



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: 03/23/2020	Permit No. B2020-1096
Date Issued: 4/14/2020	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 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: Swimming Pool
JOB SITE INFORMATION AND LOCATION	
Job site address: 9975 Citation PL	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128CD12800	
DESCRIPTION OF WORK	
Gunite Swimming Pool	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pittmon	
Address: 9975 Citation PL	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Owens Custom Pools	
Contact name: David B Owens	
Address: 460 N Danebo Ave ste 400A	
City/State/ZIP: Eugene, OR 97402	
Phone: 541-999-4865	Fax:
E-mail: david@owens-pools.com	
CONTRACTOR	
Business name: Owens Custom Pools	
Address: 460 Danebo Ave ste 400A	
City/State/ZIP: Eugene, OR 97402	
Phone: 541-999-4865	Fax:
CCB lic.: 221722	
Authorized signature:	Date: 03/13/2020
Print name: David B Owens	Date: 03/13/2020

RECEIVED

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

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 03/13/2020	Permit No.: B2020-0999
Date Issued: 4/14/2020	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: 1785 SW 158th Ave.	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: 874142 St. Marys
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: R36348 / 1S-1-05CC-00400	
DESCRIPTION OF WORK	
On existing tower: Add six small antennas, mount reinforcements (kickers), and remount six existing antennas onto dual mounts. No ground work.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Portland General Electric	
Address: 121 SW Salmon St.	
City/State/ZIP: Portland, OR 97204	
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:	
City/State/ZIP:	
Phone:	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:	Date:
Print name: Zach Phillips	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



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) 626-2550
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 04/10/2020	Permit No.: B2020-1322
Date Issued: 4/13/2020	By: DT
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 7845 SW Hall Blvd	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Kimberly West APTS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RC ROOF	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: NORRIS & STEVENS	
Address: 900 SW 5th Ave Suite 1700	
City/State/ZIP: Portland OR	
Phone: 503 2233171	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GRIFFITH ROOFING CO.	
Contact name: Gilberto Alfaro	
Address: 6815 SW 11th Ave	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 6431596	Fax:
E-mail: gilberto@griffithroofingcompany.com	
CONTRACTOR	
Business name: Griffith Roofing Co.	
Address: 6815 SW 11th Ave	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 6431596	Fax:
CCB lic.: 925	
Authorized signature:	
Print name: Gilberto Alfaro	Date: 4-9-20

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	\$16,827
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	498.96
Amount received	
Date received:	

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

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



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: 04/10/2020	Permit No.: B2020-1321
Date issued: 4/13/2020	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:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7849 SW Hall Blvd	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Kimberly West APT 5
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RC ROOF	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: NORRIS & STAVENS	
Address: 900 SW 5th ave Suite 1700	
City/State/ZIP: Portland OR	
Phone: 503 2233171	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GRIFFITH ROOFING CO.	
Contact name: Gilberto Alfaro	
Address: 6815 SW 11th ave	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 6431596	Fax:
E-mail: gilberto@griffithroofingcompany.com	
CONTRACTOR	
Business name: GRIFFITH ROOFING CO.	
Address: 6815 SW 11th ave	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 6431596	Fax:
CCB lic.: 925	

Authorized signature:	Print name: Gilberto Alfaro	Date: 4-9-20
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REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$13504
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	442.75
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) 526-2650
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 04/10/2020	Permit No.: B2020-1323
Date Issued: 4/13/2020	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:
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: 7851 SW Hall Blvd	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Kimberly West APTS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RC ROOF	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: NORRIS * STAVENS	
Address: 900 SW 5th Ave Suite 1700	
City/State/ZIP: Portland OR	
Phone: 503 2233171	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GRIFFITH ROOFING CO.	
Contact name: Gilberto Alfaro	
Address: 6815 SW 11th Ave	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 6431596	Fax:
E-mail: gilberto@griffithroofingcompany.com	
CONTRACTOR	
Business name: GRIFFITH ROOFING CO.	
Address: 6815 SW 11th Ave	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 6431596	Fax:
CCB lic.: 925	

Authorized signature:

Print name: Gilberto Alfaro	Date: 4-9-20
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REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$16827
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	498.96
Amount received	
Date received:	

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

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



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: 04/10/2020	Permit No.: B2020-1324
Date Issued: 4/13/2020	By: DT
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7855 SW Hall Blvd	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Kimberly West APTS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RC ROOF	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: NORRIS * STAVENS	
Address: 900 SW 5th ave Suite 1700	
City/State/ZIP: Portland OR	
Phone: 503 2233171	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GRIFFITH ROOFING CO.	
Contact name: Gilberto Alfaro	
Address: 6815 SW 11th ave	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 6431596	Fax:
E-mail: gilberto@griffithroofingcompany.com	
CONTRACTOR	
Business name: GRIFFITH ROOFING CO.	
Address: 6815 SW 11th ave	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 6431596	Fax:
CCB lic.: 925	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$16827
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	498.96
Amount received	
Date received:	

Authorized signature:

Print name: Gilberto Alfaro Date: 4-9-20

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



CITY OF BEAVERTON
APPROVED PLANS

Building Permit Application B2020-1092

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

APPROVED BY: [Signature] DATE RECEIVED: 03/23/2020
DATE ISSUED: 3/24/2020

Permit No.: B2020-1092
By: [Signature]
Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

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: 17832 NW Pioneer Road	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Mitan
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding 6.4kW Roof Top Solar PV System	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Martin Mitan	
Address: 17832 NW Pioneer Road	
City/State/ZIP: Beaverton OR 97006	
Phone: (503) 209-2668	Fax:
E-mail: martinivalou@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Premier Solar NW	
Contact name: Bob Rathbone	
Address: 12399 NW Waker Dr.	
City/State/ZIP: Portland, OR 97229	
Phone: (503) 828-9500	Fax:
E-mail: rrathbone@premiersolarnw.com	
CONTRACTOR	
Business name: Premier Solar NW	
Address: 12399 NW Waker Dr.	
City/State/ZIP: Portland, OR. 97229	
Phone: (503) 828-9500	Fax:
CCB Lic.: 218826	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$17,790.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$207.20
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Clifford Barry	03/16/20

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 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 4/7/2020	Permit No.: B2020-1283
Date Issued: 4/10/2020	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: 9600 SW Nimbus Ave.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 260	Project name: Carepayment
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm Devices	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Carepayment	
Address: 9600 SW Nimbus Ave. Suite 260	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,021
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	36.44
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Ben Brett	04/07/20

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 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: 4/7/2020	Permit No.: B2020-1274
Date Issued: 4/9/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulker	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 736 SW 158th Ave	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Arbor Homes
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace rooftop unit	
<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: American Heating, Inc.	
Contact name: Amanda Bostic	
Address: 5035 SE 24th Ave	
City/State/ZIP: Portland, OR 97202	
Phone: (971) 678-2094	Fax:
E-mail: a.bostic@americanheating.net	
CONTRACTOR	
Business name: American Heating, Inc.	
Address: 5035 SE 24th Ave	
City/State/ZIP: Portland, OR 97202	
Phone: (971) 678-2094	Fax:
CCB lic.: 33135	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	106,500
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: *Amanda Bostic*

Print name: Amanda Bostic	Date: 4/6/20
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 03/23/2020	Permit No. B2020-1097
Date Issued: 4/9/2020	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 type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12270 SW Center St	
City/State/ZIP: Beaverton/Oregon/97005	Beaver Creek Apartments
Suite/bldg./apt. no.:	Project name: Evanrook Apartments
Cross street/directions to job site: SW Lombard ST.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Rail and decking replacement at all decks, Replace light fixtures at decks, Repair or replace areas with dry rot including T1-11, Flash existing slider doors or replace as needed	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Carla Properties LTD	
Address: 633 NW 19th Ave	
City/State/ZIP: Portland/Oregon/97209	
Phone: (503) 730-7275	Fax:
E-mail: etlabby@carlaprop.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SPR Finnmark Property Services	
Director name: Ryan Taylor	
Address: 8383 NE Sandy Blvd #370	
City/State/ZIP: Portland OREGON 97220	
Phone: 971-201-5671	Fax:
E-mail: RyanT@FinnmarkPS.com	
CONTRACTOR	
Business name: Finnmark Property Services	
Address: 8383 NE Sandy Blvd # 370, Portland, OR 97220	
City/State/ZIP: Portland/Oregon/97220	
Phone: (971) 201-5671	Fax:
CCB lic.: OR#174448	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$112,308.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	Repairs and replacement
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	\$911.86
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 3/2/2020
Print name: Ryan Taylor	

This permit application expires if a 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: 1/17/2020	Permit No.: B2020-0200
Date Issued: 1/19/2020	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: 11753 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apl. no.:	Project name: Trader Joe's #141
Cross street/directions to job site: SW Broadway Street and SW Beaverton Hillsdale Hwy	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Mechanical equipment platforms on the roof.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Trader Joe's Company, Inc.	
Address: 800 South Shamrock Ave.	
City/State/ZIP: Monrovia, California 92626	
Phone: (626) 599-3828	Fax:
E-mail: dmelanson@traderjoes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Tiland / Schmidt Architects, P.C.	
Contact name: Kevin Mohr	
Address: 3611 SW Hood Ave., Suite 200	
City/State/ZIP: Portland, Oregon 97239	
Phone: (503) 220-8517	Fax: (503) 220-8518
E-mail: kevinmohr@tilandschmidt.com	
CONTRACTOR	
Business name: PSR - West Coast Builders	
Address: 3458 Mt. Diablo Blvd.	
City/State/ZIP: Lafayette, California 94549	
Phone: (925) 298-2832	Fax:
CCB lic.: 197278	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	8,650
Existing building area:	square feet 10,371
New building area:	square feet 13,413
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	M
New:	M
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Kevin Mohr	01/17/20

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: 04/07/2020	Permit No. B2020-1272
Date Issued: 4/9/2020	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: 13000 SW 2nd Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPAIR SMOKE & WATER DAMAGE TO CEILING, WALL & FLOOR FINISHES	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BEAVERTON SCHOOL DISTRICT	
Address: 16550 SW MERLO RD	
City/State/ZIP: Beaverton, OR 97003	
Phone:	Fax:
E-mail: andrea_radona@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: WEST COAST FORENSICS	
Contact name: JEFF LEWIS	
Address: 3835 SW KELLY AVE	
City/State/ZIP: PORTLAND, OR 97239	
Phone: 503-756-1689	Fax:
E-mail: jeffew@fore.com	
CONTRACTOR	
Business name: BELFOR PROPERTY RESTORATION	
Address: 12823 NE AIRPORTS WAY	
City/State/ZIP: PORTLAND, OR 97230	
Phone: 503-408-8880	Fax:
CCB 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	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$150,000	
Existing building area:	21,740 square feet
New building area:	21,740 square feet
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	E
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,780.59
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 4/6/20
Print name: JEFF LEWIS	

This permit application expires if a 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: 3/31/2020	Permit No.: B2020-1187
Date Issued: 4/9/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 11745 SW Denfeld	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: OFF WALKER Rd Near 217	
Subdivision:	Lot no.:
Tax map/parcel no.: 15110 CA 2210	
DESCRIPTION OF WORK	
Deck Cover	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Melissa Hill	
Address: same	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: LHL Homes, Inc	
Contact name: Dick Hartung	
Address: 11580 SW 67th Ave.	
City/State/ZIP: Tigard, OR 97223	
Phone: 503-348-3000	Fax: 503-639-5523
E-mail: dhartung@lhlhomes.com	
CONTRACTOR	
Business name: Same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 154727	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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: Deck Cover	square feet 289
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation ~ \$20,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	290.98
Amount received	
Date received:	

Authorized signature:	Date: 3/30/20
Print name: Richard A. Hartung	

This permit application expires if a 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: 03/06/2020	Permit No. B2020-0916
Date Issued: 4/9/2020	BA
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Educational
JOB SITE INFORMATION AND LOCATION	
Job site address: 1600 NW 173rd Avenue	
City/State/ZIP: Beaverton, Oregon 97701	
Suite/bldg./apt. no.:	Project name: Five Oaks MS Ph.6
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Update existing fire sprinkler system to accommodate new wall layout in Phase 6	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Phoenix Fire Protection	
Contact name: Teri Cruickshank	
Address: 4130 Airport Rd.	
City/State/ZIP: Nampa, ID 83687	
Phone: (208) 468-9115	Fax: (208) 461-9117
E-mail: teri@phoenixfp.com	
CONTRACTOR	
Business name: Phoenix Fire Protection	
Address: 4130 Airport Rd.	
City/State/ZIP: Nampa, ID 83687	
Phone: (208) 468-9115	Fax: (208) 461-9117
CCB lic.: 181692	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$28,029
Existing building area:	square feet 8,021
New building area:	square feet 8,021
Number of stories:	1
Type of construction:	2B
Occupancy groups:	E
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
PLEASE CALL FOR PERMIT PAYMENT 208-468-9115	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$860.08
Amount received	
Date received:	

