:	<u>A2</u>

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$6,063.19
Amount received	
Date received:	

Authorized signature: <u>[Signature]</u>	Date: <u>7/3/2019</u>
Print name: <u>Scott Song</u>	



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: 02/04/2020	Permit No.: B2020-0436
Date Issued: 3/20/2020	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: 11065 SW 11th	
City/State/ZIP: Beaverton OR, 97005	
Suite/bldg./apt. no.: suite 310	Project name: Nike Park 217 Racks
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition of 14 Standard spray uprights and pipe for the remodel and upsizing of new rack storage	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike Inc.	
Address: PO Box 982166	
City/State/ZIP: El Paso TX, 79998	
Phone: (503) 532-7137	Fax:
E-mail: charlie.taylor@nike.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Western States Fire Protection	
Contact name: Chandler Streuli	
Address: 17500 SW 65th Avenue	
City/State/ZIP: Lake Oswego OR, 97035	
Phone: (503) 941-6278	Fax:
E-mail: chandler.streuli@wsfp.us	
CONTRACTOR	
Business name: Western States Fire Protection	
Address: 17500 SW 65th Avenue	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 657-5155	Fax:
CCB lic.: 104570	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	9743
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	\$389.98
Amount received	
Date received:	

Authorized signature:	
Print name:	Chandler Streuli
Date:	01/31/20

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

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

Form B70-1001 REV 11/19

Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: 03/04/2020	Permit No. B2020-0867
Date Issued:	By:
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3420 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Taco Bell
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install (1) canopy to replace damaged canopy on <u>South</u> elevation	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Taco Bell	
Address: 3420 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ramsay Signs	
Contact name: Chris Brown	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
E-mail: CBrown@ramsaysigns.com	
CONTRACTOR	
Business name: Ramsay Signs	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
CCB lic.: 63422	

Authorized signature:	Date:
Print name: CHRIS BROWN	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

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

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

Building Permit Application

Clear Form



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

RECEIVED

OFFICE USE ONLY	
Date Received: 03/18/2020	Permit No.: B2020-1059
Date Issued: 03/30/2020	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: 6600 SW 111th Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: 6600 SW 111th Backflow
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace 6" Backflow device on fire line	
<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: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5807
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$284.91
Amount received	
Date received:	

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

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

Authorized signature: Ronin Campbell	Date:
Print name: Ronin Campbell	03/16/20



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97078
 Phone: (503) 526-2403; Fax: (503) 526-2560
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 02/10/2020	Permit No: B2020-0509
Date Issued: 3/30/2020	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: 2213 S.W. 153rd Drive	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: PGE Beaverton
Cross street/directions to job site: S.W. Jenkins Rd and S.W. 153rd Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Customer requested fire alarm replacement.	
<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: Western States Fire Protection	
Contact name: William T Stewart	
Address: 17500 S.W. 65th Ave	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 407-0279	Fax:
E-mail: William.Stewart@wsfp.us	
CONTRACTOR	
Business name: Western States Fire Protection	
Address: 17500 S.W. 65th Ave	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 407-0279	Fax:
CCB lic.: 104570	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	23168
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	
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	\$217.17
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: William T Stewart	Date: 02/07/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 3/31/2020	Permit No: 2020-0927
Date Issued: 3/31/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other
JOB SITE INFORMATION AND LOCATION	
Job site address: 11070 SW Canyon Rd	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Canyon Rd and 217	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Enlarge 3 garage door openings	
<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: DBM Construction LLC	
Contact name: Adrian Oltean	
Address: 14325 NE Airport way Suite 103	
City/State/ZIP: Portland OR 97230	
Phone (503) 969-2518	Fax:
E-mail: adrian@teambdm.com	
CONTRACTOR	
Business name: DBM Construction LLC	
Address: 14325 NE Airport way suite 103	
City/State/ZIP: Portland OR 97230	
Phone (503) 969-2518	Fax:
CCB No. 229706	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	20,000
Existing building area:	4500 square feet
New building area:	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:	

Authorized signature:

Print name: Adrian Oltean	Date: 03/04/20
---------------------------	----------------

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

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



Building Permit Application

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: 2/25/2020	Permit No.: B2020-0703
Date Issued: <i>3/31/2020</i>	<i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 13260 SW Davies St	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: O'Halloran Remodel
Cross street/directions to job site: Sorrento St	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128AB02700	
DESCRIPTION OF WORK	
Interior Remodel and Exterior Addition	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Larry O'Halloran	
Address: 13260 SW Davies St	
City/State/ZIP: Beaverton, OR. 97008	
Phone: (971) 241-9360	Fax:
E-mail: office@yourcrawlspageguys.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Larry O'Halloran	
Address: 13260 SW Davies St	
City/State/ZIP: Beaverton, OR. 97008	
Phone: (971) 241-9360	Fax:
E-mail: office@yourcrawlspageguys.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	47000.00
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	1
New dwelling area:	550 square feet
Garage/carport area:	400 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Larry O'Halloran	02/24/20