Authorized signature: Teri Cruickshank	Date:
Print name: Teri Cruickshank	02/28/20

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/bib

OFFICE USE ONLY	
Date Received: 4/1/2020	Permit No.: B2020-1209
Date Issued: 4/6/2020	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: 14925 SW Barrows Rd, Suite 115 Building B	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 115/B	Project name: Bank of America PRT
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and relocate sprinkler heads due to new wall and ceiling layout	
<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: Cosco Fire Protection	
Contact name: Rachael Linson	
Address: 2501 SE Columbia Way, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 883-6383	Fax:
E-mail: RLINSON@COSCOFIRE.COM	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
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	6217.00
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	311.17
Amount received	311.17
Date received:	04/01/20

Authorized signature: Rachael Linson	Date:
Print name: Rachael Linson	03/31/20

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
 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: 03/27/2020	Permit No.: B2020-1148
Date Issued: <i>[Signature]</i>	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: 4815 SW LOMBARD AVE	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: VERSO APTS
Cross street/directions to job site: SW 2ND AVE	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROVIDE NEW FIRE DETECTION AND ALARM SYSTEM WITH VOICE EVAC, SPRINKLER MONITORING, AND ELEVATOR RECALL	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GB MANCHESTER INC. (SEE CONTRACTOR)	
Contact name: NATHAN BUTZ	
Address: 6000 NE 88TH ST, SUITE B103	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: (360) 816-0484	Fax: (360) 816-0482
E-mail: NATHAN.B@GBMANCHESTER.COM	
CONTRACTOR	
Business name: GB MANCHESTER INC.	
Address: 6000 NE 88TH ST, SUITE B103	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: (360) 816-0484	Fax: (360) 816-0482
CCB lic.: 202097	

Authorized signature: <i>[Signature]</i>	Date:
Print name: NATHAN BUTZ	02/17/20

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	\$ 97,110.00
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	\$539.90
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14

Approved



Building Permit Application

Community Development Department, Building Division
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: 02/28/2020	Permit No.: B2020-0822
Date Issued: 4/9/2020	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 6430 SW Spruce ave	
City/State/ZIP: Beaverton , OR 97005	
Suite/bldg./apt. no.:	Project name: Searty-Boss Den
Cross street/directions to job site: Off schols ferry near Allen	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition of Den with Lavatory	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Salwan Searty and Michelle Boss	
Address: 6430 SW Spruce avenue	
City/State/ZIP: Beaverton OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Warneking construction	
Contact name: Dave Warneking	
Address: 4900 NW 140th Ave	
City/State/ZIP: Portland, OR 97229	
Phone: 503-805-1500	Fax:
E-mail: davewarneking@gmail.com	
CONTRACTOR	
Business name: Warneking construction	
Address: 4900 NW 140th Ave	
City/State/ZIP: Portland, OR 97229	
Phone: 503-805-1500	Fax:
CCB lic.: 89285	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	21,430.00
Number. of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	175 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	267.56
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: David Warneking	



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: 4/1/2020	Permit No.: B2020-1222
Date Issued: 4/15/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6220 SW Chestnut Ave	
City/State/ZIP: Beaverton Or. 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Elm st	
Subdivision:	Lot no.:
Tax map/parcel no.: T.L. 1S123AB03900	
DESCRIPTION OF WORK	
Add a 20 ft x 24 ft single level bedroom and bath addition to the end of the house	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Thelma Newson	
Address: 6220 SW Chestnut Ave.	
City/State/ZIP: Beaverton, Or. 97005	
Phone: (503) 535-4248	Fax:
E-mail: N/A	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Same as Below	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Suburban Homes	
Address: 6415 SW 213th Ave	
City/State/ZIP: Beaverton Or. 97078	
Phone: (503) 312-4552	Fax:
CCB lic.: 79632	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	76,000.00
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	480 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	712.33
Amount received	
Date received:	

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

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

Authorized signature:	
Print name: Doug Luedloff	Date: 03/30/20



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: 03/23/2020	Permit No: B2020-1099
Date Issued: 4/12/2020	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: 13875 SW Tualatin Valley Highway	
City/State/ZIP: Beaverton, OR 97005	Sunset Beaverton
Suite/bldg./apt. no.:	Project name: Porsche - EV Lift
Cross street/directions to job site: SW Tualatin Valley Highway and SW 139th Way (northeast corner)	
Subdivision:	Lot no.: 4700
Tax map/parcel no.: 1S116BA04700	
DESCRIPTION OF WORK	
Removal and replacement of vehicle lift in existing service department.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Frank Geary - Sunset Imports	
Address: 13875 SW Tualatin Valley Highway	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 641-8600	Fax:
E-mail: frank.geary@sunsetimports.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: LRS Architects	
Contact name: Paul Kurth	
Address: 720 NW Davis, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 221-1121	Fax:
E-mail: pkurth@lrsarchitects.com	
CONTRACTOR	
Business name: Perlo Construction	
Address: 11450 SW Amu Street	
City/State/ZIP: Tualatin, OR 97224	
Phone: (503) 624-2090	Fax:
CCB lic.: 189245	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$150,000.00
Existing building area:	35,419 square feet
New building area:	0 square feet
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	
Existing:	B, S-1
New:	No change

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,780.59
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: 3-11-2020
Print name: Paul Kurth	

Building Permit Application

Approved



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

RECEIVED

OFFICE USE ONLY	
Date Received: 9/17/2019	Permit No.: B2019-3903
Date Issued: 4/11/2020	<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: 15500 SW Beaverton Creek Ct.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 1st floor	Project name: Apple Beaverton
Cross street/directions to job site: SW 153rd Dr. and SW Beaverton Creek Ct.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW OFFICES, CONFERENCE ROOMS AND SUPPORT SPACES NEW FURNISHINGS, FINISHES AND FLOORING NEW SUSPENDED CEILING, NEW HVAC SYSTEM AND LIGHTING NEW PLUMBING FIXTURES AND 2 NEW SHOWER ROOMS	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Apple, Inc.	
Address: 1 Apple Park Way	
City/State/ZIP: Cupertino, CA 95014	
Phone: (917) 239-9253	Fax:
E-mail: whitneyray@apple.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Apple, Inc.	
Contact name: Whitney Ray	
Address: 1 Apple Park Way	
City/State/ZIP: Cupertino, CA 95014	
Phone: (917) 239-9253	Fax:
E-mail: whitneyray@apple.com	
CONTRACTOR	
Business name: <i>SWINERTON BUILDERS</i>	
Address: <i>342 SW SECOND AVE</i>	
City/State/ZIP: <i>PORTLAND OR 97204</i>	
Phone: <i>503 224 6888</i>	Fax:
CCB lic.: <i>78483</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	\$4,380,000.00
Existing building area:	square feet 24,090
New building area:	square feet 24,090
Number of stories:	1
Type of construction:	III-B Existing Building
Occupancy groups:	ASSEMBLY A-3, BUSINESS B
Existing:	A-3, B
New:	A-3, B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Jovana Gotic</i>	Date:
Print name: Ivana Gotic	09/16/19

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

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

Form B70-1001 R

Building Permit Application

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



OFFICE USE ONLY	
Date Received: <u>4/1/2020</u>	Permit No: <u>52020-1204</u>
Date Issued: <u>4/1/2020</u>	By: <u>[Signature]</u>
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: <u>3850 SW HALL BLVD</u>	
City/State/ZIP: <u>Beaverton, Or, 97005</u>	
Suite/bldg./apt. no.:	Project name: <u>Former Performance</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>- Wall demolition 44FE X 14FE</u>	
<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: <u>Painting & Remodeling 40 LLC</u>	
Address: <u>19310 SW Blanton St.</u>	
City/State/ZIP: <u>Beaverton, Or 97078</u>	
Phone: <u>(971) 770-6687</u>	Fax:
CCB lic.: <u>214751</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 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 this application.	
Valuation <u>1,000</u>	
Existing building area:	<u>Demolition</u> square feet <u>44X14</u>
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 w the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work being 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>8652</u>
Amount received	_____
Date received:	_____

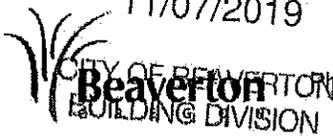
This permit application expires if a permit is not obtained

RECEIVED

Building Permit Application JOB REVISION/TRACKING #: REV 19-612

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

11/07/2019



OFFICE USE ONLY
Date Received:
Date Issued:
Permit No.: B2019-1329
Payment Type:

TYPE OF WORK
CATEGORY OF CONSTRUCTION
JOB SITE INFORMATION AND LOCATION
DESCRIPTION OF WORK
PROPERTY OWNER
CONTACT PERSON
CONTRACTOR
Authorized signature: Chris Hansen
Print name: Chris Hansen
Date: 10/31/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
REQUIRED DATA: COMMERCIAL-USE CHECKLIST
NOTICE
BUILDING PERMIT FEES*
Please refer to fee schedule
Fees due upon application
Amount received
Date received:

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 12/26/2019	Permit No. B2019-5275
Date Issued: 1/11/2020	By: [Signature]
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: Unit Conversion
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: 4150 SW Hocken Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Timberwood Apartments
Cross street/directions to job site: SW Hocken between SW Henry and SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AB00300	
DESCRIPTION OF WORK	
Existing R3 unit conversion. This unit has been occupied without a permit. It is a stand alone building with only one unit. (unit 31)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TW-JP, LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail: jp@cresapts.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Steven Routon Architect / LLC	
Contact name: Steven Routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 11120 SW Industrial Way Building 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax:
CCB lic.: 107928	

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

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

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

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

Authorized signature: [Signature]	Date: 12.23.19
Print name: Steven Routon	

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

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



Building Permit Application

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

RECEIVED

OFFICE USE ONLY

Date Received: 03/04/2020 Permit No: B2020-0864
 Date Issued: 4/2/2020
 CITY OF BEAVERTON Building Division Payment Type:

TYPE OF WORK

- New construction Demolition
 Addition/alteration/replacement Other:

CATEGORY OF CONSTRUCTION

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

JOB SITE INFORMATION AND LOCATION

Job site address: 15700 SW Greystone Ct
 City/State/ZIP: Beaverton, OR 97006
 Suite/bldg./apt. no.: 2nd floor Project name: 20OCB135 Hood Project
 Cross street/directions to job site:
 Subdivision: Lot no.:
 Tax map/parcel no.:

DESCRIPTION OF WORK

Replace chemical fume hood with newer model hood. Install phoenix valve for air control. Demo laminate casework. Install a couple of electrical outlets.

- PROPERTY OWNER TENANT

Name: OHSU Knight Cancer Institute
 Address: 15700 SW Greystone Ct
 City/State/ZIP: Beaverton, OR 97006
 Phone: Fax:
 E-mail:

- APPLICANT CONTACT PERSON

Business name: OHSU Design & Construction
 Contact name: Joseph Nguyen
 Address: 3181 SW Sam Jackson Park Rd.
 City/State/ZIP: Portland, OR 97239
 Phone: (503) 347-7528 Fax:
 E-mail: nguyejos@ohsu.edu

CONTRACTOR

Business name: Schaffran Construction
 Address: PO Box 82909
 City/State/ZIP: Portland, OR 97282
 Phone: (503) 793-0664 Fax:
 CCB lic: 81759

Authorized signature: *Joseph Nguyen*
 Print name: JOSEPH NGUYEN 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 84,000
 Existing building area: square feet
 New building area: square feet
 Number of stories:
 Type of construction: equipment replacement
 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 \$1,246.44
 Amount received
 Date received:

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. 152020-1213
Date Issued: 4/2/2020	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 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: 14455 SW Sexton Mountain Drive	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.: bldgs 5, 6, 7	Project name: Summit at Hyland Park
Cross street/directions to job site: Project is off SW Sexton Mountain Drive with Cross streets of Murray Blvd and Hyland Nature park	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Existing roofing material Tear off (Shingle) and Installation of new roofing materials, Under laminate, Drip edge, and shingles	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DB Capitol Management LLC	
Address: 12045 E Waterfront Drive Suite #400	
City/State/ZIP: Los Angeles California 90094	
Phone: 310-562-7403	Fax:
E-mail: dt@dbcap.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Blue Pine Construction Corp.	
Contact name: Cory Baumgardner	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 619-726-1782	Fax:
E-mail: Cory@bluepinecc.com	
CONTRACTOR	
Business name: Blue Pine Construction Corp.	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 424-800-3837	Fax:
CCB lic.: 32741	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,451.90
Amount received	
Date received:	

Authorized signature: <i>Cory Baumgardner</i>	
Print name: Cory Baumgardner	Date: 3/31/2020

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 4/2/2020	Permit No: B2020-1210
Date Issued: [Signature]	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input 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: 14315 SW Sexton Mountain Drive	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.: bldgs 1,12,13,11 & off	Project name: Summit at Hyland Park
Cross street/directions to job site: Project is off SW Sexton Mountain Drive with Cross streets of Murray Blvd and Hyland Nature park	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Existing roofing material Tear off (Shingle) and Installation of new roofing materials, Under laminate, Drip edge, and shingles	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DB Capitol Management LLC	
Address: 12045 E Waterfront Drive Suite #400	
City/State/ZIP: Los Angeles California 90094	
Phone: 310-562-7403	Fax:
E-mail: dt@dbcap.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Blue Pine Construction Corp.	
Contact name: Cory Baumgardner	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 619-726-1782	Fax:
E-mail: Cory@bluepinecc.com	
CONTRACTOR	
Business name: Blue Pine Construction Corp.	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 424-800-3837	Fax:
CCB lic.: 32741 215850	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 100,000	
Existing building area:	square feet
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	1,451.90
Amount received	
Date received:	

Authorized signature: Cory Baumgardner	Date:
Print name: Cory Baumgardner	3/31/2020

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. B2020-1214
Date Issued: 4/2/2020	<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: 14355 SW Sexton Mountain Drive	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.: bldgs 8,9,10	Project name: Summit at Hyland Park
Cross street/directions to job site: Project is off SW Sexton Mountain Drive with Cross streets of Murray Blvd and Hyland Nature park	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Existing roofing material Tear off (Shingle) and Installation of new roofing materials, Under laminate, Drip edge, and shingles	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DB Capitol Management LLC	
Address: 12045 E Waterfront Drive Suite #400	
City/State/ZIP: Los Angeles California 90094	
Phone: 310-562-7403	Fax:
E-mail: dt@dbcap.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Blue Pine Construction Corp.	
Contact name: Cory Baumgardner	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 619-726-1782	Fax:
E-mail: Cory@bluepinecc.com	
CONTRACTOR	
Business name: Blue Pine Construction Corp.	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 424-800-3837	Fax:
CCB lic.: 32741	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,451.90
Amount received	
Date received:	

Authorized signature: <i>Cory Baumgardner</i>	
Print name:	Date:
Cory Baumgardner	3/31/2020

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:	Permit No.: 52020.1211
Date Issued: 4/2/2020	SM
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: 14405 SW Sexton Mountain Drive	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.: bldgs 2,3,4	Project name: Summit at Hyland Park
Cross street/directions to job site: Project is off SW Sexton Mountain Drive with Cross streets of Murray Blvd and Hyland Nature park	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Existing roofing material Tear off (Shingle) and Installation of new roofing materials, Under laminate, Drip edge, and shingles	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DB Capitol Management LLC	
Address: 12045 E Waterfront Drive Suite #400	
City/State/ZIP: Los Angeles California 90094	
Phone: 310-562-7403	Fax:
E-mail: dt@dbcap.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Blue Pine Construction Corp.	
Contact name: Cory Baumgardner	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 619-726-1782	Fax:
E-mail: Cory@bluepinecc.com	
CONTRACTOR	
Business name: Blue Pine Construction Corp.	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 424-800-3837	Fax:
CCB lic.: 32741	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,451.90
Amount received	
Date received:	

Authorized signature: <i>Cory Baumgardner</i>	
Print name: Cory Baumgardner	Date: 3/31/2020

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

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

Form B70-1001 REV 11/19



Building Permit Application

Community Development Department, Building Division
 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. B2020-1215
Date Issued: 4/2/2020	BW
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: 14435 SW Sexton Mountain Drive	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.: bldgs 14,15	Project name: Summit at Hyland Park
Cross street/directions to job site: Project is off SW Sexton Mountain Drive with Cross streets of Murray Blvd and Hyland Nature park	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Existing roofing material Tear off (Shingle) and Installation of new roofing materials, Under laminate, Drip edge, and shingles	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DB Capitol Management LLC	
Address: 12045 E Waterfront Drive Suite #400	
City/State/ZIP: Los Angeles California 90094	
Phone: 310-562-7403	Fax:
E-mail: dt@dbcap.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Blue Pine Construction Corp.	
Contact name: Cory Baumgardner	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 619-726-1782	Fax:
E-mail: Cory@bluepinecc.com	
CONTRACTOR	
Business name: Blue Pine Construction Corp.	
Address: 4857 W 147th Street Suite D	
City/State/ZIP: Hawthorne California 90250	
Phone: 424-800-3837	Fax:
CCB lic.: 32741	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,451.90
Amount received	
Date received:	

Authorized signature: <i>Cory Baumgardner</i>	Date:
Print name: Cory Baumgardner	3/31/2020

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

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



Building Permit Application

Community Development Department - Building Division
 City of Beaverton
 12725 SW Milliken Way / PO Box 4755
 Beaverton, OR 97008
 Phone: (503) 628-2409; Fax: (503) 628-2660
 www.BeavertonOregon.gov/bld

OFFICE USE ONLY

Date Received: 4/1/2020	Permit No.: B2020-1228
Date Issued: 4/2/2020	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 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 buldgs	<input type="checkbox"/> Other

JOB SITE INFORMATION AND LOCATION

Job site address: 11760 SW Ebbens Ct
 City/State/ZIP: Beaverton, OR 97008
 Suite/plot/appl. no.: Project name: Bode/Farris
 Gross area/directions to job site:
 Subdivision: Latino
 Tax map/parcel no.:

DESCRIPTION OF WORK

Add window to Master Bathroom. Add vinyl slider to Bedroom 2.

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

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

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

Business name:
 Contact name:
 Address:
 City/State/ZIP:
 Phone: Fax:
 E-mail: Allen@cornerstonebuilders.org

CONTRACTOR

Business name: Cornerstone Builders, Inc.
 Address: 7721 SW Cirrus Dr
 City/State/ZIP: Beaverton, OR 97008
 Phone: 503-671-9538 Fax:
 CCP No: 1170654

Authorized signature: [Signature]
 Print name: Allen Tankersley Date: 3/31/20

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: \$2000

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

REQUIRED DATA - COMMERCIAL USE (CHECKLIST)

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

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

NOTICE

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

BUILDING PERMIT FEES

Please refer to fee schedule

Fees due upon application:
 Amount received:
 Date received:

This permit application expires if a permit is not issued within 180 days after the date of application.

Fee methodology set by the County Building Industry Service Board.



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 01/03/2020	Permit No.: B2020-0028
Date Issued: 4/27/2020	By: DS
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 type="checkbox"/> Other: Exterior Renovations
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: Existing Multi-Family
JOB SITE INFORMATION AND LOCATION	
Job site address: 4150 SW Hocken BUILDING D	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Timberwood Apartments
Cross street/directions to job site: SW Hocken Between SW Henry and SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AB00300	
DESCRIPTION OF WORK	
Replace exterior siding, deck and stair railings, exterior trim.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TW-JP, LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 11120 SW Industrial Way Building 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax:
CCB lic.: 107928	

RECEIVED

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	\$505,000
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	\$4,485.39
Amount received	
Date received:	

Authorized signature:	
Print name:	steven routon
Date:	01/03/20

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

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



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: 4/24/2020	Permit No.: B2020-1445
Date Issued: 4/27/2020	By: DJ
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: 12800 SW Scout Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Bathroom Addition
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128DA06600	
DESCRIPTION OF WORK	
Adding a 6'-0" x 12'-0" Bathroom and Closet. Bathroom will have a 36" x 48" Standing shower, new Toilet, and sink. Walls are 2x4 Studs 16" OC w/ 1/2" dry wall.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kiel Thode	
Address: 12800 SW Scout Dr	
City/State/ZIP: Beaverton, OR 97008	
Phone: (312) 802-0990	Fax:
E-mail: kielthode@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Kiel Thode	
Address: 12800 SW Scout Dr	
City/State/ZIP: Beaverton, OR 97008	
Phone: (312) 802-0990	Fax:
E-mail: kielthode@gmail.com	
CONTRACTOR	
Business name: Shine Pro Building Solutions	
Address: 2821a SE 115th Ave	
City/State/ZIP: Portland, OR 97266	
Phone: (503) 710-4145	Fax:
CCB lic.: 220589	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$8,500.00
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	131.74
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Kiel Thode	04/22/20

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

COB Revision/Tracking #:

REV 20-207

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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. B2020-1435
Date Issued: 4/27/2020	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 type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9590 SW Gemini Dr.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Building #3	Project name: Sedia
Cross street/directions to job site: SW Gemini Drive & SW Nimbus Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of (3) new walk-in coolers and (1) new walk-in freezer and rooftop condensing unit.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sedia Biosciences Corporation	
Address: 4900 NE 122nd Ave	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 459-4159	Fax: (503) 445-4943
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Refrigeration Contractors, Inc.	
Contact name: Bill Rogers	
Address: PO Box 661	
City/State/ZIP: Gresham, OR 97030	
Phone: (503) 257-8668	Fax: (503) 257-8668
E-mail: bill@refconinc.com	
CONTRACTOR	
Business name: Refrigeration Contractors, Inc.	
Address: 17246 NE San Rafael St.	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 257-8668	Fax: (503) 445-4943
CCB lic.: 47971	

Authorized signature:	
Print name:	Bill Rogers
Date:	04/16/20

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	\$36,000.00
Existing building area:	26,667 square feet
New building area:	square feet
Number of stories:	1
Type of construction:	Commercial
Occupancy groups:	B/F-1/S-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:	

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 03/31/2020	Permit No.: B2020-1200
Date Issued: 4/22/2020	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: Tool Install
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: 15400 NW Greenbrier Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Parkside A Equipment
Cross street/directions to job site: Work will take place in the southeast wing of the building.	
Subdivision:	Lot no.: 1N132CA00800
Tax map/parcel no.: 15350	
DESCRIPTION OF WORK	
Seismic restraint for eleven (11) tools to be installed in the Parkside Building. Tools will be anchored with post-installed anchors to existing concrete slab on grade.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike, Inc.	
Address: One Bowerman Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 671-6453	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Corbin Consulting Engineers	
Contact name: Charles Loving	
Address: 1905 NW 169th Place, Suite 121	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 329-0389	Fax:
E-mail: charles.loving@corbinengineering.com	
CONTRACTOR	
Business name: Ness Campbell	
Address: 5730 NE 138th Ave.	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 773-5169	Fax:
CCB lic.: 184244	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$11,000
Existing building area:	N/A square feet
New building area:	N/A square feet
Number of stories:	N/A
Type of construction:	N/A
Occupancy groups:	N/A
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	185.58
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Charles Loving	03/26/20

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



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: 4/6/2020	Permit No.: B2020-1265
Date Issued: 4/29/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 25 SW 167 th Ave	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: ES-Baker
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Prescriptive 5.44 kW solar array on roof of home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Todd Baker	
Address: 25 SW 167 th Ave	
City/State/ZIP: Beaverton OR 97006	
Phone: 971.201.9297	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Energy Solutions, LLC	
Contact name: Grant Lindsay	
Address: PO Box 887	
City/State/ZIP: Beavercreek OR 97004	
Phone: 503.680.3718	Fax:
E-mail: grant@esolutions-or.com	
CONTRACTOR	
Business name: Energy Solutions, LLC	
Address: PO Box 887	
City/State/ZIP: Beavercreek OR 97004	
Phone: 503.680.3718	Fax:
CCB lic: 202002	
Authorized signature: [Signature]	Date: 4/3/2020
Print name: Grant Lindsay	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	18,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	207.20
Amount received	
Date received:	