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



Building Permit Application

Community Development Department, Building Division
 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: 03/04/2020	Permit No.: B2020-0870
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: AZA Building Fall Protect
Cross street/directions to job site: SW Millikan Way and SW 141st Ave	
Subdivision: Tektronix Business Park	Lot no.: Lot 9 & PT 10
Tax map/parcel no.: 1S109CD00200 R2088984	
DESCRIPTION OF WORK	
Installation of fall protection support in two locations.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: One Bowerman Drive	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 789-2575	Fax:
E-mail: amelia.kelsay@nike.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Mortenson Construction	
Contact name: Haley Bartolomei	
Address: 710 NW 14th Ave, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (708) 543-1080	Fax:
E-mail: haley.bartolomei@mortenson.com	
CONTRACTOR	
Business name: Mortenson Construction	
Address: 710 NW 14th Ave, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (971) 202-4100	Fax:
CCB lic.: 46955	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$5525
Existing building area:	102000 square feet
New building area:	same square feet
Number of stories:	2
Type of construction:	TYPE IV - HT
Occupancy groups:	B, F-1, S-1
Existing:	B, F-1, S-1
New:	B, F-1, 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	330.28
Amount received	
Date received:	

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

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

Form B70-1001

REV 11/19

Authorized signature: <i>Haley Bartolomei</i>	Date:
Print name: Haley Bartolomei	03/04/20

Building Permit Application

Carepayment 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



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OFFICE USE ONLY

Date Received: 2/25/2020	Permit No. B2020-0698
Date Issued:	By:
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9600 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Building 13, Suite 260	Project name: Carepayment TI
Cross street/directions to job site: SW Gemini Drive & SW Nimbus Avenue	
Subdivision:	Lot no.:
Tax map/parcel no.: 19127DD00600	
DESCRIPTION OF WORK	
The scope of work for the project includes interior tenant improvements of an existing tenant at approximately 10,559 square feet on the second floor of two floors total. The work includes demolition, new walls, doors, relites, and finishes.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Rob Fabian	
Address: 5335 Meadows Road, Suite 275	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 412-4844	Fax:
E-mail: rfabian@shorenstein.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Mackenzie	
Contact name: Christine Mack	
Address: 1515 SE Water Ave, Suite 100	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 224-9560	Fax: (503) 228-1285
E-mail: cmack@mcknze.com	
CONTRACTOR	
Business name: Russell Construction	
Address: 20915 SW 105th Ave	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9002	Fax:
CCB lic.: 58918	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$34,310.00
Existing building area:	square feet 10,559
New building area:	square feet 10,559
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	B
Existing:	B
New:	B

NOTICE

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
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: Christine Mack	02/24/20
Christine Mack	



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: 03/12/2020	Permit No.: B2020-0985
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: RTU #9 Struct. Framing
Cross street/directions to job site: SW Hall to SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Structural framing for new RTU.	

PROPERTY OWNER	
Name: Harsch	
Address:	
City/State/ZIP: 5036437552	
Phone:	Fax:
E-mail: jlsar@harsch.com	

APPLICANT	
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	

CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CCB Lic.: 66915	

Authorized signature: *Steve Close*

Print name: Steve Close	Date: 03/11/20
-------------------------	----------------

REQUIRED DATA FOR FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 FOR COMMERCIAL/INDUSTRIAL	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	133.80
Amount received	133.80
Date received:	

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



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12726 SW Millikan Way / PO Box 4766
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/blb

RECEIVED

OFFICE USE ONLY	
Date Received: 03/12/2020	Permit No.: B2020-0984
Date Issued:	By:
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: RTU #41 Struct. Framing
Cross street/directions to job site: SW Hall to SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for new RTU.	
PROPERTY OWNER	
Name: Harsch	
Address:	
City/State/ZIP: 5036437552	
Phone:	Fax:
E-mail: hsar@harsch.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CGB No.: 66915	

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

REQUIRED DATA - COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES	
<i>Please refer to fee schedule</i>	
Fees due upon application	133.80
Amount received	133.80
Date received:	

Authorized signature:

Print name:	Date:
Steve Close	03/11/20

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



OFFICE USE ONLY	
Date Received: 03/05/2020	Permit No: B2020-0887
Date Issued: 3/19/2020	By: DJ
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12150 SW 173rd Terrace	
City/State/ZIP: BEAVERTON, OR	
Subst/bldg./apt. no.: LOT 172	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 172
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	\$438,078.71
Number, of bedrooms:	4
Number of bathrooms:	4
Total number of floors:	3
New dwelling area:	square feet 3354
Garage/carport area:	square feet 419
Covered porch area:	square feet 103
Deck area:	square feet 227
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	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	\$1,705.59
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Sandro Guerrero	02/27/20

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

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

Form B70-1001 REV 2/14



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 528-2403; Fax: (503) 528-2650
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 02/19/2020	Permit No.: B2020-0595
Date Issued: 3/13/2020	Payment Type:
CITY OF BEAVERTON	