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

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

Approved

Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: 02/10/2020	Permit No B2020-0508
Date Issued: 4/10/2020	Payment Type:

CITY OF BEAVERTON
 BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 18329 SW Silvertip St	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 13
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: South Cooper Mountain Owner, LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: 360-695-7700	Fax: 360-891-4701
E-mail: permitsubmittals@polygonhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Polygon WLH LLC	
Contact name: Tonja Morris	
Address: 703 Broadway St., Ste. 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
E-mail: permitsubmittals@polygonhomes.com	
CONTRACTOR	
Business name: Polygon Homes, WLH LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
CCB lic.: 204238	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$330,120.78
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2467 square feet
Garage/carport area:	552 square feet
Covered porch area:	53 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,374.46
Amount received	
Date received:	

Authorized signature:	Date: 12/18/2019
Print name: Tonja Morris	

This permit application expires if a 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: 02/10/2020	Permit No.: B2020-0503
Date Issued: 4/10/2020	Payment Type:

CITY OF BEAVERTON BUILDING DIVISION	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$330,120.78
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2467 square feet
Garage/carport area:	552 square feet
Covered porch area:	53 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,374.46
Amount received	
Date received:	

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: 18335 SW Silvertip St	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 12
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: South Cooper Mountain Owner, LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: 360-695-7700	Fax: 360-891-4701
E-mail: permitsubmittals@polygonhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Polygon WLH LLC	
Contact name: Tonja Morris	
Address: 703 Broadway St., Ste. 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
E-mail: permitsubmittals@polygonhomes.com	
CONTRACTOR	
Business name: Polygon Homes, WLH LLC	
Address: 703 Broadway St., Ste 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax: (360) 693-4442
CCB lic.: 204238	

Authorized signature:	Date: 12/18/19
Print name: Tonja Morris	

This permit application expires if a 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: 03/16/2020	Permit No. B2020-1011
Date Issued: 4/10/2020	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: 14105 SW Tualatin Valley Hwy.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Mazda Solar Array
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of Roof Mounted Ballasted Solar Array 61.6kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Herzog Meier Auto Group	
Address: 4275 SW 139th Way	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-9121	Fax:
E-mail: tom.herzog@herzogmeier.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Earthlight Technologies	
Contact name: Aaron Eddy	
Address: 1037 Commerce Ct	
City/State/ZIP: Silverton OR 97381	
Phone: (512) 473-9385	Fax:
E-mail: aaron@earthlighttech.com	
CONTRACTOR	
Business name: Earthlight Technologies	
Address: 1037 Commerce Ct	
City/State/ZIP: Silverton OR 97381	
Phone: (503) 874-4142	Fax:
CCB lic.: 201408	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$9000
Existing building area:	0 square feet
New building area:	0 square feet
Number of stories:	2.5
Type of construction:	Alteration - Solar
Occupancy groups:	Group B
Existing:	Group B
New:	Group 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	266.41
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: *Aaron Eddy*

Print name: Aaron Eddy	Date: 03/11/20
------------------------	----------------



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: 03/13/2020	Permit No.: B2020-0996
Date Issued: 4/10/2020	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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4275 SW 139th Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Volkswagen Solar Array
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of Roof Mounted Ballasted Solar Array 116kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Herzog Meier Auto Group	
Address: 4275 SW 139th Way	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-9121	Fax:
E-mail: tom.herzog@herzogmeier.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Earthlight Technologies	
Contact name: Aaron Eddy	
Address: 1037 Commerce Ct	
City/State/ZIP: Silverton OR 97381	
Phone: (512) 473-9385	Fax:
E-mail: aaron@earthlighttech.com	
CONTRACTOR	
Business name: Earthlight Technologies	
Address: 1037 Commerce Ct	
City/State/ZIP: Silverton OR 97381	
Phone: (503) 874-4142	Fax:
CCB lic.: 201408	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$65000
Existing building area:	0 square feet
New building area:	0 square feet
Number of stories:	2.5
Type of construction:	Alteration - Solar
Occupancy groups:	Group B
Existing:	Group B
New:	Group 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>Aaron Eddy</i>	Date:
Print name: Aaron Eddy	03/11/20



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: 03/13/2020	Permit No. B2020-0995
Date Issued: 4/10/2020	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4180 SW 141st Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Volvo Solar Array
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of Roof Mounted Ballasted Solar Array 33kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Herzog Meier Auto Group	
Address: 4275 SW 139th Way	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-9121	Fax:
E-mail: tom.herzog@herzogmeier.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Earthlight Technologies	
Contact name: Aaron Eddy	
Address: 1037 Commerce Ct	
City/State/ZIP: Silverton OR 97381	
Phone: (512) 473-9385	Fax:
E-mail: aaron@earthlighttech.com	
CONTRACTOR	
Business name: Earthlight Technologies	
Address: 1037 Commerce Ct	
City/State/ZIP: Silverton OR 97381	
Phone: (503) 874-4142	Fax:
CCB lic.: 201408	

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	\$29000
Existing building area:	0 square feet
New building area:	0 square feet
Number of stories:	2.5
Type of construction:	Alteration - Solar
Occupancy groups:	Group B
Existing:	Group B
New:	Group B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: *Aaron Eddy*

Print name:	Date:
Aaron Eddy	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



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: 03/27/2020	Permit No: B2020-1147
Date Issued: 4/10/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" 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: 5005 SW Murray Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: BLDG 1	Project name: Stone Creek Apartments
Cross street/directions to job site: nearest to Farmington Road	
Subdivision:	Lot no.: 1S 11 7 DA 05200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacement of exterior stairs	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: 5005 Apartments LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97208	
Phone: (503) 450-0230	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cambridge Real Estate Services, Inc.	
Contact name: Jeffrey Passadore	
Address: 1417 NW Marshall Street	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail: jp@cresapts.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 11120 SW Industrial Way, Bldg 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax: (503) 691-9410
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	V-1 hr
Occupancy groups:	
Existing:	R2
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: Jeffrey Passador	Date: 03/24/20
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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



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: 03/27/2020	Permit No. B2020-1145
Date Issued: 4/10/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" 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: 5005 SW Murray Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: BLDG 5	Project name: Stone Creek Apartments
Cross street/directions to job site: nearest to Farmington Road	
Subdivision:	Lot no.: 1S 11 7 AD 03400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacement of exterior stairs	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: 5005 Apartments LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97208	
Phone: (503) 450-0230	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cambridge Real Estate Services, Inc.	
Contact name: Jeffrey Passadore	
Address: 1417 NW Marshall Street	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail: jp@cresapts.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 11120 SW Industrial Way, Bldg 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax: (503) 691-9410
CCB lic.:	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	V-1 hr
Occupancy groups:	
Existing:	R2
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	\$898.62
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Jeffrey Passadore	03/24/20

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: 03/27/2020	Permit No.: B2020-1146
Date Issued: 4/10/2020	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" 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: 5005 SW Murray Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: BLDG 2	Project name: Stone Creek Apartments
Cross street/directions to job site: nearest to Farmington Road	
Subdivision:	Lot no.: 1S 11 7 DA 05200
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacement of exterior stairs	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: 5005 Apartments LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97208	
Phone: (503) 450-0230	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cambridge Real Estate Services, Inc.	
Contact name: Jeffrey Passadore	
Address: 1417 NW Marshall Street	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail: jp@cresapts.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 11120 SW Industrial Way, Bldg 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax: (503) 691-9410
CCB lic.:	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	V-1 hr
Occupancy groups:	
Existing:	R2
New:	N/A

NOTICE

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$898.62
Amount received	
Date received:	

Authorized signature:

Print name: Jeffrey Passadore	Date: 03/24/20
-------------------------------	----------------

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

OFFICE USE ONLY	
Date Received: 03/27/2020	Permit No. B2020-1159
Date Issued: 3/19/2020	By: [Signature]
CITY OF BEAVERTON	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7455 SW Cheryl Lane	
City/State/ZIP: Beaverton/ OR/ 97008	
Suite/bldg./apt. no.:	Project name: Adolph Deck
Cross street/directions to job site: SW Blakeney St/ address is south of cross street	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installing new independent 8x10' in addition to existing deck at 76" high.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Kim Adolph	
Address: 7455 SW Cheryl Lane	
City/State/ZIP: Beaverton/ OR/ 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Adrian's Quality Fencing & Decks	
Contact name: Josh Petrisor	
Address: 3115 SW 211th Ave	
City/State/ZIP: Beaverton/ OR/ 97003	
Phone: 503-848-8233	Fax: 503-848-8721
E-mail: info@adrians.com	
CONTRACTOR	
Business name: Adrian's Quality Fencing & Decks	
Address: 3115 SW 211th Ave	
City/State/ZIP: Beaverton/ OR/ 97003	
Phone: 503-848-8233	Fax: 503-848-8721
CCB lic: 64660	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	80 square feet
Other structure area:	square feet

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

Authorized signature: [Signature]

Print name: Joshua Petrisor	Date: 3/19/20
-----------------------------	---------------



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: 03/25/2020	Permit No.: B2020-1114
Date Issued: 4/10/2020	<i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6870 SW Imperial Dr	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: COX
Cross street/directions to job site: denny	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
We will be removing a portion of a wall and adding a wall in the master bedroom closet/bathroom. We will add a new tiled walk in shower. We will also add two new can lights, one outlet and one light fan combo.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Christy Cox	
Address: 6870 SW Imperial Dr	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 708-4279	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Luxurious Living Co	
Contact name: George	
Address: 5017 foothills rd	
City/State/ZIP: Lake Oswego	
Phone: (661) 547-2199	Fax:
E-mail: luxuriouslivingss@gmail.com	
CONTRACTOR	
Business name: Luxurious Living Co.	
Address: 5017 foothills rd	
City/State/ZIP: Lake Oswego OR 97034	
Phone: (661) 547-2199	Fax:
CCB lic.: 208046	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	18,000
Number of bedrooms:	4
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	0 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	197.51
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
George Hernandez	03/20/20

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

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



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) 528-2550
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received:	4/3/2020
Permit No.:	B2020-1247
Date Issued:	4/10/2020
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 checked="" type="checkbox"/> Other: CARPORT REROOF
JOB SITE INFORMATION AND LOCATION	
Job site address: 5045 ROCKLYNN PL	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: 5045 ROCKLYNN
Cross street/directions to job site: 6TH AND MURRAY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE EXISTING CARPORT ROOF INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CAROL MOONEY - BUILDING MAINTENANCE CHAIR OF HOA	
Address:	
City/State/ZIP:	
Phone: (503) 504-5533	Fax:
E-mail: THEMOON724@OUTLOOK.COM	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GREG LEE CONSTRUCTION	
Contact name: LINDSEY BERGIN	
Address: 11170 SW TORLAND ST	
City/State/ZIP: TIGARD OR 97223	
Phone: (503) 941-9718	Fax:
E-mail: LINDSEY@GREGLEEROOFING.COM	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 206862	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	400 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	209.01
Amount received	
Date received:	

Authorized signature:	[Signature]
Print name:	Greg Lee
Date:	4/2/2020

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

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

Form B70-1001 REV 11/19



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/bib

OFFICE USE ONLY	
Date Received: 4/3/2020	Permit No.: B2020-1248
Date Issued: 4/10/2020	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 checked="" type="checkbox"/> Other: CARPORT REROOF
JOB SITE INFORMATION AND LOCATION	
Job site address: 5385 COLONY CT.	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: 5385 COLONY
Cross street/directions to job site: 6TH AND MURRAY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE EXISTING CARPORT ROOF INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CAROL MOONEY - BUILDING MAINTENANCE CHAIR OF HOA	
Address:	
City/State/ZIP:	
Phone: (503) 504-5533	Fax:
E-mail: THEMOON724@OUTLOOK.COM	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GREG LEE CONSTRUCTION	
Contact name: LINDSEY BERGIN	
Address: 11170 SW TORLAND ST	
City/State/ZIP: TIGARD OR 97223	
Phone: (503) 941-9718	Fax:
E-mail: LINDSEY@GREGLEEROOFING.COM	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB No.: 206852	
Authorized signature: [Signature]	Date: 4/2/2020
Print name: Greg Lee	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	400 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	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



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) 626-2650
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 4/3/2020	Permit No. B2020-1246
Date issued: 4/10/2020	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 bulder	<input checked="" type="checkbox"/> Other: CARPORT REROOF
JOB SITE INFORMATION AND LOCATION	
Job site address: 5315&5325 COLONY CT.	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: 5315&5325 COLONY
Cross street/directions to job site: 6TH AND MURRAY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE EXISTING CARPORT ROOF INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CAROL MOONEY - BUILDING MAINTENANCE CHAIR OF HOA	
Address:	
City/State/ZIP:	
Phone: (503) 504-5533	Fax:
E-mail: THEM00N724@OUTLOOK.COM	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GREG LEE CONSTRUCTION	
Contact name: LINDSEY BERGIN	
Address: 11170 SW TORLAND ST	
City/State/ZIP: TIGARD OR 97223	
Phone: (503) 941-9718	Fax:
E-mail: LINDSEY@GREGLEEROOFING.COM	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 206852	
Authorized signature: [Signature]	Date: 4/2/2020
Print name: Greg Lee	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	19750
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	400 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	290.98
Amount received	
Date received:	

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

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



Building Permit Application

Community Development Department, Building Division
 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: 3/31/2020	Permit No.: B2020-1201
Date Issued: 4/14/2020	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: 3055 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Best Buy #451
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S1090000200	
DESCRIPTION OF WORK	
Interior remodel of sales floor for existing Best Buy. Carpet patch and overhead electrical drop relocation at the relocated fixtures. Approximate area of remodel area: 1,700 SF.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Rhonda Dehler - Best Buy	
Address: 7601 Penn Avenue South, B-6	
City/State/ZIP: Richfield, MN 55423	
Phone: (612) 291-8930	Fax:
E-mail: rhonda.delher@bestbuy.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: CASCO + R 5	
Contact name: Angie Seguin	
Address: 12 Sunnen Drive, Suite 100	
City/State/ZIP: St. Louis, MO 63143	
Phone: (314) 238-2028	Fax:
E-mail: angie.seguin@cascoCorp.com	
CONTRACTOR	
Business name: TBD Beam Team Construction	
Address: 1350 Bluegrass Lakes Pky	
City/State/ZIP: Aaphareth G-A 30004	
Phone: 770-442-2534	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$9,000
Existing building area:	48923 square feet
New building area:	48923 square feet
Number of stories:	1
Type of construction:	II-B
Occupancy groups:	M
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	266.41
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Angie Seguin	03/30/20

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

OFFICE USE ONLY	
Date Received: 10-2-19	Permit No.: B2019-4138
Date Issued: 4/10/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" 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: 3900 SW ORBIT ST	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 6	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 6 is a mixed use apartment building with retail on the first floor and 3 floors of apartments above.	
This is a re-issue of building 9	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 314-0807	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.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	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,833,333.33
Existing building area:	square feet 0
New building area:	square feet 47902
Number of stories:	4
Type of construction:	New Construction-Mixed Use
Occupancy groups:	Apartment Rental
Existing:	None
New:	Apartment Rental

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	10,672.10
Amount received	
Date received:	

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

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

Authorized signature:	
Print name:	Date:
Braden Lewallen	10/02/19

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: 10-1-19	Permit No.: B2019-4115
Date Issued: 4/13/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" 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: 3905 SW ORBIT ST	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 10	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 10
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 10 is a mixed use apartment building with retail on the first floor and 3 floors of apartments above.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 314-0807	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.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	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,833,333.33
Existing building area:	square feet 0
New building area:	square feet 47902
Number of stories:	4
Type of construction: New Construction-Mixed Use	
Occupancy groups:	Apartment Rental
Existing:	None
New:	Apartment Rental

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$21,344.18
Amount received	
Date received:	

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

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

Authorized signature:	
Print name:	Date:
Braden Lewallen	09/30/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 12/20/2019	Permit No.: B2019-5226
Date Issued: 4/20/2020	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 type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Educational
JOB SITE INFORMATION AND LOCATION	
Job site address: 5225 SW Scholls Ferry Rd	
City/State/ZIP: 97225	
Suite/bldg./apt. no.:	Project name: BSD-Raleigh Hills Cooler
Cross street/directions to job site: Site location is between SW Lautrewood Ave and SW Montclair Drive	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S113CA	
DESCRIPTION OF WORK	
Partial interior kitchen remodel - New coolers, freezers and exhaust system to replace the existing equipment.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Rd	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4318	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CIDA, Inc.	
Contact name: Mel Delahoz	
Address: 15895 SW 72nd Ave, Suite 200	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 226-1285	Fax: (503) 226-1670
E-mail: meld@cidain.com	
CONTRACTOR	
Business name: TBD Cedar Mill Construction	
Address: 19465 SW 99th Ave	
City/State/ZIP: Tualatin OR 97062	
Phone:	Fax:
CCB lic.: 131345	
Authorized signature:	
Print name: Mel Delahoz	Date: 12/19/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$21,100.00
Existing building area:	62,647 square feet
New building area:	0 square feet
Number of stories:	2
Type of construction:	
Occupancy groups:	
Existing:	E-1
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	516.52
Amount received	
Date received:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 9-27-2019	Permit No.: B2019-4058
Date Issued: 4/20/2020	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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3806 SW ORBIT ST	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 5	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 5 is a mixed use apartment building with retail on the first floor and 3 floors of apartments above.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 314-0807	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: braden.lewallen@polygonhomes.com	
CONTRACTOR	
Business name: Polygon WLH LLC	
Address: 703 Broadway St Ste 510	
City/State/ZIP: Vancouver Wa. 98660	
Phone:	Fax:
CCB lic.: 204238	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,833,333.33
Existing building area:	square feet 0
New building area:	square feet 47902
Number of stories:	4
Type of construction:	New Construction-Mixed Use
Occupancy groups:	Apartment Rental
Existing:	None
New:	Apartment Rental

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$21,344.18
Amount received	
Date received:	

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

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

Authorized signature:	
Print name:	Date:
Braden Lewallen	09/25/19



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: 02/24/2020	Permit No. B2020-0671
Date Issued: 4/20/2020	<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: <i>Renovation Interior</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>15520 NW Gateway Ct</i>	
City/State/ZIP: <i>Beaverton, OR 97006</i>	
Suite/bldg./apt. no.:	Project name: <i>HGI Renovation</i>
Cross street/directions to job site: <i>NW Waterhouse Ave</i>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Change Pool/Spa/Exercise Rooms to 1 Large exercise Room. Change Board Room + Sales office back to Guestrooms. Public Space interior renovation of flooring, cabinets, countertops, moving of some partition walls. Move door to where a window is currently. Before has waited the review of the exterior of the building since it is such a small amount of work. Miscellaneous flooring + countertops. PVC in Meeting Rooms replaced.</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>MGI - Beaverton HG, LLC</i>	
Address: <i>1468 Kimbrough Rd Ste 103</i>	
City/State/ZIP: <i>Germantown, TN 38138</i>	
Phone: <i>901-754-7774</i>	Fax: <i>901-754-7668</i>
E-mail: <i>rcline@mcneillhotels.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>Schoenfelder Renovations</i>	
Contact name: <i>Gene Eckstein</i>	
Address: <i>6022 Blue Circle Dr</i>	
City/State/ZIP: <i>Minnetonka, MN 55343</i>	
Phone: <i>952-345-2900</i>	Fax: <i>952-345-2906</i>
E-mail: <i>Gene@SchoenfelderRenovations.com</i>	
CONTRACTOR	
Business name: <i>Schoenfelder Renovations</i>	
Address: <i>6022 Blue Circle Dr</i>	
City/State/ZIP: <i>Minnetonka MN 55343</i>	
Phone: <i>952-345-2900</i>	Fax: <i>952-345-2906</i>
CCB lic.: <i>214795</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>\$415,223</i>	
Existing building area:	<i>127,892</i> square feet
New building area:	<i>0</i> square feet
Number of stories:	<i>4</i>
Type of construction:	<i>V-A 1 hour Fire Resistive</i>
Occupancy groups:	<i>R1, A3, B, S1, F1, A2.1</i>
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$3811.77
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: <i>Gene Eckstein</i>	<i>2/18/2020</i>

SCMH BLDG #2
Building Permit Application

ELECTRONIC SUBMITTAL
 SEE I/BLDG DIV WG-8

Community Development Department
 Building Division
 12745 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 07/01/2019	Permit No.: B2019-2848
Date Issued: 4/1/2020	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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12745 172nd Avenue	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: South Cooper Mountain H
Cross street/directions to job site: NE Corner of 175th Ave & SW Scholls Ferry Rd	
Subdivision:	Lot no.:
Tax map/parcel no.: 2S106AC00200	
DESCRIPTION OF WORK	
bldg 2 90 UNITS	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AG Spanos Companies	
Address: 10220 SW Greenburg Rd. Tower 2, Suite 530	
City/State/ZIP: Portland/ Oregon/ 97223	
Phone: (503) 272-8833	Fax:
E-mail: jmauch@agspanos.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: KEPHART	
Contact name: Jon Webb	
Address: 2555 Walnut Street	
City/State/ZIP: Denver/ Colorado/ 80205	
Phone: (303) 832-4474	Fax: (303) 832-4476
E-mail: jonw@kephart.com	
CONTRACTOR	
Business name: AG Spanos Companies	
Address: 10220 SW Greenburg Rd. Tower 2, Suite 530	
City/State/ZIP: Portland/ Oregon/ 97223	
Phone: (503) 272-8833	Fax:
CCB Lic.: 209809	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	12,640,223.20
Existing building area:	square feet NA
New building area:	square feet 107668
Number of stories:	4
Type of construction:	V-A
Occupancy groups:	R-2, U
Existing:	
New:	4 Story Apartments

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$50,817.22
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Jared Mauch	06/28/19

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

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

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/blb

OFFICE USE ONLY	
Date Received: 4/21/2020	Permit No.: B2020-1408
Date Issued: 4/21/2020	By: DJ
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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16000, 16010, 16020, 16030 SW Audubon Drive	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Village Condos
Cross street/directions to job site: Audubon Street/Discovery Street	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-roof of 4 buildings	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Village Condos HOA	
Address: 16000 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97003	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Gores Construction Inc.	
Contact name: Megan Deming	
Address: 5831 SE International Way	
City/State/ZIP: Milwaukie OR 97222	
Phone: (503) 723-7500	Fax: (503) 723-7504
E-mail: megan@goresinc.com	
CONTRACTOR	
Business name: Gores Construction Inc.	
Address: 5831 SE International Way	
City/State/ZIP: Milwaukie OR 97222	
Phone: (503) 723-7500	Fax: (503) 723-7504
CCB lic.: 168655	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$81,816.00
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	1284.98
Amount received	1284.98
Date received:	4/21/2020

Authorized signature:

Print name:	Date:

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

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

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: 4/21/2020	Permit No.: B2020-1409
Date Issued: 4/21/2020	By: DJ
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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16040, 16050, 16060, 16070 SW Audubon Drive	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Village Condos
Cross street/directions to job site: Audubon Street/Discovery Street	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-roof of 4 buildings	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Village Condos HOA	
Address: 16000 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97003	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Gores Construction Inc.	
Contact name: Megan Deming	
Address: 5831 SE International Way	
City/State/ZIP: Milwaukie OR 97222	
Phone: (503) 723-7500	Fax: (503) 723-7504
E-mail: megan@goresinc.com	
CONTRACTOR	
Business name: Gores Construction Inc.	
Address: 5831 SE International Way	
City/State/ZIP: Milwaukie OR 97222	
Phone: (503) 723-7500	Fax: (503) 723-7504
CCB lic.: 168655	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$81,816.00
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	1284.98
Amount received	1284.98
Date received:	04/21/20

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

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: 4/21/2020	Permit No.: B2020-1410
Date Issued: 4/21/2020	By: DJ
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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16080, 16090, 16100 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.:	Project name: Village Condos
Cross street/directions to job site: Audubon Street/Discovery Street	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-roof of 3 buildings	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Village Condos HOA	
Address: 16000 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97003	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Gores Construction Inc.	
Contact name: Megan Deming	
Address: 5831 SE International Way	
City/State/ZIP: Milwaukie OR 97222	
Phone: (503) 723-7500	Fax: (503) 723-7504
E-mail: megan@goresinc.com	
CONTRACTOR	
Business name: Gores Construction Inc.	
Address: 5831 SE International Way	
City/State/ZIP: Milwaukie OR 97222	
Phone: (503) 723-7500	Fax: (503) 723-7504
CCB lic.: 168655	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$61,362.00
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	1099.50
Amount received	1099.50
Date received:	04/21/20