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: 4925 SW Angel Ave	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Beaverton Sushi
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of fire suppression system.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Universal Fire Equipment	
Contact name: Rebecca Bailey	
Address: 18760 SW 100th Ct	
City/State/ZIP: Tualatin OR 97062	
Phone: 503-691-9000	Fax:
E-mail: universalfireequipment@hotmail.com	
CONTRACTOR	
Business name: Universal Fire Equipment	
Address: 18760 SW 100th Ct	
City/State/ZIP: Tualatin OR 97062	
Phone: 503-691-9000	Fax:
CCB lic.: 86723	

Authorized signature: *Rebecca Bailey*

Print name: Rebecca Bailey Date:

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 4500	
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	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

2/7/2020
 CITY OF BEAVERTON
 BUILDING DIVISION



REV 20-062 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

OFFICE USE ONLY	
Date Received: 02/07/2020	Permit No: B2020-0488
Date Issued:	By:
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: 4440 SW 148th Ave	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural work to accompany the installation of hood & Mechanical equipment.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sisters of St. Mary of Oregon	
Address: 4440 SW 148th	
City/State/ZIP: Beaverton OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Faster Permits	
Contact name: Austin Cheadle	
Address: 2000 SW 1st Ave	
City/State/ZIP: Portland OR 97201	
Phone: 971-678-5405	Fax:
E-mail: Austin@fasterpermits.com	
CONTRACTOR	
Business name: Alliant Systems, LLC	
Address: 351 NW 12th Ave	
City/State/ZIP: Portland OR 97209	
Phone: 503-267-2863	Fax:
CCB lic.: 153420	
Authorized signature:	
Print name: Austin Cheadle	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$12,725	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
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	\$209.01
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

B2020-0532



Building Permit Application
 Community Development Department, Building Division
 City of Beaverton
 32725 SW Milliken Way / PO Box 4766
 Beaverton, OR 97006
 Phone: (503) 628-2403; Fax: (503) 628-2660
 www.beavertonoregon.gov/build

OFFICE USE ONLY	
Date Received:	Permit No.:
Date Issued:	By:
	Proposed Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/improvement	<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"/> Mobile building	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	15525 NW Gateway Ct
City/State/ZIP:	Beaverton, OR 97006
Building/lot no.:	Project name: <i>Homewood Suites</i>
Access street/line/lines to job site:	
Subdivision:	Lot no.:
The map parcel no.:	
DESCRIPTION OF WORK	
Addition of small canopies over 4 secondary entrance locations.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	BIGHAM Beaverton LLC
Address:	5865 Joan Rd SW
City/State/ZIP:	Lake Oswego, OR 97035
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	Elegant Enterprises Inc
Contact name:	Dan Chukhov
Address:	6502 Graham St SE
City/State/ZIP:	Salem, OR 97317
Phone:	503-634-4575
E-mail:	elegant@woullak.com
CONTRACTOR	
Business name:	Elegant Enterprises Inc
Address:	
City/State/ZIP:	Same
Phone:	Fax:
CCB No.:	
Authorized signatory:	
Print name:	Dan Chukhov
Date:	2-11-2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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
Carport/porch area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	50,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	4
Type of construction:	Wood frame
Occupancy groups:	Hotel/Hospitality
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19



Building Permit Application

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.: B2020-1000
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: 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: 9800 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Forix HQ - TI
Cross street/directions to job site: SW 99th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Renovation of First Floor into one tenant space. Scope of work consisting of demolition and construction of new wall, all new doors with new ADA compliant hardware. New lunch room ADA compliant casework. Existing ceiling with new LED lighting.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: FORIX	
Address: 2140 SW Jefferson Street #200	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 764-4123	Fax:
E-mail: ngu@forixdigital.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mildren Design Group	
Contact name: Sabine O'Halloran	
Address: 7650 SW Beveland Street, Suite 120	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 244-0552	Fax:
E-mail: sabine@mdgpc.com	
CONTRACTOR	
Business name: Modifi LLC	
Address: 1646 SE 51st Ave	
City/State/ZIP: Portland, OR 97215	
Phone: (503) 703-9648	Fax:
CCB lic.: 195870	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$87,500
Existing building area:	12,142 square feet
New building area:	0 square feet
Number of stories:	2
Type of construction:	VB
Occupancy groups:	B
Existing:	
New:	no change
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: Sabine O'Halloran - Mildren Design Group	03/11/20

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



Permit B2018-0798

OFFICE USE ONLY	
Date Received: 11-1-18	Permit No.: B2018-5146
Date Issued: 3/13/2020	By: DJ
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16115 SW Thruway Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 91
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$451,146.55
Number of bedrooms:	5
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	3545 square feet
Garage/carport area:	572 square feet
Covered porch area:	180 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,745.45
Amount received	\$1,745.45
Date received:	11-7-18