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

Authorized signature:

Print name:	Date:

Approved

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4756
Beaverton, OR 97078
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb



OFFICE USE ONLY	
Date Received: 3/9/2020	Permit No.: B2020-0930
Date Issued: 4/17/2020	By: DJ
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 checked="" type="checkbox"/> Other: MASTER BED ROOM / MASTER BATHROOM
JOB SITE INFORMATION AND LOCATION	
Job site address: 11890 SW 9TH ST.	
City/State/ZIP: Beaverton Ore 97005	
Sublte/bldg./apt. no.:	Project name: Rentz
Cross street/directions to job site: SW Lombard Ave.	
Subdivision: KAHLE Addition	Lot no.: 51PT9
Tax map/parcel no.: 15115CD-01300	
DESCRIPTION OF WORK	
Adding a master bedroom/master bathroom.	
<input checked="" type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name: Carol Rentz	
Address: 11890 SW 9th St.	
City/State/ZIP: Beaverton OR 97005	
Phone: 503-880-1981	Fax: —
E-mail: —	
<input checked="" type="checkbox"/> APPLICANT <input checked="" type="checkbox"/> CONTACT PERSON	
Business name: HAWK Construction Company Inc.	
Contact name: Robert Hawkins	
Address: 719 NE Jackson St.	
City/State/ZIP: Hillsboro Ore, 97124	
Phone: 503-481-6949	Fax: —
E-mail: roberthawke@h2k.com	
CONTRACTOR	
Business name: HAWK Construction Company Inc.	
Address: 719 NE Jackson St.	
City/State/ZIP: Hillsboro Ore, 97124	
Phone: 503-481-6949	Fax: —
CCB No.: 19157	

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	40,000
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	230 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed, indicate 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>Robert Elias Hawkins Jr</i>	Date: March 6 th 2020
Print name: Robert Elias Hawkins Jr	

This permit application expires if a 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 V/TDD
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 02/19/2020	Permit No. B2020-0602
Date Issued: 4/17/2020	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 buldger	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12550 S.W. CANYON RD.	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: KOBA GRILL T.1
Cross street/directions to job site: CANYON RD.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TENANT IMPRAEMENT FOR NEW RESTAURANT	
<i>eatwell@kobagrill.com</i>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: DAVID OH	
Address: 12555 S.W. SELVAROSA CT.	
City/State/ZIP: BEAVERTON, OR 97005	
Phone: (503) 828-5715	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: KOBA GRILL	
Contact name: HEE KWON	
Address: 12131 S.E. PARDES ST.	
City/State/ZIP: PORTLAND, OR 97266	
Phone: (503) 740-5500	Fax:
E-mail: June7inc@gmail.com	
CONTRACTOR	
Business name: WONG PARK CONSTRUCTION	
Address: 1102 S.E. 104th AVE.	
City/State/ZIP: VANCOUVER, WA 98664	
Phone: (503) 359-2464	Fax:
CCB lic.: 129290	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	100,000.00
Existing building area:	0 square feet
New building area:	12,957 square feet
Number of stories:	1
Type of construction:	1-B
Occupancy groups:	A2
Existing:	0
New:	1935 SR
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,398.79
Amount received	
Date received:	

Authorized signature: *Hee Kwon*

Print name: **HEE KWON**

Date: **1-12-2020**

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

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

Form B70-1001 REV 2/14

Building Permit Application

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



RECEIVED

OFFICE USE ONLY

Date Received: 10/22/2019	Permit No.: B2019-4377
Date Issued: 4/17/2020	By: DS
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: 9405 SW Cascade Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Carmax Canopy
Cross street/directions to job site: Scholls Ferry Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New canopy above existing fuel station.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Carmax Auto Superstores W Coast Inc	
Address: 12800 Tuckahoe Creek Pkwy	
City/State/ZIP: Richmond, VA 23238	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: HPS Inc	
Contact name: Jay Bilgere	
Address: PO Box 747	
City/State/ZIP: Canby, OR 97013	
Phone: (503) 317-7713	Fax:
E-mail: hps@canby.com	
CONTRACTOR:	
Business name: Steelport LLC	
Address: 8565 SW Salish Ln 140	
City/State/ZIP: Wilsonville, OR 97070	
Phone: (503) 643-6785	Fax:
CCB lic.: 0108502	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$10,405.85
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	\$304.88
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: 10/21/19
Print name: Jay Bilgere	10/20/19

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 04/03/2020	Permit No: B2020-1244
Date Issued: 4/16/2020	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 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: 13375 SW CANYON RD	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: KAADY CAR WASH
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 15116A301400	
DESCRIPTION OF WORK	
INSTALL FREE STANDING PYLON SIGN	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CHARLES KAADY	
Address: 2545 SW SPRING GARDEN ST # 200	
City/State/ZIP: PORTLAND OR 97219	
Phone: 503 246 7735	Fax: N/A
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SECURITY SIGNS, INC	
Contact name: CYNDI STOCKS	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND, OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	
CONTRACTOR	
Business name: SECURITY SIGNS, INC	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND, OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
CCB lic.: 122809	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$ 9,030. 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	\$452.07
Amount received	
Date received:	

Authorized signature: <i>Cyndi Stocks</i>	Date: 04/01/20
Print name: CYNDI STOCKS	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received:	Permit No. 2020-1044
Date Issued: 4/16/2020	By: DJ
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15555 Southwest Hearth Court, Beaverton, Oregon, 97007, United States	
City/State/ZIP:	
Suble/bldg./apl. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S129BA00500	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 3.84 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sarah Moyle and Andrew Ikehara-Martin	
Address: 15555 Southwest Hearth Court, Beaverton, Oregon, 97007, United	
City/State/ZIP:	
Phone: 360-904-3437	Fax:
E-mail: aiketin@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Hannah Webb	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
CCB No.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$10,714
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name:	

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

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



Building Permit Application

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

OFFICE USE ONLY

Date Rec: 03/02/2020

Per: B2020-0838

Date issued: 4/16/2020

By: DJ

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: 9590 SW GEMINI	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.:	Project name: SEDIA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REROUTE 55 FEET WIDE PER NEW CEILING, WALLS & LIGHTS	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: PACIFIC FIRE	
Address: 6704 RUIPERA ST	
City/State/ZIP: WEST LINN OR 97048	
Phone: 503 710-1422	Fax:
CCB lic.: 180140	
Authorized signature:	
Print name: KENT MADEIRA	Date: 1-30-20

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	8,397.00
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	\$363.71
Amount received	
Date received:	

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

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

Building Permit Application

RECEIVED

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

03/30/2020
Beaverton
 CITY OF BEAVERTON
 BUILDING DIVISION

OFFICE USE ONLY

Date Received:	Perm B2020-1165
Date Issued: 4/15/2020	By: DS
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" 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: 3850 SW Hall Blvd	
City/State/ZIP: Beaverton, Or 97005	
Suite/bldg./apt. no.:	Project name: Former Performance
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
- we need to do a wall demolition 44x10	
- we HAVE to Remove electrical cables from this wall to center support Post	
- we going to do addition wall 15x10	
<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: paintingremodeling4U@gmail.com	
CONTRACTOR	
Business name: Painting & Remodeling 40 LLC	
Address: 19310 SW Blanton St	
City/State/ZIP: Beaverton, Or 97078	
Phone: (971) 770-6687	Fax:
CCB lic: 214751	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated 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 this application.	
Valuation:	3,175
Existing building area:	square feet 5,115
New building area:	square feet 150
Number of stories:	
Type of construction: Demolition & Addition	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed by the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work being 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

Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: 10/11/2019	Permit No.: B2019-4256
Date Issued: 4/15/2020	By: DS
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: 11065 SW 11th St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 350	Project name: Nike Park 217
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding racking within existing warehouse	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike IHC	
Address: 11065 SW 11th St	
City/State/ZIP: Beaverton, OR 97005	
Phone: (971) 207-1568	Fax:
E-mail: Bill.Alsup@nike.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW Handling Systems	
Contact name: Jonathan Ridens	
Address: 18008 NE Airport Way	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 488-9317	Fax:
E-mail: jonathanr@nwhs.com	
CONTRACTOR	
Business name: B and B Installation	
Address: 14401 Glen Oak Rd	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 722-8155	Fax:
CCB lic.: 067419	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed, indicate 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	10000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

Authorized signature:	Date:
Print name: Jonathan Ridens	10/11/19

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

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

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: 3-5-2020	Permit No.: B2020-0891
Date Issued: 4/30/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7630 SW Canyon Ln	
City/State/ZIP: Portland OR 97225	
Suite/bldg./apt. no.:	Project name: Billiards
Cross street/directions to job site: SW 76th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 15112AB06400	
DESCRIPTION OF WORK	
Interior wall removal, remodel kitchen	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Blake Robillard	
Address: 7630 SW Canyon Ln	
City/State/ZIP: Portland OR 97225	
Phone: 858-337-5254	Fax:
E-mail: blake.robillard1@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Dapper Bents	
Contact name: Colten Anderson	
Address: 7065 N Woodsey Ave	
City/State/ZIP: Portland OR 97203	
Phone: 503-545-9133	Fax:
E-mail: DapperBentsContracting@gmail.com	
CONTRACTOR	
Business name: Dapper Bents	
Address: 7065 N Woodsey Ave	
City/State/ZIP: Portland OR 97203	
Phone: 503-545-9133	Fax:
CCB lic.: 215409	

Authorized signature: [Signature]

Print name: Colten Anderson Date: 3/5/2020

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	67,000. -
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4/22/2020	Permit No.: B2020-1429
Date Issued: 4/24/2020	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 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: 7265 SW 158th Pl	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Renslow 35303
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S120CA03100	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 5 Push Piers.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Paul Renslow	
Address: 7265 SW 158th Pl	
City/State/ZIP: Beaverton, OR 97007	
Phone: (701) 861-6057	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547 12/21/20	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$8,766.35
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	131.74
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
ELENITA RONQUILLO	04/22/20

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



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: 03/24/2020	Permit No.: B2020-1105
Date Issued: 4/24/2020	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

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

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

JOB SITE INFORMATION AND LOCATION	
Job site address: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: RTU #20 Structural Frame
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:	
Phone: (503) 643-7552	Fax:
E-mail: llsar@harsch.com	

EMPLOYER/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: [Signature]

Print name: Steve Close	Date: 03/19/20
-------------------------	----------------

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

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

This permit application expires if a 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 4765
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 03/18/2020	Permit No. B2020-1063
Date Issued: 4/12/2020	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5425-5495 SW Hall Boulevard	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Fourplex Remodel
Cross street/directions to job site: On SW Hall Blvd between SW 9th and 12th St.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115CC04201	
DESCRIPTION OF WORK	
Repair the fire damaged unit, improve curb appearance, and add dwelling area in each unit.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ilya Jr. Zagaryuk	
Address: 14732 SW Wyeast Avenue	
City/State/ZIP: Damascus, OR 97089	
Phone: (503) 819-6522	Fax:
E-mail: uka164881@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: UKA Construction LLC	
Contact name: Ilya S. Zagaryuk	
Address: 14732 SW Wyeast Avenue	
City/State/ZIP: Damascus, OR 97089	
Phone: (503) 819-6522	Fax:
E-mail: uka164881@gmail.com	
CONTRACTOR	
Business name: UKA Construction LLC	
Address: 14732 SW Wyeast Avenue	
City/State/ZIP: Damascus, OR 97089	
Phone: (503) 888-6089	Fax:
CCB lic.: 164881	
Authorized signature:	Date:
Print name: ILYA ZAGARYUK	Date: 03/16/20
Ilya Zagaryuk	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 215,000
Number of bedrooms:	
Number of bathrooms:	3
Total number of floors:	
New dwelling area:	720 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,276.93
Amount received	
Date received:	