Authorized signature:	Date: 11/27/18
Print name: Amanda Loveridge	

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

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

Approved



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 02/21/2020	Permit No.: B2020-0639
Date Issued: 3/13/2020	By: DJ
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: 12760 SW Scout Dr	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apl. no.:	Project name: Christian Addition
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing deck and adding music studio. Remodeling laundry room and guest bathroom.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jeff and Mary Christian	
Address: 12760 SW Scout Dr	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 680-3971	Fax:
E-mail: supergroovist@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Our House Contracting LLC	
Contact name: Steve Purves	
Address: 13220 SW 6th Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 380-0008	Fax:
E-mail: steve@ourhousecontracting.com	
CONTRACTOR	
Business name: Our House Contracting	
Address: 13220 SW 6th Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 380-0008	Fax:
CCB lic.: 220483	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	200 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$706.54
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: Steve Purves	02/18/20



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No: B2020-0987
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: 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: 14975 NW Greenbrier Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: KPTV Newsroom TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Renovation of existing Newsroom. Demolition of offices, new low partition and short section of wall for displays. Existing ceiling and lighting to remain and reconfigured for new layout, minor areas of new ceiling to align. Entire area is on an existing 8" high access floor.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: KPTV	
Address: 14975 Greenbrier Parkway	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 548-6555	Fax:
E-mail: corey.hanson@kptv.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mildren Design Group	
Contact name: Sabine O'Halloran	
Address: 7650 SW Beveland Street, Suite 120	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 244-0552	Fax:
E-mail: sabine@mdgpc.com	
CONTRACTOR	
Business name: Joseph Hughes Construction	
Address: 11125 SW Barbur Blvd	
City/State/ZIP: Portland, OR 97217	
Phone: (503) 624-7100	Fax:
CCB lic.: 158061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$210,050
Existing building area:	45,800 square feet
New building area:	0 square feet
Number of stories:	2
Type of construction:	II-N
Occupancy groups:	B / S1
Existing:	
New:	no change

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	4,686.24
Amount received	
Date received:	

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

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

Authorized signature: <i>Sabine O'Halloran</i>	Date:
Print name: SABINE O'HALLORAN	03/11/20

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 V/TDD
 BeavertonOregon.gov

Approved

OFFICE USE ONLY	
Date Received: 11/06/2019	Permit No.: B2019-4611
Date Issued: 3/21/2020	<i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV Array
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: 5025 SW Angel Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: 177994 Rainey
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
9.425 kW Rooftop Solar PV installation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Wallace Rainey	
Address: 5025 SW Angel Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 351-1492	Fax:
E-mail: wallacerainey@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Auric Solar LLC	
Contact name: Mitchell Hampton	
Address: 9530 SW Tualatin-Sherwood Rd	
City/State/ZIP: Tualatin, OR 97062	
Phone: (971) 803-1803	Fax:
E-mail: mitchell.hampton@auricsolar.com	
CONTRACTOR	
Business name: Auric Solar LLC	
Address: 9530 SW Tualatin-Sherwood Rd	
City/State/ZIP: Tualatin, OR 97062	
Phone: (971) 803-1803	Fax:
CCB lic.: 212831	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$18,850
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$279.27
Amount received	
Date received:	

Authorized signature: <i>Mitchell Hampton</i>	Date:
Print name: Mitchell Hampton	10/22/19

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

Building Permit Application

Mike Air FS



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

RECEIVED

OFFICE USE ONLY

Date Received: 1/30/2020	Permit No.: B2020-0386
Date Issued: 3/12/2020	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 buldler	<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: Nike M73
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add fire protection to new mezzanine.	
<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: Red hawk Fire Protection	
Contact name: August Hoffman	
Address: 3801 Fruit Valley Road	
City/State/ZIP: Vancouver WA 98660	
Phone: (360) 984-3712	Fax:
E-mail: augusth@redhawkfp.com	
CONTRACTOR	
Business name: Red Hawk Fire Protection	
Address: 3801 Fruit Vally Road	
City/State/ZIP: Vancouver WA 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	\$4,600
Existing building area:	square feet +/- 820
New building area:	square feet +/- 820
Number of stories:	1
Type of construction:	Addition
Occupancy groups:	Ordinary Group II
Existing:	
New:	

NOTICE

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

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: August Hoffman	01/28/20

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

OFFICE USE ONLY	
Date Received: 03/06/2020	Permit No.: B2020-0904
Date Issued: 3/11/2020	By: DJ
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Fire Repair
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 420 SW 169th Place	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural repairs to stick framed roof above attached garage damaged by fire.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sip	
Address: 420 SW 169th Place	
City/State/ZIP: Beaverton, OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Advanced Structural Forensics	
Contact name: Ken Oliphant	
Address: 1500 NW Bethany Blvd, Ste 200	
City/State/ZIP: Beaverton, OR 97006	
Phone: 971.645.7559	Fax:
E-mail: ko@asf.expert	
CONTRACTOR	
Business name: BELFOR Property Restoration	
Address: 12823 NE Airport Way	
City/State/ZIP: Portland, OR 97230	
Phone: 503.408.8880	Fax:
CGB lic.: 146973	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$100,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$666
Amount received	
Date received:	

Authorized signature:

Print name: KEN OLIPHANT

Date: 3/5/2020

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

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: 02/24/2020	Permit No. B2020-0666
Date Issued: 3/11/2020	<i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15901 SW JENKINS ROAD	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.:	Project name: COSTCO #009
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
HOOK UP ANSUL R-102 UL300 KITCHEN FIRE SUPPRESSION SYSTEM INTO TYPE 1 EXHAUST HOOD COVERING PIZZA OVEN.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SANDERSON FIRE PROTECTION	
Contact name: GEOFF SPAHR	
Address: 1101 SE 3RD AVE	
City/State/ZIP: PORTLAND, OR 97214	
Phone: (503) 889-3110	Fax:
E-mail: GEOFF@SANDERSONFIRE.COM	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 208652	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$2200.00
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	\$206.11
Amount received	
Date received:	

Authorized signature: <i>Geoffrey R. Spahr</i>	Date:
Print name: GEOFF SPAHR	02/20/20

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

Approved



Building Permit Application

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

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OFFICE USE ONLY	
Date Received: 2/26/2020	Permit No.: B2020-0722
Date Issued: 3/11/2020	
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 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: 9270 SW Jamieson Ct.	
City/State/ZIP: Beaverton / OR / 97005	
Suite/bldg./apt. no.: N/A	Project name: Tran Kitchen Remodel
Cross street/directions to job site: From OR-10E turn right onto Jamieson St. After 0.3 miles turn left onto Jamieson Ct.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remodel of kitchen - Includes removing existing kitchen end wall, and adding sister joist to support existing span per engineering report.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Khoa Tran & Bailey Pope	
Address: 9270 SW Jamieson Ct.	
City/State/ZIP: Beaverton / OR / 97005	
Phone: (503) 621-7662	Fax:
E-mail: contact@crystalremodeling.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Crystal Remodeling	
Contact name: Zachary Brown	
Address: 404 S. Beavercreek Rd. Unit 230	
City/State/ZIP: Oregon City / OR / 97045	
Phone: (503) 347-4005	Fax:
E-mail: zach@crystalremodeling.com	
CONTRACTOR	
Business name: Crystal Remodeling	
Address: 404 S. Beavercreek Rd. Unit 230	
City/State/ZIP: Oregon City / OR / 97045	
Phone: (503) 347-4005	Fax:
CCB lic.: 35283	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$40,000
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	0
New dwelling area:	0 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet

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

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

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

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

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

Authorized signature: <i>Zachary Brown</i>	Date:
Print name: Zachary Brown	02/24/20



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/blb

OFFICE USE ONLY	
Date Received: 02/21/2020	Permit No. B2020-0642
Date Issued: 3/11/2020	GW
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: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: RTU #15 framing
Cross street/directions to job site: SW Hall + SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for new RTU.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch	
Address:	
City/State/ZIP:	
Phone: (503) 643-7552	Fax:
E-mail: lisar@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$133.80
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Steve Close	02/19/20

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

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

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 97078
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 02/21/2020	Permit No.: B2020-0643
Date Issued: 3/11/2020	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: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: RTU #30 framing
Cross street/directions to job site: SW Hall + SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for new RTU.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch	
Address:	
City/State/ZIP:	
Phone: (503) 643-7552	Fax:
E-mail: ljar@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$133.80
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Steve Close	Date: 02/19/20

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

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

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/bld

RECEIVED

OFFICE USE ONLY	
Date Received: 2/14/2020	Permit No.: B2020-0580
Date Issued: 2/14/2020	By: <i>[Signature]</i>
CITY OF BEAVERTON Payment Type:	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 190	Project name: RTU #40 structural frmg
Cross street/directions to job site: SW Hall + SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Structural framing for new RTU	

PROPERTY OWNER	
Name: Harsch	
Address:	
City/State/ZIP:	
Phone: (503) 643-7552	Fax:
E-mail: ljsar@harsch.com	

APPLICANT	
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	

CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CCB lic.: 66915	

Authorized signature: <i>[Signature]</i>	
Print name: Steve Close	Date: 02/14/20

BUILDING DIVISION

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

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

REQUIRED DATA - COMMERCIAL USE CHECKLIST

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

Valuation	
	\$900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES

Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4766
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/blb

RECEIVED

OFFICE USE ONLY	
Date Received: 2/14/2020	Permit No.: B2020-0579
Date Issued: 3/11/2020	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: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 113	Project name: RTU #8 structural frmg
Cross street/directions to job site: SW Hall + SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK	
Structural framing for new RTU	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch	
Address:	
City/State/ZIP:	
Phone: (503) 643-7552	Fax:
E-mail: lisar@harsch.com	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	

CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CCB lic.: 66915	

Authorized signature:	Date:
Print name: Steve Close	02/14/20

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	\$900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