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

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



Building Permit Application

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

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OFFICE USE ONLY

3/9/2020

Date Received: 3/9/2020	Permit No: CP2020-0839
Date Issued: 4/23/2020	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: 11000 SW Stratus St. Suite 100	
City/State/ZIP: Beaverton, OR. 97008	
Suite/bldg./apt. no.: Suite 100	Project name: Telestream TI
Cross street/directions to job site: SW Nimbus Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S127AC00800	
DESCRIPTION OF WORK	
Suite was already demo'd under previous permit. Removal of portions of the existing suspended ceiling system. Addition of new interior partitions, casework, electrical, plumbing and suspended ACT ceiling system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Michael Bernatz	
Address: 1136 NW Hoyt St. Suite 220	
City/State/ZIP: Portland, OR. 97209	
Phone: (503) 889-0098	Fax:
E-mail: mbernatz@mericap.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction	
Contact name: Pam Deegan	
Address: 2300 East 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA. 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
E-mail: pam@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction	
Address: Brian Lasswell	
City/State/ZIP: 2300 East 3rd Loop Vancouver, WA. 98661	
Phone: (360) 605-6848	Fax: (360) 694-7818
CCB lic.: 63717	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$850,000
Existing building area:	18,691 square feet
New building area:	no change square feet
Number of stories:	3
Type of construction:	II-B
Occupancy groups:	
Existing:	B
New:	B

NOTICE

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

--	--

BUILDING PERMIT FEES*	
<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:
Pamela A. Deegan	03/09/20

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

RECEIVED

OFFICE USE ONLY	
Date Received: 11/21/2019	Permit No.: B2019-4879
Date Issued: 4/23/2020	<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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3807 SW MURRAY BLVD	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 1	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 1
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 1 is a residential only apartment building with 4 total floors.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
CONTRACTOR	
Business name: Polygon NW WLH LLC	
Address: 703 Broadway st - ste 510	
City/State/ZIP: Vancouver Wa 98660	
Phone:	Fax:
CCB lic.: 204238	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,833,333.33
Existing building area:	square feet 0
New building area:	square feet 48117
Number of stories:	4
Type of construction: New Construction-Residential	
Occupancy groups: Apartment Rental	
Existing:	None
New:	Apartment Rental

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being 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:
Braden Lewallen	11/21/19

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

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

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/blp

RECEIVED

OFFICE USE ONLY	
Date Recd: 02/24/2020	Permit No: B2020-0667
Date Issued: 4/27/2020	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 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: 7575 SW 101st ave	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.:	Project name: Gressett Remodel
Cross street/directions to job site: Corner lot at SW 101st and SW Marjorie. Driveway is on 101st Ave. East side	
Subdivision: Denny Whitford	Lot no.: 1000
Tax map/parcel no.: R292085 1s123cc01000	
DESCRIPTION OF WORK	
The purpose of this request is to rebuild an existing addition to meet current city code requirements. Foundation, slab and framing.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Aaron Gressett and Karen Cristofani	
Address: 7575 SW 101st Ave	
City/State/ZIP: Beaverton / Oregon / 97008	
Phone: 503-935-6404	Fax:
E-mail: pdxmaintenance@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Aaron Gressett	
Address: 7575 SW 101st Ave	
City/State/ZIP: Beaverton / Oregon / 97008	
Phone: 503-935-6404	Fax:
E-mail: pdxmaintenance@gmail.com	
CONTRACTOR	
Business name: Olean Construction	
Address: 3825 SE 14th Ave	
City/State/ZIP: Portland / Oregon / 97202	
Phone: 503-901-6538	Fax:
CCB no.: 168145	
Authorized signature:	

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	\$66,128.40
Number of bedrooms:	1
Number of bathrooms:	0
Total number of floors:	
New dwelling area:	540 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$660.17
Amount received	
Date received:	

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



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: 4/24/2020	Permit No.: B2020-1444
Date issued: 4/27/2020	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: 11741 Sw Beaverton-hillsdale hwy	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.:	Project name: Chimcking Restaurant
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install 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 type="checkbox"/> CONTACT PERSON
Business name: Universal Fire Equipment Inc	
Contact name: Ricky Belendez	
Address: 18260 sw 100th Court	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9000	Fax:
E-mail: universalfireequipment@hotmail.com	
CONTRACTOR	
Business name: Universal Fire Equipment Inc	
Address: 18260 Sw 100th Court	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9000	Fax:
CCB lic.: 86723	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$6,450.00
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	89.19
Amount received	
Date received:	

Authorized signature:

Print name: Ricky Belendez Date: 4/22/2020

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

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

Form B70-1001 REV 11/19

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 04/15/2020	Permit No. B2020-1350
Date Issued: 4/20/20	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: 11755 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Trader Joe's
Cross street/directions to job site: In Beaverton Town Square Shopping Center	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add backer panel to existing channel letter sets)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: McGill Commercial Inc.	
Address: 11745 SW Beav Hills Hwy	
City/State/ZIP: Beaverton OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Rudnick Electric Signs LLC	
Contact name: Savana Meyer	
Address: 1400 SE Township Rd	
City/State/ZIP: Beaverton OR 97013	
Phone: 503-263-3600	Fax:
E-mail: services@rudnickelectricsigns.com	
CONTRACTOR	
Business name: Rudnick Electric Signs	
Address:	
City/State/ZIP:	
Phone: 503-263-3600	Fax:
CCB lic.: 1810588	
Authorized signature:	Date:
Print name: SAVANA MEYER	Date: April 14 th 20

BUILDING DIVISION 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 \$4,000	
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	\$103.61
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 12/27/2019	Permit No.: B2019-5284
Date Issued: 4/28/2020	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: 14787 SW MILLIKAN WAY	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.:	Project name: Crandall Group
Cross street/directions to job site: SW Murray Blvd. and SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add interior non load-bearing walls.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Matt Wellner - Crandall Group	
Address: 14787 SW Millikan Way	
City/State /ZIP: Beaverton, OR 97006	
Phone: 503-970-5699	Fax:
E-mail: matt@crandallgroup.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Obsidian Design, LLC	
Contact name: Chelsea Rodgers	
Address: 5921 SE Cedar St.	
City/State/ZIP: Milwaukie, OR 97222	
Phone: 503-539-3657	Fax:
E-mail: obsidiandesigndpx@gmail.com	
CONTRACTOR	
Business name: Riverview General Contracting (Bruce Lampert)	
Address: 1336 SE Harney	
City/State/ZIP: Portland, OR 97202	
Phone: (503) 309-4098	Fax:
CCB lic.: CCB# 195977	

REQUIRED DATA: 1 - AND 2 - FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$50,000
Existing building area:	2,201 square feet
New building area:	2,201 square feet
Number of stories:	1
Type of construction:	VB
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	\$922.69
Amount received	
Date received:	

Authorized signature:

Print name: Chelsea Rodgers	Date: 12/26/2019
-----------------------------	------------------

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

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

Form B70-1001 REV 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: **8/5/2019** Permit No.: **B2019-3330**

Date Issued: **4/28/2020**

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 12635 172nd Avenue - Pool House Accessory Structure	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: South Cooper Mountain H
Cross street/directions to job site: NE Corner of 175th Ave & SW Scholls Ferry Rd	
Subdivision:	Lot no.:
Tax map/parcel no.: 2S106AC00200	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AG Spanos Companies	
Address: 10220 SW Greenburg Rd. Tower 2, Suite 530	
City/State/ZIP: Portland/ Oregon/ 97223	
Phone: (503) 272-8833	Fax:
E-mail: jmauch@agspanos.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: KEPHART	
Contact name: Jon Webb	
Address: 2555 Walnut Street	
City/State/ZIP: Denver/ Colorado/ 80205	
Phone: (303) 832-4474	Fax: (303) 832-4476
E-mail: jonw@kephart.com	
CONTRACTOR	
Business name: AG Spanos Companies	
Address: 10220 SW Greenburg Rd. Tower 2, Suite 530	
City/State/ZIP: Portland/ Oregon/ 97223	
Phone: (503) 272-8833	Fax:
CCB lic.: 209809	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	222,403.06
Existing building area:	square feet NA
New building area:	square feet 1727
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	A-3
Existing:	
New:	Pool Accessory Structure

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being 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: 8/1/19
Print name: Jared Mauch	

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: 11/12/2019	Permit No.: B2019-4684
Date Issued: 4/29/2020	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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3905 SW Murray Blvd	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 2	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 2
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 2 is a residential only apartment building with 4 total floors.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
CONTRACTOR	
Business name: Polygon NW	
Address: 703 Broadway St Ste 510	
City/State/ZIP: Vancouver WA 98660	
Phone: 360-360-695-7100	Fax:
CCB Lic.: 204238	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,833,333.33
Existing building area:	square feet 0
New building area:	square feet 48117
Number of stories:	4
Type of construction:	New Construction-Residential
Occupancy groups:	Apartment Rental
Existing:	None
New:	Apartment Rental

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$5,336.05
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Braden Lewallen	11/08/19

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



Building Permit Application

Community Development Department, Building Division
 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: 02/21/2020	Permit No.: B2020-0640
Date Issued: 4/29/2020	<i>WA</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14700 SW Rocket	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: West End District Phase 1
Cross street/directions to job site: SW Murray Blvd and SW Tualatin Valley Hwy	
Subdivision:	Lot no.:
Tax map/parcel no.: TL 100 and 200 TM 1s1w08dd	
DESCRIPTION OF WORK	
Fire line for 8 Mixed use buildings and 4 residential buildings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sisters of St. Mary	
Address: 4440 SW 148th Ave	
City/State/ZIP: Beaverton, OR 97079	
Phone: (503) 644-9181	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form	
Contact name: Fred Gast	
Address: 703 Broadway St. Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 314-0807	Fax:
E-mail:	
CONTRACTOR	
Business name: H&H Excavation	
Address: 11260 S Bremer Rd	
City/State/ZIP: Canby, OR 97013	
Phone: (503) 780-0692	Fax: (503) 266-4516
CCB lic.: hoggan@canby.com - 198971	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	264,887.00
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	1040.37
Amount received	
Date received:	

Authorized signature:	Date:
Print name:	

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4/20/2020	Permit No.: B2020-1411
Date Issued: 4/29/2020	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: 10750 SW Denney Road Suite 120	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Infill 1A adding an additional 9,654sf with a man door and an overhead door.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Denney Road Industrial Park, LLC	
Address: 1121 SW Salmon Suite 500	
City/State/ZIP: Portland, Oregon 97205	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: VLMK	
Contact name: Amy Tallent	
Address: 3933 SW Kelly Ave	
City/State/ZIP: Portland, Oregon 97239	
Phone: 503.222.4453	Fax:
E-mail: amy@vlmk.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Rd #190	
City/State/ZIP: Durham, OR 97224	
Phone: 503-968-8949	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	11,680
Existing building area:	64,941 square feet
New building area:	9,654 square feet
Number of stories:	1
Type of construction:	IIIB
Occupancy groups:	
Existing:	F-1 S-1 B
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	324.13
Amount received	
Date received:	

Authorized signature: *Amy Tallent*

Print name: Amy Tallent Date: 4-21-20

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



OFFICE USE ONLY	
Date Received: <u>04/30/2020</u>	Permit No. B2020-1512
Date Issued: <u>4/30/2020</u>	By: <u>DJ</u>
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: <u>17885 NW Evergreen Parkway</u>	
City/State/ZIP: <u>Beaverton OR, 97006</u>	
Suite/bldg./apt. no.:	Project name: <u>GT3 Tanasbourne</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Add pendants for tenant improvement</u>	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Red hawk Fire Protection</u>	
Contact name: <u>August Hoffman</u>	
Address: <u>3801 Fruit Valley Road</u>	
City/State/ZIP: <u>Vancouver WA 98660</u>	
Phone: <u>(360) 984-3712</u>	Fax:
E-mail: <u>augusth@redhawkfp.com</u>	
CONTRACTOR	
Business name: <u>Red Hawk Fire Protection</u>	
Address: <u>3801 Fruit Vally Road</u>	
City/State/ZIP: <u>Vancouver WA 98660</u>	
Phone: <u>(360) 984-3712</u>	Fax:
CCB No.: <u>219157</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	\$8,800
Existing building area:	square feet ~4453
New building area:	square feet
Number of stories:	1
Type of construction:	Addition
Occupancy groups:	Light Hazard
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$104.25
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
<u>August Hoffman</u>	<u>04/14/20</u>

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

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

Building Permit Application

Clear Form



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

OFFICE USE ONLY	
Date Received: 4-6-2020	Permit No.: B2020-1261
Date Issued: 4/30/2020	B: 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 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: Telestream TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
add & relocate fire sprinkler heads as req for TI	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City /State/ZIP:	
Phone:	Fax:
E mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 SW Burnham St	
City /State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City /State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit or 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 or the work indicated on this application.	
Valuation	17,702
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	172.00
Amount received	
Date received:	