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

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



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97078
 Phone: (503) 626-2403; Fax: (503) 626-2650
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 02/28/2020	Permit No. B2020-0828
Date Issued: 3/11/2020	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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8279 SW Cirrus Drive	
City/State/ZIP: Beaverton, OR 97006 <i>KOLL BUSINESS</i>	
Suite/bldg./apt. no.:	Project name: Bldg 15 RTU #3
Cross street/directions to job site: SW Hall to SW Cirrus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for new RTU.	
PROPERTY OWNER	
Name: Harsch	
Address:	
City/State/ZIP:	
Phone: (503) 643-7552	Fax:
E-mail: llisar@harsch.com	
APPLICANT	
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry Rd, #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com / 503-930-4787	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CCB lic.: 66915	

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

REQUIRED DATA - COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$133.80
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Steve Close	02/28/20



Building Permit Application

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

RECEIVED		OFFICE USE ONLY	
Date Received:	2/27/2020	Permit No.:	B2020-0797
Date issued:	3/1/2020	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 buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005 PARKSIDE	
Suite/bldg./apt. no.:	Project name: Unit #10 Struct. Framing
Cross street/directions to job site: SW Hall to SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for new RTU.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch	
Address:	
City/State/ZIP:	
Phone: (503) 643-7552	Fax:
E-mail: lisar@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures, Inc	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CCB lic.: 66915	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

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

Authorized signature:	<i>SCC</i>
Print name:	Date:
Steve Close	02/26/20

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

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

Form B70-1001 REV 11/19

CHIMCKING Approved



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

OFFICE USE ONLY	
Date Received: 01/07/2020	Permit No. B2020-0051
Date Issued: 3/10/2020	By: DJ
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: 11741 SW BEAVERTON HILLSDALE HWY.	
City/State/ZIP: BEAVERTON / OR / 97005	
Suite/bldg./apt. no.:	Project name: CHIMCKING
Cross street/directions to job site: TRADER JOE'S MALL AT BEAVERTON HILLSDALE HWY. NEXT TO LEASING OFFICE OF THE BUILDING.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S11BA02000	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: S&K GLOBAL, INC	
Address: 13266 NWGREENWOOD DR.	
City/State/ZIP: PORTLAND / OR / 97229	
Phone: 503-746-3037	Fax:
E-mail: SNKPOST@HOTMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: S & M RELIABLE, LLC	
Contact name: ANTHONY KIM	
Address: 34402 38TH AVE. S	
City/State/ZIP: AUBURN / WA / 98001	
Phone: 503-784-1563	Fax:
E-mail: TKHI@HOTMAIL.COM	
CONTRACTOR	
Business name: S & M RELIABLE, LLC	
Address: 34402 38TH AVE. S	
City/State/ZIP: AUBURN / WA / 98001	
Phone: 503-784-1563	Fax:
CCB lic.: 212609	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	180,000
Existing building area:	1200 square feet
New building area:	square feet
Number of stories: 1	
Type of construction: T1	
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	\$2,009.67
Amount received	
Date received:	

X

Authorized signature: ANTHONY KIM

Print name: ANTHONY KIM	Date: 1/6/2019
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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

Building Permit Application

Approved, Westmont Lot 73

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: 12/13/2019	Permit No.: B2019-5154
Date Issued: <i>3-10-2020</i>	By:
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15836 SW Thrush Lanen Lane	
City/State/ZIP: Beaverton Oregon 97007	
Suite/bldg./apt. no.:	Project name: Westmont
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 73
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 3726 BR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton	
Address: 4380 SW Macadam Ave STE 200	
City/State/ZIP: Portland Oregon 97239	
Phone: (503) 721-2393	Fax:
E-mail: esweeks@drhorton.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SAME AS ABOVE	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	375,120.00
Number, of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2661
Garage/carport area:	square feet 465
Covered porch area:	square feet 144
Deck area:	square feet
Other structure area:	square feet

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

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

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

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

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

Authorized signature:	Date:
Print name: Kristin Thurston	11/11/19

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:	Permit No. 2020-0953
Date Issued: 3/10/2020	EM
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12120 SW Allen Blvd	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: 3620
Cross street/directions to job site: Between Hall Blvd and Drummond Lombard on the south side of Allen	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo. standing structures on property	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lincoln Loan LLC	
Address: 1300 SE OAK ST	
City/State/ZIP: Portland OR 97214	
Phone: 503 238 6658	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Lincoln Loan LLC	
Contact name: Marlinda Wilde	
Address: 1300 SE OAK ST	
City/State/ZIP: Portland OR 97214	
Phone: 503 238 6658	Fax:
E-mail: Marlindawilde@gmail.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 221310	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	1
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

Authorized signature:	Date: 3/10/2020
Print name: Tyler Marchant	



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: 2/11/2020	Permit No.: B2020-0526
Date Issued: 3/10/20	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 buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9955 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Portland, OR 97005	
Suite/bldg./apt. no.: 115	Project name: Diamond Park Suite 115
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and relocate heads as required for tennant improvement	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Tam Holland	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: t.holland@wyattfire.com	
CONTRACTOR	
Business name: Same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1745
Existing building area	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

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

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

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

Authorized signature:	Date: 2/10/20
Print name: Tam Holland	

Approved

The Ridge SCM lot 7

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: 12/27/2019	Permit No.: B2019-5291
Date Issued: 3-10-2020	By: DJ
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 18331 SW Strobel Rd	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: South Cooper Mountain Owner, LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: 360-695-7700	Fax: 360-891-4701
E-mail: permitsubmittals@polygonhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Polygon WLH LLC	
Contact name: Tonja Morris	
Address: 703 Broadway St., Ste. 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
E-mail: permitsubmittals@polygonhomes.com	
CONTRACTOR	
Business name: Polygon Homes, WLH LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
CCB #c.: 204238	

Authorized signature:	Date:
Print name: Tonja Morris	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	\$514,558.70
Number of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	
New dwelling area:	square feet 3990
Garage/carport area:	square feet 410
Covered porch area:	square feet 154
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,925.17
Amount received	
Date received:	

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

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

CONTRACTOR TBD



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: 1/29/2020	Permit No.: B2020-0367
Date Issued: 3-10-2020	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 15220 NW Greenbrier Pkwy	
City/State/ZIP: Beaverton, OR. 97006	
Suite/bldg./apt. no.: Suite 380	Project name: Elcon Associates TI
Cross street/directions to job site: NW 158th Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N132DB0300	
DESCRIPTION OF WORK	
Removal of interior partitions, casework, plumbing and electrical. Addition of interior partitions, casework, plumbing and electrical.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Alan O'Donnell	
Address: 1211 SW 5th Ave. Suite 700	
City/State/ZIP: Portland, OR. 97204	
Phone: (503) 307-8466	Fax:
E-mail: AODonnell@LPC.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: LRS Architects	
Contact name: Kim Conway	
Address: 720 NW Davis St. Suite 300	
City/State/ZIP: Portland, OR. 97209	
Phone: (503) 221-1121	Fax:
E-mail: kconway@lrsarchitects.com	
CONTRACTOR	
Business name: <i>Commercial Contractors Inc</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <i>123729</i>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$167,594
Existing building area:	4,770 square feet
New building area:	no change square feet
Number of stories:	3
Type of construction:	III-B
Occupancy groups:	
Existing:	B
New:	B

NOTICE

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

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

This permit application expires if a 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: Kim Conway	01/28/20

Trader Joes FS.

RECEIVED



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: 1/13/2020	Permit No.: B2020-0117
Date Issued:	By:
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11753 SW BEAVERTON HILLSDALE HWY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: TRADER JOES
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD/RELOCATE SPRINKLERS FOR NEW TENANT IMPROVEMENTS	
<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: VANPORT MECHANICAL AND FIR, INC.	
Address: 6101 NE 127TH AVE. SUITE 200	
City/State/ZIP: VANCOUVER, WA 98682	
Phone: (360) 256-9838	Fax: (360) 256-5886
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	13,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

This permit application expires if a 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:
JAMES RUARK	01/10/20



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/blb

OFFICE USE ONLY	
Date Received: 02/10/2020	Permit No.: B2020-0510
Date Issued:	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: 11375 SW Center St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: rooftop	Project Arts and Communications Magnet Academy
Cross street/directions to job site: NW corner of the intersection of SW Center St and SE 113th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S110DB02000	
DESCRIPTION OF WORK	
Installing 113.220 kW solar PV system on rooftop.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merto Rd	
City/State/ZIP: Beaverton, OR 97003	
Phone: 503-356-4575	Fax:
E-mail: leslie_lmes@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: A AND R SOLAR SPC dba A&R Solar	
Contact name: Alicia Shapiro	
Address: 6800 NE 59th Pl	
City/State/ZIP: Portland, OR 97218	
Phone: (503) 420-8680	Fax:
E-mail: permits@a-rsolar.com	
CONTRACTOR	
Business name: A AND R SOLAR SPC dba A&R Solar	
Address: 6800 NE 59th Pl	
City/State/ZIP: Portland, OR 97218	
Phone: (503) 420-8680	Fax:
CCB lic.: 207641	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$83,063
Existing building area:	
New building area:	square feet
Number of stories:	
Type of construction: addition	
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$758.70
Amount received	
Date received:	

Authorized signature: *Alicia Shapiro*

Print name: Alicia Shapiro	Date: 2/6/2020
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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

Cedar Grove Fire line



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: 01/03/2020	Permit No.: B2020-0027
Date Issued:	By: <i>claw</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: 316/20	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13400 NW CORNELL RD	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Cedar Grove Apartments
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL FIRE LINE, + FDC + PIV + FSV TO WITHIN 5' OF BLDG.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Cedar Grove Affordable Housing	
Address: Community Partners Fir	
City/State/ZIP: Affordabile Housing	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: LAUZON Contracting LLC	
Contact name: LAURA BROWN	
Address: 13577 SE Willingham Ct	
City/State/ZIP: CLATSOPAS OR 97015	
Phone: 503 482 5445	Fax: 503 482 5446
E-mail: LAURAB@LAUZONCONTRACTING.COM	
CONTRACTOR	
Business name: LAUZON Contracting LLC	
Address: 13577 SE Willingham Ct	
City/State/ZIP: CLATSOPAS OR 97015	
Phone: 503. 482. 5445	Fax:
CCB lic.: 153312	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$12,960	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Tia A Olsen</i>	Date: 12/27/19
Print name: TIA A OLSEN	