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

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

Authorized signature: *Ronin Campbell*

Print name: Ronin Campbell	Date: 04/03/20
----------------------------	----------------

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

RECEIVED

OFFICE USE ONLY	
Date Received: 04/30/2020	Permit No.: B2020-1513
Date Issued: 4/30/2020	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: 10250 SW Winter Ln	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: 35466
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Encapsulate Crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Judy Edmondson	
Address: 10250 SW Winter Ln	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 805-4635	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547 12/21/20	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$8,766.35
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	391.20
Amount received	
Date received:	

Authorized signature:	Date:
Print name: ELENITA RONQUILLO	04/29/20

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/bib

OFFICE USE ONLY	
Date Received: 04/27/2020	Permit No.: B2020-1473
Date Issued: 4/30/2020	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 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: 14135 SW Yearling Ct	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Basement door
Cross street/directions to job site: Yearling Ct. / Yearling Pl.	
Subdivision: Dobaj Heights	Lot no.: 17
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add a new exterior door.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Howard and Lori Bitter	
Address: 14135 SW Yearling Ct	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 524-1111	Fax:
E-mail: bitterfam@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: A R Singh Contractor LLC	
Contact name: Chris Whisenant	
Address: 3395 SW 108th	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 449-7354	Fax:
E-mail: chriscwhisenant@gmail.com	
CONTRACTOR	
Business name: A R Singh Contractor LLC	
Address: 3395 SW 108th	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 627-0717	Fax:
CCB lic.: 167076	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	0 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$177.14
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Raj Singh	04/27/20

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 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: 4/29/2020	Permit No.: B2020-1510
Date Issued: 4/30/2020	By: DJ
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 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: 5575 SW Erickson Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Erickson Demolition
Cross street/directions to job site: Oak St	
Subdivision:	Lot no.: 15116DC05000
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of existing House/Garage/Vegetation less than 6" Onsite Erosion Control and Asbestos Abatement Removal by certified Abatement Contractor	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tualatin Hills Parks & Recreation District	
Address: 15707 SW Walker Rd	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 629-6300	Fax:
E-mail: dthames@thprd.org	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Dirtech NW LLC	
Contact name: Michelle Pickett	
Address: 16330 S Forsythe RD	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 970-1555	Fax:
E-mail: dirtechnw2018@outlook.com	
CONTRACTOR	
Business name: Dirtech NW LLC	
Address: PO Box 1792	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 970-1555	Fax:
CCB Lic.: 220561	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	71180.00
Number of bedrooms:	3 bdrm
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$ 984.50
Amount received: Site Fee	118.14
Date received: Total	\$ 1102.64

Authorized signature:	
Print name:	Date:
Michelle Pickett	04/29/20

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/bib

OFFICE USE ONLY	
Date Received: 3/30/2020	Permit No.: B2020-1178
Date Issued: 4/29/2020	By: DJ
	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: 6555 SW King Blvd,	
City/State/ZIP: Beaverton Oregon, 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Removal of load bearing wall to be replaced with new GLB.	
<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: Buswell's Home Remodeling	
Contact name: Rodney Buswell	
Address: 12870 SW Tarpan Drive	
City/State/ZIP: Beaverton Oregon, 97008	
Phone: 503-707-9433	Fax:
E-mail: buswellshomeremodeling@gmail.com	
CONTRACTOR	
Business name: Buswell's Home Remodeling	
Address: 12870 SW Tarpan Drive	
City/State/ZIP: Beaverton Oregon, 97008	
Phone: 503-707-9433	Fax:
CCB lic.: 227334	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7500.00
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	124.43
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: Rodney Buswell	3/27/2020

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: 04/29/2020	Permit No.: B2020-1496
Date Issued: 4/29/2020	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: 7920 SW Gearhart Dr	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: 35039
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Encapsulate Crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kurt Brushwein	
Address: 7920 SW Gearhart Dr	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 789-9830	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$313.07
Amount received	
Date received:	

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

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

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

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: 4/2/2020	Permit No.: B2020-1239
Date Issued: 4/29/2020	By: <i>DT</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: 8355 SW Davies Road	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Sunroom
Cross street/directions to job site: Brockman and Davies	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding a sunroom 14 feet by 18 feet in the back of our home.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Wolter and Barbara van Doorninck	
Address: 8355 SW Davies Road	
City/State/ZIP: Beaverton OR 97008	
Phone: 503-708-0731	Fax:
E-mail: wvd256@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: OWNER	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: OWNER	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$40,000
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:	400 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	553.15
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: Wolter van Doorninck	4/1/2020



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 03/05/2020	Permit No. B2020-0893
Date Issued: 4/28/2020	By: DJ
CITY OF BEAVERTON	
BUILDING DIVISION	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15995 SW Walker Road	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Fred Meyer-Partial Remdl
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fixture reset of the non-grocery portion of store. Demo exist. Playland, bld a wall to enclose old Playland, cut in new stckrm door, build a new partial height wall, relocate (1) exist. chckstnd & relocate (3) exist. slf-chckout units. Rmve & replce all dressing rms, demo exit. flr finishes in areas shwn.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Fres Meyer - Nick Breninger	
Address: 3800 SE 22nd Avenue	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 797-3526	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pam Deegan	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
E-mail: pam@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
CCB lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$550,000
Existing building area:	87,950 square feet
New building area:	87,950 square feet
Number of stories:	1
Type of construction:	V-B (Assumed)
Occupancy groups:	
Existing:	M
New:	M - 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	\$4,775.19
Amount received	
Date received:	

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

Unit 101



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4785
 Beaverton, OR 97076
 Phone: (503) 628-2403; Fax: (503) 628-2550
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received:	Permit N B2019-4856
Date Issued: 4/28/2020	By: DS
	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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: 2.5 SFR MH
JOB SITE INFORMATION AND LOCATION	
Job site address: 3400 SW 125th Ave	Unit 101
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 125th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: Tax Lot 4208, Tax Map 1S109DA	
DESCRIPTION OF WORK	
Replacement 5 Plex Residential Dwelling	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CTH Investments LLC	
Address: 1800 NW 167th Pl Suite 150	
City/State/ZIP: Beaverton, OR	
Phone: 503-993-5699	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Makana Homes and Consulting LLC	
Contact name: Chris Boerste	
Address: 16460 SW Snowy Owl Ln	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Makana Homes and Consulting LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
COB lic.: 220971	
Authorized signature:	Date:
Print name: Chris Boerste	03/14/2020

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	\$114,622.56
Number of bedrooms:	2
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	square feet 936
Garage/carport area:	square feet
Covered porch area:	square feet 64
Deck area:	square feet -
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19

Unit 102



Building Permit Application
 Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4785
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 www.BeavertonOregon.gov/bld

OFFICE USE ONLY	
Date Received:	Permit No: B2020-1295
Date issued: 4/28/2020	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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 checked="" type="checkbox"/> Other: Residential Attached 5plex
JOB SITE INFORMATION AND LOCATION	
Job site address: 3400 SW 125th Ave	Unit 102
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 125th Ave	125 Ave Replacement 5 Plex
Subdivision:	Lot no.:
Tax map/parcel no.: Tax Lot 4208, Tax Map 1S109DA	
DESCRIPTION OF WORK	
Replacement 5 Plex Residential Dwelling	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CTH Investments LLC	
Address: 1800 NW 167th Pl Suite 150	
City/State/ZIP: Beaverton, OR	
Phone: 503-993-5699	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Makana Homes and Consulting LLC	
Contact name: Chris Boerste	
Address: 16460 SW Snowy Owl Ln	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Makana Homes and Consulting LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 220871	
Authorized signature: [Signature]	
Print name: Chris Boerste	Date: 03/14/2020

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	\$114,622.56
Number of bedrooms:	2
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	square feet 936
Garage/carport area:	square feet
Covered porch area:	square feet 64
Deck area:	square feet -
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

* Fee methodology set by Tri-County Building Industry Service Board
 Form B70-1001 REV 11/19

Unit 103



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) 528-2550
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received:	Permit No: B2020-1296
Date Issued: 4/28/2020	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 type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multifamily
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Residential SFR
JOB SITE INFORMATION AND LOCATION	
Job site address: 3400 SW 125th Ave Unit 103	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 125th Ave	125th Ave. Replacement 5 Plex
Subdivision:	Lot no.:
Tax map/parcel no.: Tax Lot 4208, Tax Map 1S108DA	
DESCRIPTION OF WORK	
Replacement 5 Plex Residential Dwelling	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CTH Investments LLC	
Address: 1800 NW 167th Pl Suite 150	
City/State/ZIP: Beaverton, OR	
Phone: 503-993-8699	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Makana Homes and Consulting LLC	
Contact name: Chris Boerste	
Address: 16460 SW Snowy Owl Ln	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Makana Homes and Consulting LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
OCB lic.: 220971	
Authorized signature:	Date:
Print name: Chris Boerste	03/14/2020

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	\$114,622.56
Number of bedrooms:	2
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	square feet 936
Garage/carport area:	square feet
Covered porch area:	square feet 64
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19

Unit 104



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12726 SW Millikan Way / PO Box 4765
 Beaverton, OR 97076
 Phone: (503) 528-2403; Fax: (503) 528-2550
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received:	Permit No B2020-1297
Date Issued: 4/28/2020	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction, <i>New</i>	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>SFR Res Act</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: <i>2.5 SFR Act</i>
JOB SITE INFORMATION AND LOCATION	
Job site address: 3400 SW 125th Ave	<i>Unit 104</i>
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW 125th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: Tax Lot 4208, Tax Map 1S109DA	
DESCRIPTION OF WORK	
Replacement 5 Plex Residential Dwelling	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CTH Investments LLC	
Address: 1800 NW 167th Pl Suite 150	
City/State/ZIP: Beaverton, OR	
Phone: 503-993-6699	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Makana Homes and Consulting LLC	
Contact name: Chris Boerste	
Address: 16460 SW Snowy Owl Ln	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Makana Homes and Consulting LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB No.: 220971	
Authorized signature: <i>[Signature]</i>	
Print name: Chris Boerste	Date: 03/14/2020

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	\$114,622.56
Number of bedrooms:	2
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	square feet 936
Garage/carport area:	square feet
Covered porch area:	square feet 64
Deck area:	square feet -
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy group:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being 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 11/18

Unit 105



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Milliken Way / PO Box 4755
 Beaverton, OR 97007
 Phone: (503) 626-2403; Fax: (503) 626-2560
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received:	Permit # B2020-1298
Date Issued: 4/28/2020	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 type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: <i>Res SFR Att.</i>
JOB SITE INFORMATION AND LOCATION	
Job site address: 3400 SW 125th Ave	Unit 105
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: <i>125th Ave Replacement 5Plex</i>
Cross street/directions to job site: SW 125th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: Tax Lot 4208, Tax Map 1S109DA	
DESCRIPTION OF WORK	
Replacement 5 Plex Residential Dwelling	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CTH Investments LLC	
Address: 1800 NW 167th Pl Suite 150	
City/State/ZIP: Beaverton, OR	
Phone: 503-993-6699	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Makana Homes and Consulting LLC	
Contact name: Chris Boerste	
Address: 16460 SW Snowy Owl Ln	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Makana Homes and Consulting LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 220971	
Authorized signature: <i>[Signature]</i>	
Print name: Chris Boerste	Date: 03/14/2020

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	\$114,622.56
Number of bedrooms:	2
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	square feet 936
Garage/carport area:	square feet
Covered porch area:	square feet 64
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

REV 11/18

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: 4/24/2020	Permit No.: B2020-1454
Date Issued: 4/27/2020	By: DJ
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: Vehicle Impact 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: 16575 SW Emerald View Street	
City/State/ZIP: Beaverton, Oregon	
Suite/bldg./apt. no.:	Project name: Robertson Vehicle Impact
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
In-kind structural repairs to single-family residence damaged by vehicle impact. Repairs are minor.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mary Robertson	
Address: 16575 SW Emerald View Street	
City/State/ZIP: Beaverton, Oregon	
Phone: 206.498.1908	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Advanced Structural Forensics	
Contact name: Ken Oliphant	
Address: 15575 NW Oakhills Drive	
City/State/ZIP: Beaverton, Oregon 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, Oregon 97230	
Phone: 503.408.8880	Fax:
CCB lic.: 146973	
Authorized signature:	
Print name: Ken Oliphant	Date: 4/24/2020

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	\$1,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	58.88
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