This permit application expires if a 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: 03/04/2020	Permit No.: B2020-0870
Date Issued: <i>[Signature]</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: AZA Building Fall Protect
Cross street/directions to job site: SW Millikan Way and SW 141st Ave	
Subdivision: Tektronix Business Park	Lot no.: Lot 9 & PT 10
Tax map/parcel no.: 1S109CD00200 R2088984	
DESCRIPTION OF WORK	
Installation of fall protection support in two locations.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: One Bowerman Drive	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 789-2575	Fax:
E-mail: amelia.kelsay@nike.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Mortenson Construction	
Contact name: Haley Bartolomei	
Address: 710 NW 14th Ave, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (708) 543-1080	Fax:
E-mail: haley.bartolomei@mortenson.com	
CONTRACTOR	
Business name: Mortenson Construction	
Address: 710 NW 14th Ave, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (971) 202-4100	Fax:
CCB lic.: 46955	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$5525
Existing building area:	102000 square feet
New building area:	same square feet
Number of stories:	2
Type of construction:	TYPE IV - HT
Occupancy groups:	B, F-1, S-1
Existing:	B, F-1, S-1
New:	B, F-1, 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	330.28
Amount received	
Date received:	

Authorized signature: *Haley Bartolomei*

Print name:	Date:
Haley Bartolomei	03/04/20

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

SDA BEAVERTON

7-25-20
Approved



Building Permit Application
 Community Development Department, Building Division
 City of Beaverton
 12725 SW Milkan Way / PO Box 4765
 Beaverton, OR 97007
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.beavertonoregon.gov/bldg

OFFICE USE ONLY	
Date Received: 01/25/2020	B2020-0289
Date Issued: 2/5/2020	
CITY OF BEAVERTON Building Division	
Permit Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	
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: 14645 SW Davis Rd.	
City/State/ZIP: Beaverton, OR 97007	
Sub/bldg./apl. no.:	Project name: SDA Beaverton
Cross street/directions to job site: SW Davis Rd. & Murray Blvd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing walls & doors. Provide new walls to underside of structure. New doors & water fountain.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton Adventist Church	
Address: 14645 SW Davis Rd.	
City/State/ZIP: Beaverton, OR, 97007	
Phone: 503.646.9282	Fax:
E-mail: rodneypayne2@mac.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: LRS Architects	
Contact name: Nicole Wudlke	
Address: 720 NW Davis St., Suite 300	
City/State/ZIP: Portland, OR, 97209	
Phone: 971.242.8150	Fax:
E-mail: nwudlke@lrsarchitects.com	
CONTRACTOR	
Business name: Shearer & Associates	
Address: 19300 NE 112th Ave., Suite 100	
City/State/ZIP: Battle Ground, WA., 98604	
Phone: 360.666.5600	Fax:
CGB Lic.: 171683	
Authorized signature: <i>Nicole Wudlke</i>	Date: 01-17-2020
Print name: NICOLE WUDLKE	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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-JOB CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$48,000	
Existing building area:	7,057 square feet
New building area:	7,057 square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	A-3
Existing:	A-3
New:	A-3
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$894.82
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

Approved

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



OFFICE USE ONLY

Date Received: 3-4-2020	Permit No.: B2020-0866
Date Issued: 3-5-2020	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 FOUNDATION REPAIR
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16020 SW BURNWOOD WAY	
City/State/ZIP: BEAVERTON, OR, 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 160TH & BURNWOOD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FOUNDATION SUPPORT AND INTERIOR FOOTING REINFORCING	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: JEFF PETERS	
Address: 16020 SW BURNWOOD	
City/State/ZIP: BEAVERTON, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ZAROSINSKI ENGINEERING & DESIGN	
Contact name: DEAN P ZAROSINSKI PE	
Address: 1900 NW 155TH CIRCL	
City/State/ZIP: VANCOUVER WA 98685	
Phone: 360-513-2796	Fax:
E-mail: dpzski@hotmail.com	
CONTRACTOR	
Business name: CONCRETE LIFTING SOLUTIONS	
Address: P O BOX 4614	
City/State/ZIP: TUALATIN, OR 97062	
Phone: (503) 595 5110	Fax:
CCB lic.: 16A279	

M Tighten @ Concrete Lifting Solutions, Biz

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	15,000.00
Number of bedrooms:	NL
Number of bathrooms:	NL
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]
 Print name: DEAN P ZAROSINSKI
 Date: 3/4/20

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